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# Restoring Dignity to New Mothers Seeking Asylum.

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for the Degree of Master of Arts in Bioethics

Faculty of Theology  
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# Abstract

Through a systematic review of literature, this research project traces the immense difficulties faced by new mothers seeking asylum, to offer an ethical evaluation of the services being offered to them in Malta. Asylum seekers leave their own country in treacherous conditions in search of a better life. When they are young women, the challenges include becoming a mother and their journey to give birth and raise a child includes cultural changes, religious beliefs, and language barriers amongst others. These affect also the newborn and rest of the family members. The aim of this dissertation is to raise awareness among authorities and healthcare professionals to get a better understanding and to attend to this group of people in a respectful manner, so as to provide the best possible assistance by apprehending the most common ethical dilemmas in such situations.

“Freedom consists not in doing what we like,  
but in having the right to do what we ought.”

*(Pope John Paul II)*

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Finally, I would like to remember all those mothers who lost their lives in search of a better future.



# Abbreviations

ACAMH	Association for Child and Adolescent Mental Health
AIDA	Asylum Information Database
AMIF	Asylum, Migration, and Integration Fund
AWAS	Agency for the Welfare of Asylum Seekers
CEO	Chief Executive Officer
CDC	Centre for Diseases Control and Prevention
CRC	United Nations Convention on the Rights of the Child
DLM	Discharge Liaison Midwife
ICESCR	International Covenant on Economic, Social and Cultural Rights
ECRE	European Council on Refugees and Exiles
EU	European Union
MCAST	Malta Collage of Arts, Science and Technology
MDH	Mater Dei Hospital
MWAM	Migrant Women Association Malta
NCCRI	National Consultative Committee on Racism and Interculturalism
NGO	Non-profit Organization
NOIS	National Obstetric Information System
RCOG	Royal College of Obstetricians and Gynaecologists
SBM	Swedish Migration Board
UNHCR	United Nations High Commissioner for Refugees
WHO	World Health Organization

# Introduction

## A story recounted from personal experience

“No can sit” were the first few words Nelly<sup>1</sup> mumbled upon her admission to the postnatal ward. With simple English and a few hand signals, we, the midwives, tried to explain that she could be given medicine as pain relief, but once again, when offered to take a seat, Nelly replied, “I no can sit”. Reluctantly, Nelly begin to remove some of her garments as if she wanted to show us something. That was when we realised she could not sit because her lower backside and buttocks were full of deeply inflamed, burnt patches of skin. Nelly was saved via helicopter from a fishing boat from the middle of the Mediterranean Sea. She recounted that there was no place for the women to sit and were forced by the men to sit on the engine of a fishing boat all day and night. When asked for how many days, she could not remember. Nelly continued to describe how the men onboard would threaten to hit the women if they asked to exchange places to sit in the shade, and she finished the little water she had after a few days.

After treating her injuries, Nelly started to feel better and warmed up to us. She thanked us for looking after her and as is custom for her, she called us ‘sisters’. She recounted that she had started this journey more than a year before, and that it was her mother who sent her away with a distant relative from their community in search of a better life at the tender age of 17. With tears in her eyes, Nelly explained that at some point their group was attacked; at first, a few personal items were taken from them, but later during the night, they were violently attacked. It was at that stage when Nelly lost her relative and with no one to protect her, she was forcibly and repeatedly raped. Nelly stated that she did not realise she was pregnant and taught that her tummy was swollen because of some sickness. It was close to the last months of pregnancy when another woman from the group realised and told Nelly that she might be pregnant. Nelly had no

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<sup>1</sup> \* Names have been changed to maintain confidentiality.

words to describe what she might have felt but by the look in her eyes, we knew she was still terrorised by the ordeal she went through.

Whilst under our care, Nelly owned nothing, not even a single vest to dress her newborn in. With one quick word amongst the rest of the health professionals in the ward, necessities for Nelly and her child were either bought or donated. Nelly was grateful for all we had done for her and on her discharge, she left with a heavy heart together with a social worker from the AWAS team to move on to the next chapter of her life – an unknown beginning.

## Personal Reflection

My interest in carrying out this study was sparked from my personal experience as a midwife at an obstetric ward at Mater Dei Hospital (MDH). My duty is to care for mothers both in the ante-natal period and in the post-natal period, as well as their newborns. During these two important periods in a woman's life, us midwives ensure good physical and mental wellbeing. Most of our work is carried out through observational and listening skills to assess the needs of both parents. This is vital since the transitional period to parenthood is an enriching and rewarding experience, which serves as the foundation to a new life. Bearing all this in mind, caring for an asylum-seeking mother brings about further challenges upon healthcare professionals such as myself because most of these pregnancies result from unpleasant events that occurred to women who have to face greater challenges to survive with a newborn in a foreign place.

## Rationale

Numerous studies have been published regarding the challenges pregnant asylum-seeking women face and related ethical implications. To the researcher's knowledge, only one small-scale study related to asylum-seeking mothers was carried out in Malta.<sup>2</sup> However, this small-scale study does not discuss this topic from an ethical perspective.

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<sup>2</sup> Stephania Rapa, "Somali Immigrant Women's Lived Experiences of Pregnancy and Childbirth in Malta,"

This present study is based on research collected through online databases, official documents, and published literature mainly: Google Scholar, Hydi, PudMed, MIDIRS and OAR@UM. Official documents issued by the World Health Organisation and the United Nations High Commissioner for Refugees were also consulted.

The key-words used in various combinations to locate related literature were: 'asylum seekers,' 'refugees,' 'rape,' 'pregnant,' 'cultural confusion,' 'pregnancy outcomes,' 'birth outcomes,' 'poverty,' 'ethical issues/dilemmas,' 'rights', 'status', 'integration', 'housing', 'healthcare professionals,' and 'healthcare system.' These searches generated many articles, of which 90 were found to be relevant to this study. The articles were selected through a close examination of their titles and abstracts to assess their relevance to the present study.

## Aims and Objectives

This is a timely study due to Malta and Europe's current migration situation. The influx of numerous immigrants necessitates the preparation for the delivery of care, especially due to the fact that terrorism in these people's countries is still a present threat. This study offers evidence-based information in relation to the requirements and establishment of care and services used and applied worldwide with regard to asylum seekers daily needs. However, its primary purpose is to shed light on the various ethical issues which emerge when discussing this issue. Despite the great influx of asylum seekers in Malta, there is no National Policy or Strategy available to guide the provision of preconception, antenatal and postnatal care. Preconception care and antenatal care are offered by the state, but it is up to the individual to attend. Relying on asylum seekers to attend regular antenatal visits on their own most often ends in missing critical conditions resulting from pregnancy itself. Hence, fundamental health interventions may influence the pregnancy outcomes in the long run. The present study may contribute to the development and implementation of ethically sound and holistic care guidelines in Malta with regard to asylum-seeking women.

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(Masters diss., University of Malta, 2015).

The objectives of this study are: to bring to light the challenges that asylum-seeking women who are pregnant endure after the journey; to explore the consequences brought about mainly by culture change, which may increase the risks of postnatal depression and poverty, and to motivate the authorities to empower healthcare professionals to be better prepared to help and understand this particular group of people in order to deliver and apply the care needed.

## Overview

This study will present the ethical, psychological, and physical challenges that asylum seekers face in their journey, more particularly from young asylum-seeking women's point of view. Women who would have left their country in search of better opportunities have to face several obstacles, especially those of abuse and rape. Often, these result in pregnancy, thus requiring them to give birth in a foreign place. Moreover, the intent of this dissertation is to raise awareness on the hardships these new mothers face and how as a country, we can safeguard their human rights and simultaneously offer them all the needed assistance.

The first chapter offers a critical analysis of the experiences new mothers face while crossing over to a new country by means of sea and how this affects the mother's dignity and her health. This chapter may also exhibit trauma resulting from the abuse (possibly even sexual abuse) as well as, the lack of privacy that these women endure and its effect on pregnant women's health. Challenges that arise during the cross-over also explored, followed by an insight into local asylum seekers' demography.

The following chapter lists the effects that the sudden social and cultural changes as well as linguistic challenges have on both the mother who gave birth in a foreign country and her newborn's health. What can be done by the healthcare system and the community to aid this transition is discussed, since both legal rights and opportunities may vary between citizens and those who are migrating across borders illegally. The competences and training needed by the healthcare professionals to work with such cases are also explored in this chapter.

The third chapter considers the emotional impact on the asylum-seeking mother in the postnatal period, the responsible authorities, and the healthcare workers responsibilities and duties in such situations. It also assesses the situation of the standard of living that these mothers experience after giving birth and our preparedness as a community in aiding their settlement.

Meanwhile, the fourth chapter discusses the ethical issues and the challenges which emerge throughout these mothers' lived experiences of giving birth in a foreign place and the period of transition into a new society. It explores in what ways both healthcare sectors and society in general can facilitate this cultural and linguistic change, while conserving their well-being.

The study sheds light on how leaving one's country in search of a better life affects new mothers seeking asylum. These difficult situations influence people's health greatly and can even lead to the loss of life. The dissertation concludes with recommendations for policy makers, education, and training for healthcare professionals.

# Chapter 1: The voyage – losing all dignity

## 1.0 Background to the Study

Asylum was first recognised as a human right with regard to international protection in the 1951 Geneva Convention on the protection of refugees.<sup>1</sup> Since then, protocols have been amended in order to provide more international coverage and to keep up-to-date with the advancement of the human rights law. Current legislative frameworks are being improved with the creation of a Common European Asylum System (CEAS), which in turn brought about the revision of the Asylum Procedures Directive, the Reception Conditions Directive, the Qualification Directive, the Dublin Regulation, and the EURODAC Regulation. The United Nations High Commissioner for Refugees (UNHCR) reported that by the end of 2018, 70.8 million persons were forcibly displaced as a result of persecution, conflict, violence, or human rights violations in one's own country, of which 3.5 million were asylum seekers.<sup>2</sup> It is reported that due to the on-going conflict and terrorism within Syria, Iraq, and neighbouring countries, large-scale number of refugees are seeking safety beyond the adjacent countries.<sup>3</sup>

The UNHCR also reported that since 2015, 1.4 million people and counting have sought a better life by attempting to reach European countries aboard unseaworthy boats and dinghies.<sup>4</sup> In the process of fleeing their country, some families are separated due to the fact that they may depart at different times or by different means, thus ending up in different refugee camps and even different countries. Studies show that although the aim of displacement is to save lives, safeguard the affected population's well-being, and improve their lives, the potential health risks that emerge from displacement cannot be ignored.<sup>5</sup> A

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<sup>1</sup> "Convention and Protocol Relating to the Status of Refugees," The United Nations High Commissioner for Refugees (December 2010).

<sup>2</sup> "UNHCR Global Trends At-a-Glance - Statistics," USA for UNHCR The UN Refugee Agency, accessed September 30, 2019, <https://www.unrefugees.org/refugee-facts/statistics/>.

<sup>3</sup> *Ibid.*, "UNHCR".

<sup>4</sup> *Ibid.*, "UNHCR".

<sup>5</sup> Shela Akbar Ali Hirani, and Solina Richter, "Maternal and Child Health During Forces Displacement," *Journal of Nursing Scholarship* 51, no.3 (2019): 252-261.

voyage on an open, overpopulated boat is very dangerous for anyone, but it is far worse for women and children.

A journey aboard an overcrowded boat in open seas is precarious, but it is even more grievous for a woman who is alone and pregnant. This journey could take days or weeks to reach the target destination, without any water, food, and proper shelter from all weather conditions. The reality of refugees desperately seeking and failing to reach European shores in search of better life is currently the highlight of weekly news reports. Aware of their suffering, governments still dispute over who should take which boat and as a result, boats are kept waiting at sea for a country to take them in. In view of these actions, one could easily question, how are the basic human rights still upheld while adopting these attitudes? Moreover, how do the heads of governments expect their people to accept and integrate with these asylum seekers if they are the ones who take the decision to stop them from entering their ports to safety? As has been reported several times, one cannot fail to emphasise that these asylum seekers end up without the basic needs of food and water, which could cause major health complications.

During the past two years, it was noted more than once that pregnant women who were stranded on boats had to be air lifted via helicopters and taken to hospital in order to deliver their babies safely, with the aid of health professionals. Hardly anyone can imagine how stressful, scary, and dangerous such a trajectory can be and its impact on the physical and mental well-being of a woman who is about to give birth. Keeping in mind what these women might have gone through to have arrived at this point, they might also feel alone in a foreign country where they cannot understand a single word of what is said around them. Furthermore, one could also question how these women would be able to make informed choices while facing all sorts of challenges in order to survive. These women feel alone and isolated with the main factor being the fact that they would have lost their support network, namely family members and relatives, their community, colleagues, and friends.

## 1.1 Introduction

When thinking about the future, most women prioritise the health and well-being of their family, but most importantly the well-being of their unborn child and young, dependent



children. It is every person's human right to be able to live in a safe and healthy environment. Internal conflicts within a country may eventually lead to wars and litigations, which most often extend beyond to just that single country. Wars disrupt and affect society by generating fear – the fear of what the future may bring, concerns regarding health-related risks, lack of nutritious food and clean water, and the fear of losing one's home and family members. All these negatively impact one's basic human rights.

Through this chapter, one should gain insight into the experiences new mothers face while crossing over to a new country by means of sea and how this affects the mother's dignity and her health. This chapter also highlights the trauma resulting from abuse, as well as the lack of privacy that these women endure and its effect on pregnant women's health during such crises. It is also vital to note that since most pregnancies result from sexual abuse, most women do not realise the situation they are in until they are giving birth, and this has grave repercussions on their mental health. The ethical issues revolving such precarious situations are also discussed.

## 1.2 Seeking asylum

Conflicts cause confusion in society and the community, generating fear of losing one's home and community members, and causing environmental destruction together with economic losses. Most of the communities situated in these conflict zones suffer from instability and threats of violence among themselves since members of society start to divide themselves according to different tribes, religions, ethnicities, and political groups. This situation drives people to leave their homes, thereby resulting in extreme poverty since they would not have access to food, water, health services, or shelter.

Amnesty International defines an asylum seeker as:

[...] an individual who is seeking international protection. In countries with individualized procedures, an asylum seeker is someone whose claim has not yet been finally decided on by the country in which he or she has submitted it. Not every asylum seeker will ultimately be recognized as a refugee, but every refugee is initially an asylum seeker.<sup>6</sup>

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<sup>6</sup> "Asylum Seeker," UN High Commissioner for Refugees (UNHCR) Master Glossary Terms, June 2006, Rev 1, accessed October 2, 2019, <https://refworld.org/docid/42ce7d444.html>.

Furthermore, the United Nations High Commissioner for Refugees (UNHCR) defines an asylum seeker as “someone whose request for sanctuary has yet to be processed.”<sup>7</sup>

Besides the lack of access to clean water and the inadequate food supply, asylum seeking brings about further challenges, such as the journey they endure while crossing from one country to the next, the lack of health related resources, the lack of shelter, overcrowding in refugee camps, lack of sanitation, and an unhygienic environment when they arrive or reach a welcoming country. Subsequently, mortality and morbidity rates in women and children are increased due to exposure to malnutrition and the risk of infections, especially communicable and water-borne diseases generated from an overpopulated vessel or area.<sup>8</sup>

### 1.3 Asylum seekers and reproductive health

A good sexual and reproductive health does not just entail the possibility of reproducing, but it is rather a state of complete physical, mental, and social well-being. People should have the possibility to maintain a healthy and safe sex life, the capability to reproduce, and be free to determine at what time and how often to do so.<sup>9</sup> In order for a person to maintain this healthy sexual and reproductive health, one should be able to have access to accurate information regarding the matter. When a person is well-informed and empowered, they are able to make informed choices for themselves, such as how to protect themselves from sexually transmitted diseases.<sup>10</sup> Both men and women should have access to health services related to pregnancy, such as family planning, maintaining a healthy pregnancy, safe delivery, and caring for a newborn. Reproductive health has been recognised as a basic human right for more than twenty years, but in cases where conflict arises, women’s health is among the first to suffer.<sup>11</sup> However, in such cases where people are on the run, such services are not

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<sup>7</sup> “Asylum Seeker”, UNHCR, The UN Refugee Agency, accessed October 15, 2019, <https://www.inhcr.org/asylum-seekers.html>.

<sup>8</sup> M. A., Olewedo, *et al.*, “Factors associated with malnutrition among children in internally displaced person’s camps, northern Uganda,” *African Health Sciences* 8, no.4 (2009): 244-252. And B. H., Rimawi, *et al.*, “Infections and homelessness: Risks of increased infectious diseases in displaced women,” *World Medical and Health Policy* 6, no.2 (2014): 118-132. Both cited in Shela Akbar Ali Hirani, and Solina Richter, “Maternal and Child Health During Forces Displacement,” *Journal of Nursing Scholarship* 51, no.3 (2019): 252-261.

<sup>9</sup> “Sexual and Reproductive Health,” UNFPA, United Nations Populations Fund, accessed October 15, 2019, <https://www.unfpa.org/sexual-reproductive-health>.

<sup>10</sup> *Ibid.*, “Sexual and Reproductive Health.”

<sup>11</sup> Lydia Smith, “Worst Place to be a Mother: Why we need to address childbirth in conflict zones,” *International Business Times* July 29, 2014,

easily attainable. Several studies show that in countries where the accessibility and availability of health services is very limited due to medical facilities being either destroyed by conflict or in dangerous zones, pregnancies may result in early pregnancy loss, birth defects, and low birth weight or preterm birth, apart from the increased risk of maternal deaths during and after childbirth.<sup>12</sup> Furthermore, one has to acknowledge the fact that most of these women get pregnant involuntarily; thus, they would be mentally and physically unprepared for such a life-changing event.<sup>13</sup>

Moreover, in large countries, refugee camps are often situated far from the main cities and pregnant women would still essentially be at the disadvantage of not having; a well-equipped health service, a trained birth attender or a healthcare professional, nor medical supplies or advanced life-saving equipment and medications to treat medical emergencies.<sup>14</sup> In our case, since Malta is considered as a rather small country, refugee centres are not situated far from the main hospital or one of the health centres available across the island. Moreover, due to the island's small scale, it is easier for organisations responsible to control and care for pregnant women in the centres. This topic will be discussed thoroughly in the next chapters.

Pregnant women who are seeking asylum can easily represent one of the most vulnerable groups in society. It is argued that these women may have experienced gender-specific violence, such as sexual abuse, rape, and female genital mutilation.<sup>15</sup> They could also have been victims of human trafficking, forced prostitution, or slavery.<sup>16</sup> Other women may have been raped while en route to a new country or after arriving and may get pregnant. It is often reported that the health of pregnant asylum seekers is generally very poor since they might

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<https://www.ibtimes.co.uk/worst-place-be-mother-why-we-need-address-childbirth-conflict-zones-458885>.

<sup>12</sup> Liu Can, *et al.*, "Migration and preterm birth in war refugees: a Swedish cohort study," *European journal of epidemiology* 29, no. 2 (2014): 141-143. And Sanguanklin, N, *et al.*, "Effects of the 2011 flood in Thailand on birth outcomes and perceived social support," *Journal of Obstetric, Gynaecologic & Neonatal Nursing*, 43(4), (2014): 435-444. Both cited in Akbar Ali Hirani, and Richter, 253.

<sup>13</sup> *Ibid.*, "Maternal and Child Health During Forces Displacement," 254-255.

<sup>14</sup> *Ibid.*, "Maternal and Child Health During Forces Displacement," 253-254.

<sup>15</sup> F., Ukoko, "Childbearing women with no recourse to public funds: the health and social implications," *MIDIRS Midwifery Digest* 17 (2007): 585-587. And K., Reed, "Gendering asylum: the importance of diversity and context," *Feminist Review* 73 (2003): 114-118. Both cited in Melanie Haith-Cooper, and Gwendolen Bradshaw, "Meeting the health and social needs of pregnant asylum seekers, midwifery students' perspectives Part 1; dominant discourses and midwifery students," *Nurse Education Today* 33 (2013): 1008.

<sup>16</sup> H., Dumper, "Making Woman Visible," Refugee Council, (London). Cited in Haith-Cooper, and Bradshaw, 1008.

be suffering from malnourishment, iron deficiency anemia, and infections, such as HIV and AIDS.<sup>17</sup> Due to their very poor physical health, it is argued that asylum seekers are six times more likely to die during childbirth than other women in the UK.<sup>18</sup> Furthermore, one cannot dismiss silent health conditions caused by the act of rape itself, such as depression, which may be exhibited as postnatal depression, flashbacks, and post-traumatic stress disorder.

## 1.4 Challenges faced during the cross-over

Often, when pregnant women are in the process of crossing over to a new country with the hope of finding a better living situation, they would already be in an extremely vulnerable condition. Besides the fact that most pregnancies would already be quite advanced prior to receiving any medical care, society would have excluded them for being alone without a husband, carrying the burden of a complex medical history and psychological needs. The Royal College of Obstetricians and Gynaecologists (RCOG) states that “[a]pproximately fifteen percent of displaced women will encounter a potentially life-threatening obstetric complication, such as haemorrhage, sepsis, obstructed labour or eclampsia.”<sup>19</sup> While keeping in mind these life-threatening complications, one must remember that most of these women end up giving birth in all sorts of precarious situations, such as while fleeing from conflict zones, without any basic needs for a clean and safe delivery. Conflict, lack of social support, and lack of medical assistance or healthcare professionals are major factors that cause distress, which can push women into premature labour.

Frequently, attention given to asylum seekers is focused on the number of persons on the boats, the number of deaths and drownings, and the current violence in their own countries, while other crucial issues such as births or reproductive challenges that women face during

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<sup>17</sup> M., Carolan, “Pregnancy health status of sub-Saharan refugee women who have resettled in developed countries: a review of the literature,” *Midwifery* 26 (2010): 407-414. And A., Burnett, and Y., Fasil, “Meeting the Health Needs of Refugees and Asylum Seekers in the UK: An Information and Resource Pack for Health Workers,” *National Health Service*, (London). Both cited in Haith-Cooper, and Bradshaw, 1008.

<sup>18</sup> G., Lewis, “The Confidential Enquiry into Maternal and Child Health (CEMACH),” in *Saving Mothers’ Lives: Reviewing Maternal Deaths to Make Motherhood Safer*, ed. Lewis. The Seventh Report on Confidential Enquiries into Maternal Deaths in the United Kingdom (CEMACH, London, 2003 – 2005). Cited in Haith-Cooper, and Bradshaw, 1008.

<sup>19</sup> *Ibid.*, Lydia Smith, “Worst Place to be a Mother: Why we need to address childbirth in conflict zones.”

such a hazardous journey are either forgotten or not mentioned in detail.<sup>20</sup> Accurate data of how many pregnant asylum seekers enter the Mediterranean is hard to come by, but a study conducted in Sicily in 2014 suggests that approximately eleven percent of women seeking asylum arrive pregnant.<sup>21</sup> The general perception of pregnant asylum seekers is that they may be having what are referred to as ‘anchor babies’ on purpose so that they would gain certain rights in the host country. An anchor baby is defined as “a child born to a non-citizen mother in a country which has birthright citizenship, especially when viewed as providing an advantage to family members seeking to secure citizenship or legal residency.”<sup>22</sup> In the meantime, researchers counter this notion and argue the opposite in their studies.<sup>23</sup>

During the time it takes for a certain group of people to run away from their homes because of conflicts or persecution in search of a better life, they would often be living in open spaces, such as vast deserts. In such spaces one cannot find any food, water, or shelter. Trajectories and routes may take as long as months to complete. Women who find themselves alone on these voyages end up depending on fellow male migrants for protection, which may evolve into friendships, relationships, or even marriages. Some may not be as ‘fortunate’ to find someone to care for them and keep them safe, and become victims of sexual violence. In a space of nothingness, women do not have access to birth control, so nothing can safeguard them against pregnancies. This shows how women further lose their dignity and privacy. Having sexual intercourse in these conditions is most often against their will since it is reported that they do it under pressure from the men who are supposedly keeping them safe.<sup>24</sup> Furthermore, studies show that it is actually quite difficult for women to arrive to the European Union (EU) without being pregnant while seeking protection from men without the aid of birth control or abortion.<sup>25</sup>

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<sup>20</sup> Sine Plambech, “Why so many migrant mothers arrive to Europe pregnant,” *News Deeply*, October 31, 2017, <https://www.newsdeeply.com/refugees/community/2017/10/31/why-so-many-migrant-mothers-arrive-in-europe-pregnant?>

<sup>21</sup> *Ibid.*

<sup>22</sup> “Anchor baby,” Anchor baby definition, *Dictionary.com*, accessed October 16, 2019, <https://dictionary.com>.

<sup>23</sup> *Ibid.*, Sine Plambech, “Why so many migrant mothers arrive to Europe pregnant.”

<sup>24</sup> *Ibid.*

<sup>25</sup> *Ibid.*

## 1.5 Desperate journeys

Having successfully completed the challenging journey through the desert with the high possibility of being held for ransom or traded off as sex or work slaves, female asylum seekers face smugglers to obtain a place on a boat by paying thousands of dollars. These boats are often overcrowded, low on supplies, and inadequate to transport a large group of people for such long distances. It has been repeatedly reported that women and children present on such boats are the most at risk since most often, when in difficulty or in danger of drowning, the strongest are the ones who are able to keep afloat or hanging onto the drowning dinghy. In July 2016, the Italian authorities described the grim task of removing corpses from salvaged wrecks and underscored the fact that the women were found dead at the bottom of the dinghy.<sup>26</sup> In a separate salvage, the survivors stated that most of the migrants aboard a vessel were trapped below deck, emphasising that most of these locked migrants were women and children.<sup>27</sup> In a recent rescue mission, another boat capsized due to the bad weather and the sudden displacement of asylum seekers on the boat itself, resulting in approximately 22 deaths; 13 of these were women, some of them pregnant, and 8 children remained missing after an intensive water search.<sup>28</sup>

In an interview, an 18-year-old woman, who commenced her journey by leaving Eritrea alone in 2017 when she was 15 years old, recounts her experience and the ordeals she went through until she arrived in Lampedusa. She notes that two bathrooms had to be shared among 130 people who were sleeping together on an open deck, parts of which had no form of shade whatsoever from the sun or any other element.<sup>29</sup> Additionally, the boat they were aboard had water leakage and to make matters worse, an engine failure left them stranded mid-ocean for two days until they were saved by an NGO vessel. She pinpoints malnourishment as a consequence of long periods of waiting in hiding in Libya (18 months)

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<sup>26</sup> "Ten women die as refugee boat capsizes," *Malta Today*, July 1, 2016, [https://www.maltatoday.com.mt/news/world/67039/ten\\_women\\_die\\_as\\_refugee\\_boat\\_capsizes#.XckqJC8o\\_mo](https://www.maltatoday.com.mt/news/world/67039/ten_women_die_as_refugee_boat_capsizes#.XckqJC8o_mo).

<sup>27</sup> *Ibid.*

<sup>28</sup> "Women drown as migrant boat capsizes off Lampedusa in Italy," *BBC News*, October 7, 2019, <https://www.bbc.com/news/world-europe-49964782>.

<sup>29</sup> Marco Rotunno, "Hellish journey over for young woman rescued from the Mediterranean," UNHCR, *The UN Refugee Agency*, August 23, 2019, <https://www.unhcr.org/news/latest/2019/8/5d5fc0ad4/hellish-journey-young-woman-rescued-mediterranean.html>.

for the opportune time and boat availability to be able to leave the country.<sup>30</sup> During the interview, the woman describes how the waves were very strong but the only fear she had was not that of dying, but that of being caught and sent back to Libya.<sup>31</sup> In a different yet similar ordeal, another woman describes the dreadful experience of having to watch her own son drown since the boat they were on capsized and she did not know how to swim.<sup>32</sup> Such harrowing accounts of first-hand experiences show the reality of migration and highlight the importance of sending help rapidly once migrant boats are noted since people on board could be in grave danger of losing their lives.

## 1.6 Dealing with further crises

Besides the numerous challenges faced by asylum seekers, one cannot overlook the fact that all major national issues will eventually impact each person in one way or another. One of the most recent issues that had the power to change and bring the whole world to a halt was the Corona virus pandemic (COVID-19). WHO declared COVID-19 as; “a serious disease, ranging from no symptoms or mild cases to respiratory failure and death.”<sup>33</sup> WHO, together with the Centre for Diseases Control and Prevention (CDC), enlisted recent and current pregnant women as vulnerable, amongst other health complications. The main strategy for preventing the transmission of COVID-19 was social distancing. Several measures were taken by public health officials worldwide in order to combat the spread of COVID-19. Two of these measures were the prohibition of social gatherings and the closing of ports. Understandably, this pandemic created additional challenges to asylum seekers in search of a new. As discussed further below, most migrants crossing the Mediterranean Sea by boats were not being welcomed in most countries at the time of writing, delaying salvation from such poor health conditions.

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<sup>30</sup> *Ibid.*

<sup>31</sup> *Ibid.*

<sup>32</sup> Samy Magdy, “Dozens of refugees feared dead as boat bound for Europe capsizes in the Mediterranean Sea,” *Independent*, August 27, 2019, <https://www.independent.co.uk/news/world/europe/refugee-boat-capsize-mediterranean-libya-sudan-rescue-a9080621.html>.

<sup>33</sup> Joseph J. Amon, “COVID-19 and Detention: Respecting Human Rights,” *Health and Human Rights Journal* 23, accessed May 13, 2020, <https://www.hhrjournal.org/2020/03/covid-19-and-detention-respecting-human-rights/>.

In Malta, migrants and asylum seekers were ordered to stay in their respective centres in order to reduce transmission. Thus, having a considerable number of people living together in immigration detention facilities created further challenges to the current situation. In his article, J. J. Amon argued that such places were the last to be recognised and added to national agendas in order to prevent transmissions.<sup>34</sup> While living together inside the facilities, these migrants were still unable to practise social distance since they had to make use of common areas, such as toilets and shower areas. Due to the lack of medical facilities on site, a temporary medical unit was set up in one of the largest centres, that of Hal Far, in order to offer the necessary help promptly without any delays, since certain complications could eventually be fatal. Furthermore, the UNHCR aided in developing information and strategies for migrants, refugees, and asylum seekers in Malta, including a Facebook group and, a website with information available in five different languages. Later on, a helpline in seven different languages was launched, with a phone number dedicated for each language. Individuals could make use of this service either by calling or leaving a voice message via WhatsApp. Residents were also encouraged through posters to call the national helpline in case of symptoms. Moreover, Malta's health care initiated random testing on residents in these centres to further reduce the transmission rates. Masks and hand sanitizers were also provided to the residents of the centres. Fundamentally, Malta was in line with the UNCESCR, which states that, "states are under the obligation to respect the right to health by, inter alia refraining from denying or limiting equal access for all persons, including prisoners or detainees, minorities, asylum seekers and illegal immigrants, to preventive, curative and palliative health services."<sup>35</sup>

Besides the problem of overcrowding in detention centres, Malta also faced the steady influx of asylum seekers by boats during the Coronavirus pandemic. The latter issue generated a great commotion amongst the Maltese nationals since, as asylum seekers were still being admitted even after ports were declared closed. Refusing the admission of asylum seekers led to hundreds of humans being trapped on small boats with no aid coming from any neighbouring country. This eventually resulted in fatalities since people suffered from severe

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<sup>34</sup> *Ibid.*

<sup>35</sup> CESCR General Comment No. 14: "The Right to the Highest Attainable Standard of Health (Art. 12)," Office of the High Commissioner for Human Rights (2000). Cited in Joseph J. Amon, "COVID-19 and Detention: Respecting Human Rights," *Health and Human Rights Journal* 23 (2020).



physical and psychological distress, which eventually led to loss of several lives. While Europe as a collective did not promptly take the necessary action to tackle this matter, commercial boats were sent in order to save these people from imminent death.<sup>36</sup> These migrants spent months on these ill-equipped boats with no basic necessities until further instructions from the government were issued.<sup>37</sup> However, women, of whom some were pregnant, and children were brought to land intermittently and provided with the necessary medical care.

Outbreaks generate fear, mainly fear of the unknown, which is a key ingredient for the spread of racism and xenophobia. A local association, Association for Child and Adolescent Mental Health (ACAMH), expressed concerns over serious comments that were generated online with regard to these boats situated close to Maltese shores.<sup>38</sup> Health professionals, including psychiatrists, paediatricians, mental health nurses, psychologists, social workers, and speech and occupational therapists, stated that, “Our focus, as a country, should be to foster a culture of empathic understanding and respectful discourse.”<sup>39</sup> Moreover, they added that careless and racist discourse is negatively influencing younger generations’ perspectives towards cultural diversity.<sup>40</sup>

Historical instances, such as St Paul’s shipwreck, emphasise the cultural value of hospitality in the form of offering help and care to those in need as part of Malta’s national heritage; indeed, Malta was once referred to as the ‘nurse of the Mediterranean’.<sup>41</sup> These healthcare professionals plead that as a nation, we should carry on and pass this legacy to future generations by exhibiting compassion and care.<sup>42</sup>

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<sup>36</sup> Julian Bonnici, “Maltese MEP leads drive to put an end to border countries shouldering migration crisis,” *Lovin Malta*, May 2, 2020, <https://lovinmalta.com/news/maltese-mep-leads-drive-to-put-n-end-to-border-countries-shouldering-migration-crisis-by-imposing-new-disembarkation-and-return-policy/>.

<sup>37</sup> *Ibid.*

<sup>38</sup> “Racist comments are influencing young people: mental health professionals warn. Country should foster culture of empathic understanding,” *Times of Malta*, April 21, 2020, <https://timesofmalta.com/articles/view/racist-comments-are-influencing-young-people-mental-health.787001>.

<sup>39</sup> *Ibid.*

<sup>40</sup> *Ibid.*

<sup>41</sup> *Ibid.*

<sup>42</sup> *Ibid.*

## 1.7 Media, stigmatization, and integration

Apart from the challenges faced throughout their voyage, asylum seekers' journey does not end with arriving in a new country; on the contrary, they must then face the challenge of being accepted. It is well known that wherever they go, asylum seekers are confronted with racism and are often tossed in the middle of political dealings. Therefore, their struggle to survive lingers on. The additional challenges faced by asylum seekers once the voyage is complete will now be explored.

The authors discuss the damaging impact of negative discourse in the perception of asylum seekers. They are frequently almost viewed as criminals who are stealing from 'us' the citizens (because of, for instance, free health care), and who are taking up 'our' space in hospitals and on land. Moreover, they are constantly referred to as 'the foreigners' (*il-barranin*) or 'the blacks' (*is-suwed*). This discourse leaves a great impact on the whole nation, but particularly on people whose profession is to care for these migrants.<sup>43</sup> Asylum seekers are mainly viewed as criminals because on arrival, they are welcomed by police officers, who with every right must perform checks on new arrivals for identification, followed by the process of health screening, and then transported straight into detention centres or deported to other countries.<sup>44</sup> The media in some cases aids the negative depiction of asylum seekers further by creating hostile headlines and generating terms such as 'economic migrant' and 'illegal asylum seekers'.<sup>45</sup> These are terms which influence locals into becoming more hostile towards asylum seekers.

Living in refugee centres or planned housing leaves no room for asylum seekers to integrate into society. This absence of integration is most often followed by a cascade of events, like difficulties to acquire jobs, children suffering from lack of education, adults refraining from learning a new language, and some vital health follow-ups may be missed. It is argued that along the years, a considerable amount of focus has been directed towards structural problems, such as housing; in the meantime, however, the process of social

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<sup>43</sup> *Ibid.*, M., Haith-Cooper, and G., Bradshaw, "Meeting the health and social needs of pregnant asylum seekers," 1011.

<sup>44</sup> *Ibid.*

<sup>45</sup> *Ibid.*, 1012.

integration has been overlooked.<sup>46</sup> Thus, as is currently the case in several European countries, in Malta the responsibility to provide certain services to asylum seekers and facilitate their adjustment relies upon organisations. This research digs deeper into the issue by questioning other studies' "understanding of what qualifies as successful integration."<sup>47</sup>

The Asylum, Migration and Integration Fund (AMIF) is a fund set up by the EU to monitor and promote the management, implementation, strengthening, and development of a common approach to asylum and migration for the period between 2014-2020.<sup>48</sup> Besides improvement in accommodation and reception services, this fund aids member states to initiate and implement services such as education and language training, and to provide assistance to the most vulnerable groups. A Syrian refugee who found employment in Germany through a benefits system stated that this process helped him to integrate better in society.<sup>49</sup> After acquiring a permanent job, this individual brought along his wife and now, he continuously advocates fellow migrants to engage in employment to lead a better life than the one they left behind.<sup>50</sup> Moreover, this same article, revealed how certain political conditions do not allow migrants to work, thereby creating the impression that migrants neither want to work nor integrate in society, which instils resentment in members of the community.<sup>51</sup> Subsequently, the effects of lack of integration and lack of work can be noted in family members as well as in the accommodation centres, since these migrants would not have the appropriate funds to ameliorate their current situations.

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<sup>46</sup> A., Ager and A., Strang, "Understanding integration: A conceptual framework," *Journal of Refugee Studies* 21, no.2 (2008): 166-191. Cited in Katherine Kappa, "The Social Integration of Asylum Seekers and Refugees: An Interactional Perspective," *Journal of Immigrant and Refugee Studies* 17, no. 3 (2019): 353.

<sup>47</sup> *Ibid.*, "The Social Integration," 355.

<sup>48</sup> "Asylum, Migration and Integration Fund (AMIF)," European Commission, Migration and Home Affairs, accessed November 14, 2019, <https://ec.europa.eu/home-affairs/financing/fundings/migration-asylum-borders/asylum-migration-integration-fund.en>.

<sup>49</sup> Casey Ruairi, "The two contrasting sides of German refugee policy," *The New Humanitarian*, November 11, 2019, <https://www.thenewhumanitarian.org/news-feature/2019/11/11/German-refugee-integration-policy>.

<sup>50</sup> *Ibid.*

<sup>51</sup> *Ibid.*

## 1.8 Local statistics and asylum seekers' residency information

In order to comprehend the challenges faced by pregnant asylum seekers in the Maltese islands, one must first take a look at local statistics and give a short overview of how these group of people live once under Maltese state protection. According to the Annual Report of 2018 issued by the National Obstetric Information System (NOIS), in the Maltese islands, there were 4434 deliveries, of which 75.5% were women of Maltese nationality while 24.5% were non-Maltese.<sup>52</sup> Of the 24.5%, 2.3% were from Syria, 1.5% from Sub-Saharan Africa, 1.4% from Libya and 1.3% from the Philippines.<sup>53</sup> Currently, no further local statistics show the number of women that arrived on boats seeking asylum who were pregnant at the time being. However, from the researcher's personal experience while working in the health sector, admissions of pregnant asylum-seeking women are quite regular and consistent, especially in peak migration seasons.

When people arrive in Malta seeking asylum without any form of documentation, they are generally detained for a period up to 12 months in accordance with the Maltese immigration law. If protection is granted, they can reside temporarily in open centres or live in the community. One of the main organisations that aids asylum seekers in Malta is the Agency for Welfare of Asylum Seekers (AWAS). AWAS manages reception facilities, provides information programmes in the areas of employment, housing, health, welfare, and education, and promotes government schemes related to resettlement voluntary returns. The main role of the agency is that of enabling residents to become independent of the service. The agency provides food and transport allowances to unemployed residents of the open centres, while accommodation is free of charge. Apart from this agency, there are also volunteers and NGOs who offer residents different courses with the aim of enabling asylum seekers to educate themselves further in order to have the possibility of finding a job to maintain themselves and their families. Members of the AWAS agency, which is mainly manned by support workers, also make sure that the residents attend follow-up

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<sup>52</sup> Miriam Gatt, and Tania Cordina, "National Obstetric Information System (NOIS), Annual Report 2018," Directorate for Health Information and Research, accessed May 4, 2020, [https://deputyprimeministercms.gov.mt/en/dhir/Documents/Births/rpt\\_NOIS\\_18\\_Annual%20finalz.pdf](https://deputyprimeministercms.gov.mt/en/dhir/Documents/Births/rpt_NOIS_18_Annual%20finalz.pdf).

<sup>53</sup> *Ibid.*

appointments at the respectful hospital or health centre by accompanying them and providing translators when needed.

Currently (2019), in Malta there are six reception centres. Four of these are run by AWAS and the remaining two are run by NGOs, although all six are under the management of AWAS. One of the largest reception centres, the Marsa Open Centre, currently functions as a closed centre where asylum seekers stay before being transferred to an open centre.<sup>54</sup> The management attempts to separate single women and unaccompanied children in different open centres, although sometimes they are placed with families but are kept in different spaces for their own protection. It was reported that in practice, single women and single men were not always separated, although efforts were made.<sup>55</sup>

Living conditions vary from one centre to the other. Some consist of room housing varying from four to twenty-four residents in each room or mobile metal containers sleeping up to eight each. At each centre, one can find common cooking areas as well as common showers and toilets. Inevitably, due to severe overcrowding, issues such as lack of hygiene and maintenance problems arise quite often.<sup>56</sup> Besides the free accommodation and daily food and transport allowance noted in the previous paragraphs, asylum seekers receive the daily allowance of €4.66 per adult asylum seeker, while children, including unaccompanied minors, receive €2.33 daily until they turn 17 years of age.

While keeping in mind the allowances and assistance that these asylum seekers are being provided with, one cannot ignore the fact that the living conditions may not be up to the best standards, especially for a mother with a newborn. It was reported that according to NGOs that visit the centres regularly, the living situations are precarious since the units provided are not well insulated – in summer, they are too hot while in the winter period, they are too cold.<sup>57</sup> The situation of overcrowding also cannot be overlooked. Collectively, the centres have a maximum capacity of around 1500 places while according to the ECRE report, by the

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<sup>54</sup> *Ibid.*, "Asylum Information Database (AIDA) Country Report: Malta," 49-50.

<sup>55</sup> *Ibid.*

<sup>56</sup> *Ibid.*, "Asylum Information Database (AIDA) Country Report: Malta," 51.

<sup>57</sup> Ivan Martin, "Rats and cramped conditions: life inside the Hal Far open centre," *Times of Malta*, October 26, 2019, <https://timesofmalta.com/articles/view/rats-and-cramped-conditions-life-inside-the-hal-far-open-centre.744333>.

end of 2018 the number of persons residing in the centres was already 1182.<sup>58</sup> According to employees, by the end of October 2019, the number of residents was greater than the maximum amount.<sup>59</sup> The centres' poor hygiene mainly due to overcrowding was also reported, which in turn brought about rat and cockroach infestations. Due to this lack of hygiene, newborns, who are fragile, become more susceptible to contract diseases that would need to be treated with costly medicine as well as lengthy and specialised neonatal hospitalization for an adequate recovery. One could also argue that certain illnesses acquired at such a tender age may result in further difficulties as the child is growing up, which would in turn mean more stress inflicted upon the parents and the responsible entities in order to provide optimum healthcare.

## 1.9 The humans behind the numbers

The Asylum Information Database (AIDA), which is coordinated by the European Council on Refugees and Exiles (ECRE), gathers and provides up-to-date information about asylum seekers in twenty-three EU member states and three non-EU countries. The Aditus Foundation and the Jesuit Refugee Service Malta, collect and contribute research to present the statistics of Malta, with the aid of the Office of the Refugee Commissioner, the Refugee Appeals Board, AWAS, the Malta Police Force, and UNHCR Malta. In 2018, a total of 2045 persons applied for protection, the largest group of people being from Syria, followed by Libya and Somalia respectively.<sup>60</sup> Of this total number of applicants, 67.7% were men, 12.2% women, and 20% children, of which 0.1% were unaccompanied.<sup>61</sup>

### 1.9.1 A political playground

Political agendas are one of the main reasons why migration occurs in the first place and it is due to these agendas that asylum seekers end up trapped in between countries. In 2013, when the number of crossings was spiking, some stated that the loss of so many people's lives at sea was "slaughters of innocents" and "a terrible human tragedy", as the President of Italy

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<sup>58</sup> *Ibid.*, "Asylum Information Database (AIDA) Country Report: Malta," 50.

<sup>59</sup> *Ibid.*, "Rats and cramped conditions: life inside the Hal Far open centre."

<sup>60</sup> "Asylum Information Database (AIDA) Country Report: Malta," accessed October 25, 2019, [https://www.asylumineurope.org/sites/default/files/report-download/aida\\_mt\\_2018update.pdf](https://www.asylumineurope.org/sites/default/files/report-download/aida_mt_2018update.pdf).

<sup>61</sup> *Ibid.*

at the time G. Napolitano and the then President of the Parliamentary Assembly of the Council of Europe J.C. Mignon put it respectively. Moreover, it was emphasised that ‘this must end’. Following these comments, only Italy launched a service by coast guard to rescue lives at sea; this was opposed by the UK, arguing that this type of search and rescue service was creating “an unintended ‘pull factor’” that was “encouraging more people to try to cross the sea.”<sup>62</sup> Due to European initiatives that took care and distributed refugees arriving by means of sea, following 2014, the number of asylum seekers in Malta saw a considerable drop until in June 2018, when the Italian government declared that all Italian ports were closed to a rescue vessel that carried 600 rescued asylum seekers, of whom 7 were pregnant women. This episode was repeated three more times between June and December 2018, with several vessels transporting asylum seekers being denied permission to enter any port, leaving them stranded at sea between Italy and Malta for days and weeks on end, at times without water. In an article, a journalist condemned this as “a progressive abandonment of humanity.”<sup>63</sup>

With the sudden collapse of the Italian government and the replacement of interior ministers in September 2019, Italian ports started once again accepting non-profit organization (NGO) boats. A new agreement between Italy, Malta, Germany, and France showed progress in the willingness to share the responsibility of hosting asylum seekers intercepted by boats. Prior to this agreement, asylum seekers had to be taken in by the country whose borders the migrants were intercepted in, a process which for Malta, being a small island and given its geographical location, was proving too much of a burden and demand. One cannot argue that these actions are not positive steps, but they are not secure solutions since these efforts are based on an unstable political front, which could easily change direction. The question of what is being done to aid these asylum seekers in their own countries remains unanswered. Arming, funding, and training the Libyan coast guard, and striking deals with militias to stop departures from the Libyan coast is not aiding the asylum seekers; rather this makes matters worse because more people are being held in Libyan detention centres where, as reported, “torture, sexual violence, extortion and other abuses

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<sup>62</sup> Eric Reidy, “Reporter’s Diary: Four years of growing callousness in the central Mediterranean,” *The New Humanitarian*, October 19, 2019, <https://www.thenewhumanitarian.org/opinion/2019/10/17/Migration-Mediterranean-rescue-asylum-migrant-NGOs>.

<sup>63</sup> *Ibid.*

regularly occur.”<sup>64</sup> Smugglers too have changed their tactics by switching to more precarious inflatable dinghies in order to be less seen. The pricing has increased, and the chosen departure ports are making the situation even harder for NGOs’ rescue ships to locate them in time. Consequently, while it is true that central EU countries are noticing a drastic decrease in the admittance of asylum seekers, as a result, the number of people dying and missing in the Mediterranean is gradually growing.

## 1.10 Conclusion

Although Malta keeps experiencing a yearly influx of migrants and asylum seekers, there is still a lack motivation to promptly implement or revise existing strategies and pathways with regards to different sectors of life. This chapter discussed the myriad aspects which affect the life of asylum seekers in general but since the focus of this study is centred on pregnant asylum seekers, the various challenges that these women face since the day they leave their homes till they arrive in a new host country were highlighted. The implementations that should take place to provide asylum seekers with a better quality of life would have better outcomes if moulded according to the needs of these people since needs vary from one minority group to another, especially in the case of women who become pregnant during such a crucial period in their lives. The following chapter focuses on the effects and consequences of culture change on an asylum-seeking mother who gives birth in a foreign country. The effects of the social, cultural, and linguistic challenges are explored, as well as ways through which the healthcare systems can aid this transition. Both legal rights and opportunities may vary among citizens and people fleeing across borders illegally.

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<sup>64</sup> *Ibid.*



# Chapter 2: Asylum seekers giving birth: the challenges, beyond health

## 2.0 Introduction

Regardless of age, gender, socio-economic or ethnic background, health is considered as one of the most basic human needs. As human beings, our health and the health of our family is an element of daily concern. The right to health was first cited in the 1946 Constitution of the World Health Organization (WHO), in which health is defined as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity,”; it further asserts that, “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.”<sup>1</sup> The right to health as a human right was also discussed in both the Universal Declaration of Human Rights (1948) and the International Covenant on Economic, Social and Cultural Rights (1966).

As a country, Malta aims to offer the best possible healthcare plans to pregnant asylum-seeking women from the day they arrive and beyond their delivery date, since these women continue to receive assistance and support in maintaining a healthy lifestyle both for themselves and their newborns. As a healthcare professional, I must take into account all the efforts made by my fellow colleagues in order to help asylum-seeking women overcome several barriers and challenges which arise over time. Nevertheless, I believe that in certain aspects of the healthcare spectrum more could be done with regards to delivering the best possible care.

The right to health is generally associated with access to healthcare and hospitals, which is factual, but health rights extend further to include a range of factors which help us to lead

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<sup>1</sup> “The Right to Health, Fact Sheet No. 31,” Office of the United Nations High Commissioner for Human Rights, accessed November 4, 2019, <https://www.ohchr.org/Documents/Publications/Factsheet31.pdf>.

a healthy life. The International Covenant on Economic, Social and Cultural Rights (ICESCR) argues that these factors are the “underlying determinants of health,” which include “safe drinking water and adequate sanitation, safe food, adequate nutrition and housing, healthy working and environmental conditions, health-related education and information and gender equality.”<sup>2</sup> Migrants seeking refuge often face obstacles that hinder their right to health, the most common being discrimination, stigma, language, cultural barriers, and culture change. The urgency to address specific mental, physical, and reproductive health needs of asylum-seeking women was also noted in major countries that are resettling refugees.<sup>3</sup> This is especially the case during pregnancy, a period in which women are notably vulnerable due to the increased risk of preventable detrimental maternal and newborn outcomes.

## 2.1 Asylum seekers and the right to health

Even though several host countries regulate legal entitlements and grant asylum seekers unrestricted access to healthcare, the latter still face numerous obstacles with regard to maternity care. In some situations, the location of the reception centres limits the availability of specialized health services, while the language barrier makes it difficult for women to access health services outside the living quarters. Thus, the difficulties that these women encounter from the moment they decide to leave their homes until they finally arrive in a new country continue to accumulate. These obstacles contribute to stress which could lead to detrimental birth and postnatal outcomes.

A German study confirms that although several countries have seen the influx of large numbers of asylum seekers, no studies have yet analysed maternity care services offered or maternal outcomes among asylum seekers in the past years.<sup>4</sup> In large countries, asylum seekers are often dispersed and moved around, which further contributes to adverse outcomes since continuity of care is disrupted, leading to undetected health issues such as

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<sup>2</sup> *Ibid.*

<sup>3</sup> Mary Malebranche, *et al.*, “Addressing vulnerability of pregnant refugees,” *Bull World Health Organ*, no. 95 (2007): 611.

<sup>4</sup> Kayvan Bozorgmehr, *et al.*, “Differences in pregnancy outcomes and obstetric care between asylum seeking and resident women: a cross-sectional study in a German federal state, 2010-2016,” *BMC Pregnancy and Childbirth* 18, no. 417 (2018):1-8.

mental health conditions.<sup>5</sup> The same researcher claims that there is a vital need for “adequate and timely identification of mental illness during pregnancy by means of standardized and routinely applied screening interventions,” which is not currently available in Germany.<sup>6</sup> It is also important to note that countries integrating such services would be acting in line with EU directives which request “member states to establish process for identifying and addressing the special needs of vulnerable groups among asylum seekers.”<sup>7</sup> Since Malta is a rather small country, it does not have consequential dispersal problems since generally, pregnant asylum seekers are kept together in the same reception centre under direct supervision from AWAS members and continue to visit the same maternity care services.

## 2.2 The role of healthcare professionals

Healthcare professionals have a duty to provide appropriate care for everyone regardless of their ethnicity, cultural and religious values, political beliefs, or position in society, by abiding to and observing the code of ethics. The latter are pillars to any profession; thus, ethical standards of care should be established, and staff must be trained to deal with specific circumstances, such as caring for asylum seekers. Midwives and nurses base their practices upon a code of ethics within their respective country’s code, but both the International Council of Midwives and the International Council of Nurses have developed their respective codes which could be used by every maternity-related healthcare professional around the world.<sup>8</sup> As Zerafa stated in her dissertation, “Having such codes will help the professional to standardise their practice and therefore provide quality care, and will also help to observe ethical obligations in accordance to one’s profession.”<sup>9</sup>

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<sup>5</sup> *Ibid.*, 5.

<sup>6</sup> *Ibid.*, 5.

<sup>7</sup> “Laying down standards for the reception of applicants for international protection,” European Parliament, Council of the European Union, Directive 2013/33/EU (June 26, 2013): 96-116. As cited in Kayvan Bozorgmehr, *et al.*, “Differences in pregnancy outcomes and obstetric care between asylum seeking and resident women,” (2018): 5.

<sup>8</sup> International Council of Nurses, *The ICN Code of Ethics for Nurses*, International Council of Nurses Revised 2012 and *International Code of Ethics for Midwives*, Reviewed and adopted at Prague Council meeting 2014, International Confederation of Midwifery Strengthening Midwifery Globally.

<sup>9</sup> Claire Zerafa, “Maternal and Neonatal Health in Times of Disaster,” (Masters diss., University of Malta, 2016), 59.

Providing the most basic care in certain situations may be challenging, such as while caring for a group of people who may not know or understand the local language or any basic English. Besides the language and cultural difference, most difficulties arise with the fact that these healthcare professionals are not given any form of training with regard to the specific health needs of asylum-seeking women.<sup>10</sup> Despite all the issues that healthcare professionals from around the world address, only a few studies have emphasised the imminent need of establishing how to deal with these emerging situations.<sup>11</sup> Moreover, it is important to note that although healthcare professionals do their best to offer all health services on the same level for everyone, due to the barriers mentioned, it is the asylum-seeking women themselves who opt not to use the service, most often due to simple reasons such as not being aware of it or being afraid. The following section entails an exploration of barriers to healthcare from asylum seekers' point of view.

## 2.3 Barriers to healthcare

In a situation where one does not have a residential status or, for some reason, does not have any form of documentation, attaining healthcare services in a foreign country may prove to be rather difficult and this results in poor health outcomes.<sup>12</sup> This particularly affects women rather than men, most often due to several forms of discrimination directly linking to ethnicity, race and poverty, physical, economic and social well-being.

Free access to health services for undocumented migrants is very limited in most EU countries. In some countries, migrants are even expected to pay for emergency care while in others, they are entitled to emergency care and some forms of primary and secondary health services, which most often is less comprehensive than the full service that locals attain. In other cases, healthcare is limited to specific groups such as pregnant women, children, and people with certain communicable diseases like HIV. It is also reported that some women may be intimidated to benefit from any healthcare services because of the risk of being reported

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<sup>10</sup> Elisabeth Kurth, *et al.*, "Reproductive health care for asylum-seeking women – a challenge for health professionals," *BioMed Central Public Health*, no. 10 (2010): 1-11.

<sup>11</sup> *Ibid.*

<sup>12</sup> Alyna C. Smith, *et al.*, "Migrant women's health issues: addressing barriers to access to health care for migrant women with irregular status," European Commission and WHO, No.85 (2016): 18-21.

to immigration authorities.<sup>13</sup> Throughout Europe, the effects of discrimination can be noticed through health inequities that emerge, which result in women suffering from difficult pregnancies and poor outcomes, such as low birth weight, and infant and maternal mortality.<sup>14</sup> Besides, being held in detention is an added strain on their health, creating even more physical and mental health problems. Meanwhile, access to healthcare services is generally limited.

In Malta, asylum-seeking women are entitled to receive the necessary healthcare, which includes emergency care, basic essential treatment of illness, and mental health needs. Although the main health care services are free of charge, it can be noted that many asylum seekers still fail to attend regular hospital visits as advised by health authorities. It is vital to note that these visits are not neglectfully missed; the absences reveal crucial barriers and challenges. One of the greatest barriers faced by asylum-seeking women is the language barrier, which hinders them from both understanding and being able to communicate effectively. Another barrier is that of stigma since going to the doctor may give the impression that one is not healthy. Certain cultures believe that visiting the doctor while pregnant is unnecessary since pregnancy shows that a woman is healthy. An additional barrier to health care is the fact that some sectors of healthcare professionals, mainly the doctors, are male-dominated. This issue brings about several challenges, the main one being women's hesitation to be examined by a man. In order to avoid this encounter, many decide to refrain from attending hospital visits altogether. Other challenges include different religious beliefs and the fact that some of these women lack the opportunity of attending antenatal visits, because they arrive in Malta at an advanced stage of their pregnancy.

## 2.4 Language barriers in healthcare

A person may decide to migrate and leave their country for several reasons; thus, one cannot know how long this displacement would last. According to WHO, around 10% of the EU region's population are migrants.<sup>15</sup> By crossing international borders, most of these

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<sup>13</sup> *Ibid.*

<sup>14</sup> *Ibid.*

<sup>15</sup> Orla McGarry, *et al.*, "What strategies to address communication barriers for refugees and migrants in health care settings have been implemented and evaluated across the WHO European Region?" *World Health Organization*, Health Evidence Network Synthesis Report 62, accessed November 22, 2019,

migrants lose all kinds of linguistic communication. Thus, a crucial healthcare issue which is on the rise in most EU countries is the implementation of an effective healthcare service to linguistic and culturally diverse migrants. It has been shown several times that communication barriers are one of the most crucial reasons why healthcare services are not fully utilised by refugees and migrants and as a result, adverse health outcomes ensue.<sup>16</sup>

Since most European countries have no clear policies in place, healthcare professionals resort to friends, family members who sometimes happen to be children, other healthcare workers, or online translation tools in order to communicate with the patient, which can cause clinical, social, and ethical problems.<sup>17</sup> While one can argue that each country should take initiative and implement policies regarding this issue, in the long run it may prove to be a challenging venture, since one has to cater for different aspects of this challenge, such as proportion, type, country of origin, and the different journeys taken by the migrants and asylum seekers. All these issues accumulate and leave an impact on the asylum seeker's health, besides the fact that they would have lost all sense of belonging due to the loss of their social and family networks, leaving them feeling even more socially excluded.<sup>18</sup>

## 2.5 Language and its effect on mothers and healthcare professionals

Although the basic general care that any pregnant women needs is almost always at a constant level unless, any complications arise, most healthcare professionals argue that caring for migrant or asylum-seeking women is more demanding.<sup>19</sup> This is most often due to their "complex socio-economic and asylum[-related]" issues.<sup>20</sup> A study conducted in the German-speaking part of Switzerland revealed that every participant tried their best to see each other's perspective despite the "challenge to understand each other's different words

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[http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0006/380229/who-hen-62.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0006/380229/who-hen-62.pdf?ua=1).

<sup>16</sup> *Ibid.*

<sup>17</sup> *Ibid.*, 10.

<sup>18</sup> *Ibid.*, 13.

<sup>19</sup> Paola Origlia Ikhilior, *et al.*, "Communication barriers in maternity care of allophone migrants: Experiences of women, healthcare professionals, and intercultural interpreters," *Journal of Advanced Nursing*, no.75 (2019): 2200-2210.

<sup>20</sup> *Ibid.*, 2201.

and the unfamiliar system.”<sup>21</sup> Since some of the interpreters originated from the same countries as the participants, they were able to sympathise and understand better their past experiences and their present situation, that is being in an unfamiliar country. On the other hand, the healthcare professionals lacked to understand the problems some mothers face due to the change in their social environment.

In separate interviews, women argued that complex healthcare systems proved to be difficult to understand and navigate through. One mother recounted how she decided not to let the unfamiliarity set her back and handled each situation as it came along.<sup>22</sup> If female asylum seekers do not understand the language and are not able to ask their way around a new facility, mothers may not make use of all maternity services offered, with a possible detriment to their health and that of their unborn child. For instance, a woman who had waited for a long time for her antenatal visit discovered that the doctor had already left and she felt that the midwives could have informed her, an episode which further highlights the problems that can possibly arise due to communication barriers.<sup>23</sup> In another situation, a midwife who visited a woman suffering from vomiting episodes advised her to see a doctor; however the patient did not view her vomiting as a sign of ‘being ill’, which shows how different practices and values vary and create different judgements.<sup>24</sup> This account further displays the importance of communication since, this healthcare professional could have helped this particular woman understand better the necessity of having regular antenatal visits.

In different circumstances, an asylum-seeking family were living in a small, confined space (a transit home) away from their social and familiar community support. Having their fourth child was viewed as a challenge because they had to relearn how to adhere to the new situation. The situation proved to be quite difficult and time-consuming for the healthcare professional, since she had to deal with the insecurity and the agitation of this particular mother.<sup>25</sup> Another healthcare professional found it difficult to connect with the mother since the numerous of relatives living in the same house (four families in total) refused any help,

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<sup>21</sup> *Ibid.*, 2203.

<sup>22</sup> *Ibid.*, 2204.

<sup>23</sup> *Ibid.*, Stephania Rapa, “Somali Immigrant Women’s Lived Experiences of Pregnancy and Childbirth in Malta,” 121.

<sup>24</sup> *Ibid.*, “Communication barriers in maternity care of allophone migrants,” 2204.

<sup>25</sup> *Ibid.*, 2204.

stating that they were able to care for her themselves.<sup>26</sup> Not being able to approach the mother herself, the midwife could not assess if this particular mother needed any form of support or specialised visits to the hospital. Moreover, the family members' over-protectiveness could have hindered the mother from seeking or addressing her needs accordingly. Other researchers have discussed the role of family members and on a more positive and encouraging note, they argued that healthcare professionals should try to actively involve family members since they are a resource that could be used to be able to provide appropriate care for the women through proper communication.<sup>27</sup>

From a healthcare perspective, the lack of an interpreter also creates a sense of frustration since currently, the interpreter is only available once per patient. Thus, every healthcare professional has to be present for one packed meeting, including a midwife, a paediatrician, and an obstetrician. In real life, the idea of setting a meeting that everyone can attend at the same time is impractical due to the hospital exigencies. Even if all health professionals can gather at the same time, providing a new mother with a great deal of information in the same session is both exhausting and overwhelming. In a local study, the researcher discussed how a woman said she had many questions to ask while giving birth but since an interpreter was not present at the time, she had to deliver her baby in 'silence'.<sup>28</sup> Due to this silence, the midwife could not get to know the needs of this woman as an individual, and it is vital to note that as this article points out, such a practice "could be considered substandard and unsafe".<sup>29</sup> Furthermore, the researcher continues to promote the need to address the barriers hindering equality so that all women are provided with the same level of care no matter their ethnic origin.<sup>30</sup>

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<sup>26</sup> *Ibid.*, 2204.

<sup>27</sup> Sibylle Bihr, and Kaya Bulent, "Vulnerable people in healthcare. Experience from the perspective of people with a migration background," Swiss Red Cross (Switzerland, 2014), as cited in, Paola Origlia Ikhilor, *et al.*, "Communication barriers in maternity care of allophone migrants: Experiences of women, healthcare professionals, and intercultural interpreters," *Journal of Advanced Nursing*, no.75 (2019): 2206.

<sup>28</sup> *Ibid.*, Stephania Rapa, "Somali Immigrant Women's Lived Experiences of Pregnancy and Childbirth in Malta," 122.

<sup>29</sup> M., D'Entremont, *et al.*, "The Sounds of Silence – A Hermeneutic Interpretation of childbirth Post Excision," *Health Care for women International*, no. 35 (2014): 300-319, as cited in, Stephania Rapa, "Somali Immigrant Women's Lived Experiences of Pregnancy and Childbirth in Malta," (Masters diss., University of Malta, 2015), 42.

<sup>30</sup> *Ibid.*, "The Sounds of Silence – A Hermeneutic Interpretation of childbirth Post Excision," in "Somali Immigrant Women's Lived Experiences of Pregnancy and Childbirth in Malta."



At times, migrant women described events as being forced onto them and stated that they felt a “lack of agency” since they could not refuse, they felt that decisions were being taken for them instead of with them since in most cases, they were not able to understand what was going on.<sup>31</sup> In addition, healthcare professionals, especially midwives, shared the common concern of ‘violating’ the woman, for instance in cases of emergency when one cannot wait for an interpreter and certain procedures have to be done very quickly in order to save both the mother’s and the baby’s lives, such as performing vaginal examinations, inserting urine catheters, administering medication, and taking the mother in for a caesarean section without being able to explain how and why.<sup>32</sup> Going through such experiences may also deter women from reaching out to healthcare professionals when need arises on the grounds that they would not be able to understand. Consequently, decisions are once again taken without their verbal approval or signed consent.

### 2.5.1 The imminent need for interpreters

It is argued that the lack of interpreters in medical facilities is due to several factors including that they are often expensive to finance for a long period of time, they are not specifically regulated in policies, and in relation to maternity, it is often not possible to have interpreters in all aspects of maternity care units at the same time, such as in antenatal clinics, post-natal wards, delivery wards, and postnatally within the community services.<sup>33</sup> In Malta, the service of an interpreter has improved over the years as healthcare professionals from different countries were engaged by the government to act as interpreters in times of need but still, not all languages are available as yet and some of the health carers are available while on call only. A valuable service which in my opinion needs to be amended, as an official interpreter would be able to communicate and address the notions in question in a more professional and ethical manner. In addition, an issue faced by interpreters locally is the different dialects within a singular language, which makes it harder for them to understand and translate accurately. In recent months, a great advancement has been made in the Somali interpretation section since, a Somali man, who was an asylum seeker, that has a good

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<sup>31</sup> *Ibid.*, “Communication barriers in maternity care of allophone migrants,” 2205.

<sup>32</sup> *Ibid.*, 2206.

<sup>33</sup> *Ibid.*, 2206.

understanding of the English language was engaged to work as an interpreter with AWAS. This interpretation engagement proved to be a great asset and contribution to the maternity section in particular because communication with Somali nationals improved greatly.

An interpreter stated that, "Every person who comes for treatment has the right to understand what is being done to him or her."<sup>34</sup> Furthermore, a study pointed out that due to the vulnerability of the migrants, they were informed about the study in their mother tongue before proceeding to signing the informed consent.<sup>35</sup> The notion of obtaining an informed consent plays a major role with regard to a good ethical foundation of a study itself. It is vital that participants or patients, in the case of hospital care, are fully aware of what is going to happen and what the study or examination consists of to be able to make informed choices and also to be able to ask questions in relation to the matter.

## 2.6 Cultural and religious values

Further barriers which as previously discussed pose a significant challenge to asylum seekers when it comes to health care services are the cultural and religious changes. As Tackett et. al state, "religion is increasingly recognized to influence health beliefs and behaviours and interactions with providers and healthcare system."<sup>36</sup> Modesty and privacy are two core values which Muslim women are taught from a young age to respect as part of their cultural and social behaviour. The clothing Muslim women wear may be viewed as a barrier because at times, the healthcare professional is not able to provide the care needed.

It is argued that the healthcare provider must always clarify which garments should be removed and limit the exam to the mother's level of comfort and the basic needs necessary.<sup>37</sup> As previously discussed, Muslim women also seek to be examined by female healthcare professionals rather than male to ensure that physical boundaries are not violated. When only a male healthcare professional is available, he should make sure that another female professional is present in the room, such as a midwife, a nurse, or a close relative, so that the

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<sup>34</sup> *Ibid.*, 2206.

<sup>35</sup> *Ibid.*, "Communication barriers in maternity care of allophone migrants," 2202.

<sup>36</sup> Sean Tackett, et al., "Barriers to healthcare among Muslim women: A narrative review of the literature," *Women's Studies International Forum*, no. 69 (2018): 190-194.

<sup>37</sup> *Ibid.*, 191.

mother may feel more at ease with the examination or procedure. Due to modesty, Muslim women may also hold back from attending gynaecological appointments prior to marriage or pregnancy since it may be perceived as embarrassing or devaluing to share information regarding sexual health. As a result, as already discussed in previous sections, health conditions related to health in pregnancy may be missed and a woman may either lose her pregnancy or go into premature labour due to simple issues such as uncontrolled diabetes, high blood pressure, or lack of nutritional information resulting in poor nutritional intake.

Furthermore, it has also been reported that in countries where Islam is not the major religion, Muslim women feel discriminated and show concerns regarding stereotyping and fear due to their attire.<sup>38</sup> Other studies suggest that due to a low level of literacy, these women may not fully understand sensitive topics, which further stresses the need of having an interpreter so that women could ask relevant questions related to their care and be able to trust more in both the healthcare professional and the healthcare system.<sup>39</sup>

## 2.7 Continuity and change

A paradox which has been acknowledged and interpreted by several philosophers is the notion that “we change continually yet we remain the same.”<sup>40</sup> Personal continuity is vital for a human being to conserve one’s identity. It is a value which under certain circumstances can be lost, such as migration, which brings about radical changes. It may be life-threatening for a person to radically lose one’s continuity while being left to face sudden changes on one’s own. In their study O’Sullivan-Lago, et al. argue that to a certain degree, culture in the sense of a community conveys a much bigger picture.<sup>41</sup> The authors highlight that in a community, one finds a sense for “perceiving, believing, evaluating, communicating, and acting among those who share a language, a history, and a geographic location.”<sup>42</sup> Moreover, they continue

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<sup>38</sup> *Ibid.*, 193.

<sup>39</sup> *Ibid.*

<sup>40</sup> Ria O’Sullivan-Lago, Guida de Abreu and Mark Burgess, “‘I am a human bring like you’: An identification strategy to maintain continuity in a cultural contact zone”, *Human Development* 51, no. 5-6 (2008): 349-367.

<sup>41</sup> *Ibid.*, 350.

<sup>42</sup> Bernardo M. Ferdman, and Gabriel Horenczyk, "Cultural identity and immigration: Reconstructing the group during cultural transition," *Language, identity, and immigration* 3, no. 81 (2000): 399-419 as cited in Ria O’Sullivan-Lago, Guida de Abreu and Mark Burgess, “‘I am a human bring like you’: An identification strategy to maintain continuity in a cultural contact zone”, *Human Development* 51, no. 5-6 (2008): 350.

to argue that it is culture itself which generates cultural identities and helps individuals to define their motives and behaviours in any aspect in life.<sup>43</sup>

The fear of an unknown cultural future creates a lot of uncertainties. With regard to the health sector, this could be noted, as previously mentioned, in relation to pregnant Muslim women. Most Muslim women are faced with the fact that they could be examined by a male doctor, an issue which does not exist in the latter's culture. These specific circumstances could result in a negative experience for this particular group of women because due to their religious belief, they should not be alone in the same room with a man who is neither related by blood nor by marriage. Due to this reason, most women tend to refuse important examinations or avoid visiting the hospital altogether, a decision which may eventually be life-threatening for both the mother and her foetus. Moreover, it has been highlighted several times that culturally, for most asylum-seeking women, being pregnant is perceived as a natural occurrence. Thus, unlike Maltese nationals, who attend regular appointments privately or/and at the hospital, asylum seekers deem visiting a doctor as out of the norm. One could argue that since they are in another country, they should abide by the host country's rules. On the other hand, others argue that trying to resolve this issue is quite a difficult process due to the several barriers that healthcare professionals are faced with while caring for asylum seekers. Thus, it is vital that healthcare professionals try their best to understand the individualistic needs of pregnant asylum seekers.

## 2.8 Acknowledging and responding to the needs of pregnant asylum seekers

While promoting health, individuals are encouraged to work together as a community towards achieving control by improving their well-being, therefore becoming empowered to live an active and fruitful life.<sup>44</sup> It is vital to promote the values of equity, empowerment, and

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<sup>43</sup> Nan M. Sussman, "The dynamic nature of cultural identity throughout cultural transitions: Why home is not so sweet," *Personality and social psychology review* 4, no. 4 (2000): 355-373 as cited in O'Sullivan-Lago, De Abreu and Burgess, 350.

<sup>44</sup> "The Ottawa Charter for Health Promotion," World Health Organisation, 1986, accessed November 26, 2019, <https://www.who.int/healthpromotion/conferences/previous/ottawa/en/> as cited in Marie-Claire Balaam, *et al.*, "A qualitative review of migrant women's perceptions of their needs and experiences related to pregnancy and childbirth," *Journal of Advanced Nursing*, (2013): 1919-1930.

engagement in order to ensure that asylum-seeking women are viewed as equals and as active as local women with regard to their health status.<sup>45</sup>

In a research on migrant women's perception of their needs, experiences, and access to maternity care, the notion of "preserving integrity in the new country" emerged.<sup>46</sup> Results from this study indicated that migrant women expressed the need to have control over themselves, to be able to protect their identity, and to be respected, such as not exposing them, in order to safeguard their dignity.<sup>47</sup> According to evidence, "it is acknowledged that the migrant women's health situations in new countries is related to lack of 'communication and connection'."<sup>48</sup> It is proven that in situations where these women were provided with interpretation services and social support, they were more co-operative, open to try new services, and they also acknowledged the advice given, which in the long run contributed to better outcomes.<sup>49</sup> The inability to offer better communication services in order to meet the culturally diverse needs of a specific group may result in disagreement among the healthcare professionals and the migrant women themselves. Therefore, the question of which services asylum-seeking women would really benefit from arises in order to be able to respond to their basic needs.

### 2.8.1 A separate maternity clinic – what is really needed?

While devising a care plan for a particular person, one must first gain insight into the factors which were present prior to the pregnancy itself, such as any indications of heart disease, infections, malnourishment, or any episodes of violence, which may have severe consequences on the pregnancy and the post-partum period.<sup>50</sup> In Malta, a separate maternity clinic within the regular outpatients clinic was launched earlier this year. In an interview regarding the opening of a new maternity clinic for migrants at Mater Dei Hospital (MDH), the

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<sup>45</sup> B., Lindstrom and M., Eriksson, "Contextualizing salutogenesis and Antonovsky in public health development," *Health Promotion International* 21, no. 3 (2006): 238-244, as cited in Balaam, *et al.*, 1926.

<sup>46</sup> *Ibid.*, Marie-Clare Balaam, *et al.*, "A qualitative review of migrant women's perceptions of their needs and experiences related to pregnancy and childbirth," 1926.

<sup>47</sup> *Ibid.*

<sup>48</sup> A., Lyberg, *et al.*, "Diversity and challenges in the management of maternity care for migrant women," *Journal of Nursing Management*, no. 20 (2012): 287-295, as cited in Balaam, *et al.*, 1926.

<sup>49</sup> *Ibid.*

<sup>50</sup> *Ibid.*, "Differences in pregnancy outcomes and obstetric care between asylum seeking and resident women."

president of the Migrant Women Association Malta (MWAM), Umayma Elamin Amer, affirmed that the needs of migrant women and local women are different.<sup>51</sup> Furthermore, Amer continued to question the true benefit of this maternity clinic if the medical practitioners working there are not given specific training in cultural competency and are knowledgeable regarding gender and sexual-based violence as well as their effects on migrant women.<sup>52</sup> Dianna Tudorancea, a counsellor and academic, also agreed with the notion that medical practitioners and interpreters should be trained in order to provide these women with the best possible care.<sup>53</sup>

The Chief Executive Officer (CEO) of MDH at that time, Ivan Falzon, stated that the need for such a clinic arose because pregnancy outcomes in migrant women were resulting in more complications and foetal losses when compared to the outcomes of local women.<sup>54</sup> The main cause for such outcomes is due to the lack of attendance of antenatal visits, which are available for free to local pregnant women, asylum-seeking women, refugees with the appropriate documentation, and other women who can provide evidence of working in the country or are married to a Maltese citizen. Language and cultural barriers were once again highlighted as the main obstacles which prevent migrant women from benefitting from antenatal care.<sup>55</sup> This shows the immediate need of a cultural mediator present in the room during the visits so that the medical practitioner can ensure that the woman is fully understanding what is going on and in return, she would be able to ask questions. Some of the migrant women do not even acknowledge that they have to attend antenatal visits for the simple reason that in their culture, hospital visits are only seen as a necessity if something is wrong with the pregnancy.<sup>56</sup> In fact, a local midwife who conducted a study amongst Somali women stated that, "Somali women were unfamiliar with the purpose and relevance of prenatal care because in their culture pregnancy was viewed as a natural life event."<sup>57</sup> These

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<sup>51</sup> Kristina Abela, "Maternity clinic for migrants opens this week," *Times of Malta*, November 4, 2019, <https://timesofmalta.com/articles/view/maternity-clinic-for-migrants-opens-this-week.747237>.

<sup>52</sup> *Ibid.*

<sup>53</sup> Kristina Abela, "Does it make sense to have a maternity migrant clinic?" *Times of Malta*, November 10, 2019, <https://timesofmalta.com/articles/view/does-it-make-sense-to-have-a-maternity-migrant-clinic.748833>.

<sup>54</sup> *Ibid.*, "Maternity clinic for migrants opens this week."

<sup>55</sup> *Ibid.*, "Maternity clinic for migrants opens this week."

<sup>56</sup> *Ibid.*, "Maternity clinic for migrants opens this week."

<sup>57</sup> K., Beine, *et al.*, "Conceptions of prenatal care among Somalian women in San Diego," *Journal of Nursing and Midwifery*, no. 40 (1995): 376-391, and B., Essen, *et al.*, "Qualitative study of pregnancy and childbirth in Somali women resident in Sweden," *Journal of Obstetrics and Gynecology*, no. 107 (2000): 1507-1512, and

attitudes are brought about due to their belief that all outcomes are only determined by God and not by medicinal or technological interventions.<sup>58</sup>

Furthermore, in a separate interview with a Libyan woman named Thuraya, who gave birth in Malta in 2016, the need of a cultural mediator arose during her delivery; Thuraya was asked to stop praying, although the act of praying was aiding her to control and ease her pain.<sup>59</sup> Thuraya emphasised the importance of a migrant maternity clinic since she stated, “there are a lot of things that are different about the way we do things,” such as the preference to be examined only by female doctors.<sup>60</sup> In a general hospital, this is not always possible since generally, women are seen by the doctors on call, who could be men at that particular period of time.

On the contrary, in her interview, a Somali woman called Jamila, did not feel that a separate migrant maternity clinic would help.<sup>61</sup> As Jamila stated, “I believe it is important to feel we are part of the community. I got a great deal of attention and was very well looked after.” In her situation, Jamila did not need an interpreter because her husband could speak English very well. Her only concern arose in a slight cultural difference since she was not allowed to give her son a different family name.

Keeping these statements in mind, whether there is indeed the need for a separate migrant maternity clinic and specialised services throughout pregnancy itself remains ambiguous. From one point of view, the fact that these women could be offered specialised care after such trauma would be considered as a blessing. On the other hand, separating them from the rest of the mothers would not encourage anyone from either side to try and integrate socially. Furthermore, one must keep in mind that by creating such a division, it could bring about further repercussions since by time, the idea of separation could also be applied to other situations and/or minority groups.

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N., Hill, *et al.*, “Somali Immigrant Women’s health care Experiences and Beliefs regarding Pregnancy and Birth in the United States,” *Journal of Transcultural Nursing*, no. 3 (2012): 72-81. All cited in, Rapa, 42.

<sup>58</sup> *Ibid.*, Stephania Rapa, “Somali Immigrant Women’s Lived Experiences of Pregnancy and Childbirth in Malta.”

<sup>59</sup> *Ibid.*, “Does it make sense to have a maternity migrant clinic?”

<sup>60</sup> *Ibid.*

<sup>61</sup> *Ibid.*

## 2.9 Conclusion

Regardless of the colour of their skin or their country of origin, asylum-seeking women are like any other women who have needs, such as the right to access basic healthcare services and the need to be understood. Policies that prioritise marginalisation and promote holding people in detention centres in order to maintain order and to 'protect' the local population are leaving a great impact on the health of migrant women. It is written within the international human rights law itself that no group within a population are to be discriminated or refused the basic service of emergency care. Being aware of the barriers analysed in this chapter might aid both parties, that is both healthcare professionals and asylum-seeking women, to effectively address them in order to give these women the appropriate care. In fact, it is the duty of healthcare professionals to care for everyone in the same manner and to safeguard the health and future of their patients by following their "commitment to do no harm."<sup>62</sup> Further research about migrant women's needs and experiences in relation to health services is needed both locally and internationally. Such research would make it possible to provide customised services for this group of people both culturally and linguistically, so that they can reach an understanding and become more knowledgeable about their reproductive health, other problems which may arise pre- and post-pregnancy, and the importance of the continuity of care.

In the following chapter, further challenges will be explored which relate to how these women face the new task of surviving in a new place while taking care of a newborn, who is completely depended on them. The emotional impact that such challenges impose on the well-being of asylum-seeking women will also be studied. Additionally, the standard of living situations that these mothers experience after giving birth and the preparedness of the community in aiding their settlement will be explored.

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<sup>62</sup> *Ibid.*, "Differences in pregnancy outcomes and obstetric care between asylum seeking and resident women," 21.



# Chapter 3: The challenges of being a new mother while seeking asylum in Malta

## 3.0 Introduction

When conflict hits a nation, it can generate a direct impact on the health and well-being of that particular population. However, it can also affect in some way or another the whole world. A population whose country is at war suffers deeply since conflict causes social disorder, confusion, loss of lives, and homes. These in turn contribute to a cascade of events that arise when populations opt to migrate from their home country or land in order to find a better, safer place to live. Migration is not a new phenomenon in human history. However, the last two decades have seen a marked increase in global migration. These mass migrations negatively affect neighbouring countries because, these must cater to the demands of the large influx of people, such as providing adequate living spaces, food and water, and health-related resources. People running away from conflict will need further help due to the psychological stress and fear they endure as well as the constant fears they live with daily while taking refuge in a foreign country.

A WHO report revealed that most often, stress, chronic strains, poor mental health, and low social support are all associated with poverty.<sup>1</sup> Taking this statement into consideration, matters related to the basic needs that these migrant women require during the post-natal period are explored in this chapter. While keeping in mind that these women arrive in the host country with just the clothing on their backs and are therefore in need of all basic commodities, they are also in dire need of health services, safety and protection, and education regarding how to take care of their well-being and that of their family or newborn. While dealing with new aspects of life, these women also struggle to manage to survive in the miserable conditions that most detention centres offer.

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<sup>1</sup> "The World Health Report 2003: Shaping the future," World Health Organization (Geneva: WHO Press, 2003), cited in Caruana, "Struggling to survive," *JRS and Aditus Foundation* (2016): 1-52.

### 3.1 Bridging the unacknowledged gap

In the past few years, as migration into Europe saw an increase, a simultaneous change in healthcare provision was also observed in order to maintain a balance between migration and health outcomes. As mentioned in the previous chapter, most often, it is the legal status of the migrant that determines the degree of their claim to rights, social opportunities, and access to healthcare in the host country.<sup>2</sup> Thus, due to these factors, asylum seekers may experience certain risks during the course of pregnancy and experience poorer pregnancy outcomes than host-country nationals.<sup>3</sup> This can be noticed in studies that present contrastive findings with regard to pregnancy outcomes in asylum seekers and nationals. For instance, in the Netherlands, a higher maternal mortality and severe maternal morbidity rates were noted, while higher preterm birth and low birth weight rates were reported in undocumented migrants when compared to documented migrants.<sup>4</sup> Hence, the different outcomes in relation to maternal and perinatal health further underscore the fact that legal status plays a major part in potential risk and resilience factors.

Research further shows that relocation of residency as a result of short/temporary length of stay, low socio-economic status, and language barriers are major risk factors that persistently arise while discussing asylum seekers' health.<sup>5</sup> Heslehurst et. al further add factors such as mistrust in health professionals.<sup>6</sup> Meanwhile, undocumented migrants face more serious health risks since most often, their social conditions are more severe, such as poor housing, fear of deportation, and lack of employment due to regulations, which lead to the lack of healthcare.<sup>7</sup> Another aspect which plays a major role is the migrant's country of origin since this brings forward further entangled issues, such as the relation between history and lived wars, religious beliefs, and cultural values.

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<sup>2</sup> A., Woodward, N., Howard, and I., Wolffers, "Health access to care for undocumented migrants living in the European Union: a scoping review," *Health Policy Plan* 29 (2014): 818-830. Cited in Noor C. Gieles, et al., "Maternal and perinatal outcomes of asylum seekers and undocumented migrants in Europe: a systematic review," *European Journal of Public Health* 29, no. 4 (2019): 714-723.

<sup>3</sup> Noor C. Gieles, et al., "Maternal and perinatal outcomes of asylum seekers and undocumented migrants in Europe: a systematic review," *European Journal of Public Health* 29, no. 4 (2019): 714-723.

<sup>4</sup> Gieles, et al., "Maternal and perinatal outcomes," 721.

<sup>5</sup> *Ibid.*, 721.

<sup>6</sup> Nicola Heslehurst, et al., "Perinatal health outcomes and care among asylum seekers and refugees: a systematic review of systematic reviews," *BMC Medicine* 16 (2018): 1-25.

<sup>7</sup> Gieles, et al., "Maternal and perinatal outcomes," 721.

## 3.2 Basic needs

After going through the horrible ordeal of ‘the voyage’ and giving birth almost, if not completely, alone in a foreign place, these asylum-seeking women have to relearn how to survive and live in detention centres. Besides the basic requirements of daily food and water provisions, these women are in desperate need of protection and education. Considering that most of these asylum-seeking women are rather young, they need educational instruction on how to take care of themselves, most importantly with regard to their health and safety and that of their newborn. Other issues of great importance are the protection and safety of these women since they end up spending the first years, if not more, after their arrival in a new country in detention centres in the company of male detainees. As described in the previous chapter, these centres lack all sorts of commodities and are generally overpopulated, which makes it more difficult for the agencies to manage and oversee everyone. Crucially, all these factors demonstrate the importance of continuous aid from the states’ part since these young asylum-seeking mothers have to face these very particular challenges on a daily basis.

### 3.2.1 Age and gender

According to the data recorded by Eurostat, in 2019 alone, 77.3% of first-time applicants for asylum in the EU’s 27 countries were less than 35 years old.<sup>8</sup> Those applicants that range between 18 to 35 years of age made up 47.0%, while 30.3% of the total number were minors aged less than 18 years.<sup>9</sup> Female applicants accounted for 32.1% and 31.0% for the ranges between 14-17 and 18-34 years old respectively.<sup>10</sup> These findings display the concern behind the influx of young asylum-seeking women since young women are frequently the ones who are more likely to find themselves in rather precarious situations of vulnerability. Since they are somewhat alone and therefore helpless, these women most often get caught in a vicious cycle of becoming repeatedly pregnant. Due to their tender childbearing age, vulnerability,

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<sup>8</sup> “Asylum statistics – Statistics Explained,” Eurostat Statistics, accessed June 5, 2020, [https://ec.europa.eu/eurostat/statistics-explained/index.php/Asylum\\_statistics#Age\\_and\\_gender\\_of\\_first-time\\_applicants](https://ec.europa.eu/eurostat/statistics-explained/index.php/Asylum_statistics#Age_and_gender_of_first-time_applicants).

<sup>9</sup> *Ibid.*

<sup>10</sup> *Ibid.*

and poverty these young women would not have access to contraception and are not in the best situation to raise children. They are simply at the mercy of the men they live with.

### 3.2.2 Living situations

Several authors agree that all women, particularly single women, feel considerably vulnerable in centres where they have to share accommodation with men. In fact, when interviewed, most women have reported feeling unsafe whilst being detained in male-dominated centres; they have to share intimate spaces with other asylum-seeking men whilst experiencing and receiving verbal and physical abuse.<sup>11</sup> In addition, other women mention the feeling of insecurity, together with the lack of personal privacy.<sup>12</sup> Women, moreover, described the challenging situation of having to share accommodation with others as difficult since some found it hard to sleep at night due to fear and lack of security.<sup>13</sup> All over the world, pregnant women and new mothers experience significant difficulties and health challenges due to several factors and circumstances whilst living in state-provided accommodations, which is detrimental to their health and that of their unborn or newborn child.

### 3.2.3 Health status

These overwhelming experiences, together with previous events which are rather hard for these asylum seekers to forget, can further prompt mental health conditions. Moreover, one has to keep in mind that these women could have already had underlying health conditions which remained unnoticed due to the lack of proper health services in their home country. Therefore, after health check-ups they would be advised to adhere to new medications or diet plans. These small changes may disrupt their normal routines since medicine and certain diet requirements may prove to be costly. Their living situations do not make it any easier for these women to carry on with their lives in a healthy manner.

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<sup>11</sup> *Ibid.*, M., Haith-Cooper, and G., Bradshaw, "Meeting the health and social needs of pregnant asylum seekers," 1008.

<sup>12</sup> Sandra Claudia Gewalt, *et al.*, "'If you can, change this system' – Pregnant asylum seekers' perceptions on social determinants and material circumstances affecting their health whilst living in state provided accommodation in Germany – a prospective, qualitative case study," *BMC Public Health*, no. 19 (2019): 1-14.

<sup>13</sup> *Ibid.*

Most may suppress emotions and live with persistent feelings of sadness, unhappiness, and hopelessness. All these signs may be indicators of depression; after the birth of a child, such episodes are more commonly known as post-natal depression. This is a mental health disorder which if left untreated may lead to adverse consequences such as harming oneself or the newborn. Since post-natal depression in itself is a vast issue it will be explored in further detail later on. One must not overlook the constant fear that women who were raped live in because, they would be scared that the event might repeat itself. All the above mentioned feelings may also be signs of post-traumatic stress disorder because, survivors of traumatic events may feel that they are in constant danger, making it difficult for them to function in everyday life. These issues tend to aggravate in situations where a substantial number of people live together since it is frankly quite impossible for the concerned association to manage and oversee the well-being of every person in the centre. In a normal living environment, unfortunately, it is common for such conditions to be missed, or for a person to be labelled as an 'attention seeker'. Thus, healthcare workers consider these notions as highly important and urge people to seek professional help right away.

A major concern besides seeking help is that most women frequently do not report such experiences. H. Baillot et al. argue that this is often hindered by "past experiences of victimisation, engrained distrust of state officials, and cultural taboos around sex, gender and sexual purity, as well communicative difficulties arising from differences in language, dialect and narrative convention".<sup>14</sup> In Malta, most cases of post-natal depression are detected by the remarkable discharge liaison midwives (DLM). This group of midwives' job is to directly visit the mothers in their own residence after they have given birth. It is a service which is offered to every woman who gives birth at MDH. These visits take place approximately one day after discharge from hospital and then around two and six weeks after. By listening to and observing the mother, the midwife can assess her and learn a great deal about the needs of the particular mother. In this way, the midwife would be able to act and advise accordingly.

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<sup>14</sup> Helen Baillot, Sharon Cowan, and Vanessa E. Munro, "'Hearing the Right Gaps' enabling and responding to disclosures of sexual violence within the UK asylum process," *Social & Legal Studies* 21, no. 3 (2012): 269-296.

### 3.3 Post-natal outcomes

Brown-Bowers et al. state that, “Despite the cultural positioning of motherhood as a largely joyous and rewarding experience, many women experience uncertainty and distress during the postpartum period that ranges from mild to debilitating.”<sup>15</sup> According to WHO, postpartum depression is a psychiatric condition that is standardly diagnosed within one year following childbirth.<sup>16</sup> It is acknowledged that factors such as depression or anxiety during pregnancy, stressful life events, poor social support, and previous history of depression are all strong predictors of postpartum depression.<sup>17</sup> A study in Canada showed that asylum-seeking and refugee women are at risk of developing postnatal depression five times more than Canadian-born women.<sup>18</sup> The authors of this study argue that the focus should not be placed just on a particular individual’s symptoms but also on the social, political, and economic background, such as poverty and the discrimination faced while attempting to access the health care system.<sup>19</sup> Extensively traumatic lived or witnessed events may lead to many uncertainties and insecurities about the future. Postnatal depression in asylum-seeking and refugee women can also be triggered due to the fact that they may be missing or thinking of other children they left behind. The lack of family members or social support that these women experience in a new country plays a major role in the disruption of their normal daily events. Relearning or figuring out how to perform simple procedures can prove to be quite challenging for these women simply because would not be part of norm, such as how to swaddle a newborn, how to position the newborn for sleeping, and how and with what to bathe a newborn.

While keeping in mind all these notions which could lead to postnatal depression, one cannot leave out the major financial problems these women face. For instance, as previously mentioned, every asylum seeker held in detention centres in Malta is given a certain amount of monthly allowance. This allowance is not enough for a mother to support and provide a

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<sup>15</sup> Amy Brown-Bowers, *et al.*, “Postpartum depression in refugee and asylum-seeking women in Canada: A critical health psychology perspective,” *Health* 19, no. 3 (2015): 319.

<sup>16</sup> Donna E. Stewart, *et al.*, “Postpartum Depression: Literature Review of Risk Factors and Interventions,” Toronto University Health Network Women’s Health Program (2003), accessed January 15, 2020, [https://www.who.int/mental\\_health/prevention/suicide/lit\\_review\\_postpartum\\_depression.pdf](https://www.who.int/mental_health/prevention/suicide/lit_review_postpartum_depression.pdf)

<sup>17</sup> Stewart, *et al.*, “Postpartum Depression,” 4.

<sup>18</sup> Brown-Bowers, *et al.*, “Postpartum depression,” 319.

<sup>19</sup> *Ibid.*, 319.

newborn with all their needs. Thus, mothers rely on the daily support of supplements provided by the social workers. It is this kind of poverty which triggers mental health problems since women may feel discouraged or ashamed of always asking for more provisions. Due to this poverty, women may decline from attending local amenities or most importantly health clinics for the sole reasons of being judged about their different appearance or their lack of new attire for their baby. Whilst one cannot expect that these asylum seekers are given every required item for free, one should also keep in mind that the host society should be supportive. Discriminatory words and actions towards asylum seekers would not help them to improve their dire situation but rather, they could make their situation take a turn for the worse.

### 3.4 Local services and assistance

As previously discussed, when migrants and asylum seekers arrive in Malta, everyone is placed in mandatory detention facilities, more commonly known as reception centres or open centres, according to their legal status. The agency responsible for the managing of the centres, AWAS, provides social work support but due to the large number of residents this support is only provided to the most vulnerable residents and is therefore not offered to everyone. This makes it harder for migrants and asylum seekers to approach mainstream service providers for assistance.

An investigation by the Jesuit Refugee Service (JRS) and Aditus Foundation shed light on the issue of the lack of support these migrants and asylum seekers face in order to facilitate their integration. The main struggle, once again, is language. It is reported that up to 2016, there was no formal programme in order to provide basic language training and cultural orientation. Thus, these adult migrants and asylum seekers ended up leaving the centres with little to no knowledge about the country and were unable to communicate in either English or Maltese after spending at times up to twelve months in these centres.<sup>20</sup> It is important to note that for children under the age of sixteen, there is a special unit within the Ministry of Education which aids the inclusion of newly arrived children into the education system. With

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<sup>20</sup> Julian Caruana, "Struggling to survive. An investigation into the risk of poverty among asylum seekers in Malta," Jesuit Refugee Service (JRS) and Aditus Foundation (2016): 1-52.

regard to the adults, migrants and asylum seekers can now access programmes of study wither through the Malta Collage of Arts, Science and Technology (MCAST) or the 'I Belong' programme introduced by the government in 2018, which is based on language, cultural and social orientation, even while living in the open centres.<sup>21</sup> The latter programme could aid migrants and asylum seekers in improving their language skills, thus being able to communicate better. Moreover, by learning a new skill through a programme of study in MCAST, one could also engage in better employment. However, the fact that the basic language programme is not mandatory means that most of the migrants are still leaving the open centres unable to communicate well. Due to this, asylum seekers still have to face daily challenges of miscommunication with regard to health problems, lack of employment, and limited social integration.

A study conducted amongst asylum seekers in Malta showed that 58% were unemployed, which is a major factor that contributed to poverty.<sup>22</sup> Although asylum seekers in Malta have the benefit of access to state childcare services, most still report that they find it difficult to access the service. Another study showed that the main barriers are the lack of knowledge, since most asylum-seeking women are unaware of their entitlement, and the lack of opportunity to obtain such information.<sup>23</sup> Thus, being unable to find proper childcare services hinders these women from being able to advance their education and employment. This continues to contribute towards poverty, social isolation, and exclusion. Being able to meet and have conversations with other women could improve their mental health. Sharing experiences and knowledge could also aid asylum seeking-women to understand and carry out certain tasks better, which may be the first step towards improving both their quality of life and their living conditions.

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<sup>21</sup> "Access to education," Asylum information Database (AIDA), accessed January 23, 2020, <https://www.asylumineurope.org/reports/country/malta/content-international-protection/employment-and-education/access-education>.

<sup>22</sup> "Putting integration into perspective: Studying integration efforts of beneficiaries of International Protection and identifying areas where special input is needed (Malta)," Office of the Refugee Commissioner (2013), cited in Caruana, 1-52.

<sup>23</sup> *Ibid.*, JRS Malta, *et al.*, "Dari? Refugee voices on making Malta home," 21.



### 3.5 Identity crises

Leaving one's country behind most often ensues with the loss of identity. Identity documents could be lost or stolen during a refugee's journey. Others may have chosen not to travel with identification documents in order to safeguard their identity due to religious belief, ethnicity, or political views. In other instances, most refugees would have never obtained any documents in the first place due to poverty, while their home country's government may lack the initiative to provide incentives to its citizens. The absence of identification documents could also prove to be another reason for further challenges since they are likely to endure delays in the process of crossing borders and when registering with authorities and/or humanitarian organisations. Consequently, these migrants suffer from a limited freedom of movement and are always at risk of being detained or even sent back to their original country.

In the 1951 United Nations Convention relating to the Status of Refugees and its following 1967 Protocol, it was established that it is the responsibility of the State to register refugees and issue identity papers to those without valid documentation. It is important to note that such a process and access to national services vary from country to country, although the aspects of registration should follow a standard approach developed by the UNHCR. In Malta, new migrants can apply and appeal for refugee or asylum seeker documentations respectively. It is a process that consists of basic demographic data, together with available previous identity documentation and other conditions as per the host country's request.

When a person is granted protection in Malta, they can benefit from and are entitled to children's allowance, social benefits, pension benefits, rent subsidy, social housing, and unemployment assistance, with the same conditions which apply for all Maltese nationals. They have access to emergency healthcare and essential treatment of illnesses, including mental health disorders.<sup>24</sup> Once a person has lived in Malta for ten years, they can apply for citizenship; then, it is up to the government's discretion to decide whether to approve the citizenship based on the applicants' progress through the years. The same applies for children who are born in Malta since these are not automatically granted citizenship, but may apply

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<sup>24</sup> "Refugee Status," UNHCR Malta, accessed June 8, 2020, <https://www.unhcr/mt/refugee-status>.

for citizenship like their parents.<sup>25</sup> Asylum-seeking children, like nationals, must attend school on a regular basis up to the age of 16. Education services are offered for free in all state schools. Tertiary education is also encouraged, given the person has all the qualifications required. Unaccompanied minors are taken care of by AWAS and reside in specific areas of the open centres, have an appointed legal guardian, and fall under the Children and Young Persons (Care Orders) Act.<sup>26</sup>

As refugees and asylum seekers, both male and female, proceed from their detention terms to open centres, their opportunities increase, and they have the benefit of applying for certain warrants, such as an employment licence and a residence permit. Asylum seekers in Malta can be given employment licences, which are issued by Jobsplus. Licences vary according to the asylum seekers' application status and need to be filed by the prospective employer. A licence for 3 months is issued for asylum seekers whose application has been rejected by the refugee commission, while a licence for 6 months is issued for asylum seekers whose application is pending or appealed to the refugee commission. Asylum seekers whose application was approved are issued licences which are generally valid for a maximum of 12 months. It is important to note that such licences come with applicable fees, which have to be paid by the asylum seeker. Despite all this, asylum seekers still face a number of difficulties, the main challenge once again being the language barrier, followed by limited work experience, intense competition from other refugees and migrants, limited employment opportunities, and also exploitations and abuse, such as low or unpaid wages, long hours, and irregular or unsafe work.<sup>27</sup> Furthermore, women asylum seekers face greater challenges than males in relation to employment opportunities. Besides the issue of child care, women tend to be discouraged by their respective partners from going out to work since most often, women in their culture do not work but rather stay at home and take care of their families, which are generally rather numerous.

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<sup>25</sup> *Ibid.*

<sup>26</sup> Refugees Act 2001, Chapter 420, (ACT) s. 13,  
<http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=8886&l=1>.

<sup>27</sup> "Access to the Labour Market," Asylum information Database (AIDA), accessed June 8, 2020,  
<https://www.asylumineurope.org/reports/country/malta/reception-conditions/employment-and-education/access-labour-market>.

Having a regular and steady income may aid asylum seekers to move out of open centres by applying for a residence permit, which are issued by Identity Malta.<sup>28</sup> In Malta, residence permits are issued for 3 years and can be renewed.<sup>29</sup> These applications unfortunately present asylum seekers with their own challenges, the main issue being delays, followed by public officials' negative attitudes and, little information given on procedures and requirements. Moreover, information is not always provided in all languages. Thus, most often, asylum seekers end up facing more setbacks and numerous revisits to the departments mentioned since they do not understand what is required from them instantly on their first visit. An alarming situation reported by an NGO was that most often, women's applications were being rejected when their male partners received their approved residence permits.<sup>30</sup> Questions regarding why women were not being treated in the same way therefore emerge. Such a discrimination may dishearten women who may need to leave their respective homes due to specific justifications, such as, to leave an abusive partner.

### 3.6 Society and social preparedness

The United Nations High Commissioner for Refugees (UNHCR) affirms that a society should diminish cultural, ethnic, and social divisions by encouraging individuals to bridge the diversity between them and refugees in order to counter discrimination, avert exploitation, and create opportunities for refugees to partake and be able to contribute with and back to the community that gave them asylum.<sup>31</sup> Although the time spent in reception centres does not generally encourage integration, a refugee may still benefit from forming connections and learning about local services from other fellow asylum seekers. There is limited literature on the social integration of refugees in general, and available studies discuss particular sectors such as specific communities or nationalities. Overall, research shows that barriers to

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<sup>28</sup> "Residence Permit," Asylum information Database (AIDA), accessed June 8, 2020, <https://www.asylumineurope.org/reports/country/malta/content-international-protection/status-and-residence-permit>.

<sup>29</sup> *Ibid.*

<sup>30</sup> "Long-Term Residence," Asylum information Database (AIDA), accessed June 8, 2020, <https://www.asylumineurope.org/reports/country/malta/content-international-protection/status-and-residence/long-term-residence>.

<sup>31</sup> "A New Beginning, Refugee Integration in Europe," The UN Refugee Agency, UNHCR, accessed January 20, 2020, <https://www.unhcr.org/protection/operations/52403d389/new-beginning-refugee-integration-europe.html>.

integration once again are language barriers, the isolation of asylum seekers, and negative attitudes amongst the nationals.<sup>32</sup>

The report claims that refugees in France are less likely to integrate than in other countries; due to the refugees' low level of contact with French nationals, it is challenging for them to make new friends.<sup>33</sup> Meanwhile Bevelander and Pendakur argue that in Sweden, all members of society are able to participate and display the importance of citizenship.<sup>34</sup> They argue that voluntary electoral participation proves that all individuals are respected and able to contribute to society, and they conclude that the ability to vote and express one's opinion is an indicator of social inclusion.<sup>35</sup> Social integration and inclusion can be further encouraged through the social status that one gains through education, thus creating connections and long-lasting relationships between the population and the refugees, resulting in less social discriminations.<sup>36</sup> Stubnig and Lackner, who conducted a study on social inclusion in Austria, observed that sports, cultural events, and employment are the factors that influence involvement in society the most as well as the process of forming part of social networks.<sup>37</sup>

Between 2015 and 2016, three major foundations in Malta carried out a study about refugees' integration experiences in Malta through 80 home visits.<sup>38</sup> The interviews revealed that the majority of refugees gained access to employment, vocational training, accommodation, and help with the English language through friends within their respective communities, such as Eritrean or Somali. Although a good number of participants noted that such friendships are vital for newcomers in order to get accustomed to the locality, procedures, entities, and for general advice, at times, such a dependence on one's own community could actually hinder their integration in Maltese society. On the other hand,

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<sup>32</sup> UNHCR, "A New Beginning," 65.

<sup>33</sup> UNHCR, "A New Beginning," 64.

<sup>34</sup> P., Bevelander, and R., Pendakur, "Electoral Participation as a Measure of Social Inclusion for Natives, Immigrants and Descendants in Sweden," IZA Discussion Paper Series 3764, *Institute for the Study of Labor* (2008), as cited in "A New Beginning, Refugee Integration in Europe," The UN Refugee Agency, UNHCR.

<sup>35</sup> Bevelander, and Pendakur, "Electoral Participation," 65.

<sup>36</sup> M., Hjerm, and A., Bohman, "Xenophobia: a hundred years of research. The Future 2," Special Issue on Integration, *Institute for Future Studies* (2012). Cited in "A New Beginning, Refugee Integration in Europe," The UN Refugee Agency, UNHCR.

<sup>37</sup> S., Stubnig, and G., Lackner, "Psychotherapeutic and psychosocial work with refugees at the ASPIS association in Klagenfurt" in *Social Work and Professionalism in the Alps-Adriatic Region*, ed. G., Knapp, and S. Sting (Verlag Hermagoras, Klagenfurt, 2007), 317-332. Cited in "A New Beginning, Refugee Integration in Europe," UNHCR.

<sup>38</sup> JRS Malta, aditus foundation, and Integra Foundation, "Dari? Refugee voices on making Malta home," *UNHCR* (2016): 1-35.

those refugees who were able to communicate better linguistically and culturally were able to interact and integrate more with the rest of the local community without having the need to rely on their ethnic communities. Moreover, a group of participants mainly from the Libyan community expressed concerns regarding their unwillingness to engage with their ethnic community. This particular community is internally divided and certain refugees prefer to detach themselves from others to avoid unnecessary confrontations.

### 3.7 Housing

For asylum seekers, acquiring a house does not simply mean to have a dwelling or a place to live in with the rest of their family. It impacts their social inclusion and integration, affects their employment status and further education opportunities, reflects on their health, and creates a sense of security, thus affecting future outcomes. Statistical data from a report by UNHCR confirms “housing to be a key factor in the integration of refugees.”<sup>39</sup> Through research, one can note various approaches to the reception, integration, and re-settlement of asylum seekers. State regulations in different countries establish different levels of control over migrant settlement schemes and fluctuating degrees in housing choices.

For instance, Denmark, Finland, the Netherlands, and Germany address integration by settling refugees in such a way as to minimise cultural differences and aid integration by dispersing them rather than dividing them by their ethnicity.<sup>40</sup> Meanwhile, France, which as a nation considers class to be a vital issue, as a result most of the migrants admitted to reception centres upon arrival, end up moving to urban areas with high ethnic concentrations, which result in poor, highly ethnic, and dense areas.<sup>41</sup> As a result, these migrants end up living in bad quality housing with material deprivation. Residences are often over-populated since at times, a house is inhabited by more than one family (including extended family members). This delays their stability and integration with the locals. The report delves further into the housing problems in France and notes that employment plays a vital role. In France, as in many other countries, a refugee has to have a secure employment in order to rent privately

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<sup>39</sup> UNHCR, “A New Beginning,” 66.

<sup>40</sup> Deborah Phillips, “Moving Towards Integration: The Housing of Asylum Seekers and Refugees in Britain,” *Housing Studies* 21, no. 4 (2006): 539-553.

<sup>41</sup> UNHCR, “A New Beginning,” 67.

and at times, one must be able to provide a six-month deposit and have in possession an employment contract with an indeterminate length.<sup>42</sup> This makes the issue of housing for refugees even more problematic and stressful. Meanwhile, a report about neighbourhoods in Ireland points out that acquiring a house is worse for migrants than for the indigenous Irish, while also emphasising that the housing system is a key element for integration, thereby coinciding with previously discussed reports.<sup>43</sup> Once again, misinformation and the lack of understanding of how various systems of the host country operate were amongst the key factors inhibiting refugees, followed by discrimination, cultural differences, and high property and rental costs. This indicates that the need for interpreters is not only present in health care but also in all aspects related to daily needs, such as dealing with rental contracts and understanding the banking system of the country. These are issues that should be given great ethical importance since one would be signing serious deals.

Research on the housing aspect in Sweden shows that asylum seekers who arrange their own accommodation with relatives integrate better than those who are provided with accommodation by the Swedish Migration Board (SMB).<sup>44</sup> However, it was reported that arranging one's own accommodation created problems not only in Sweden but also in France since towns were becoming overpopulated and the local authorities could not prevent this situation from happening. This kind of housing crisis also places a burden on local hospitals because most often, they are not equipped to cater for a substantial number of residents. From research, one can conclude that coordination in housing agency services is highly needed in order to aid the transition from reception centres to appropriate housing. Better communication between communities and agencies would help many refugees to find and build better homes for their families, which in the long run would result in better outcomes with regard to both employment and well-being.

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<sup>42</sup> D., Blanco, and J., Barou, "Refugee journey: The status and after? Anthropological study conducted with refugees from the Lyon area," *Samdarra Network* (2011). Cited in "A New Beginning, Refugee Integration in Europe," UNHCR.

<sup>43</sup> D., Silke, *et al.*, "Building Integrated Neighborhoods'. Towards and Intercultural Approach to Housing Policy and Practice in Ireland," National Consultative Committee on Racism and Interculturalism (NCCRI), (2008). Cited in "A New Beginning, Refugee Integration in Europe," UNHCR.

<sup>44</sup> Boverket, "Asylum seekers own accommodation (EBO) – a survey," (2008). Cited in "A New Beginning, Refugee Integration in Europe," UNHCR.

### 3.8 Conclusion

Throughout this chapter, the various challenges that a female asylum seeker confronts and experiences from the moment she gives birth until her resettlement in society were explored. Starting a new life in a foreign country can prove to be quite a difficult ordeal for anyone, let alone for a young asylum-seeking woman, whose well-being may not be in a good condition. On top of this, she would still have to care for her newborn child. Accomplishing all of this while living in grievous and rather unsafe situations that sink her morale further down rather than help her is very hard. Being alone without the help of family members in such a hostile culture also creates challenges for asylum-seeking women because they would have lost their support system and all that was perceived as 'normal' for them. Thus, one cannot help but emphasise the importance of continuous aid given by the state to relieve these women. It is through the complete collaboration and teamwork of all the concerned professionals that a change for the better could be created in these women's lives.

# Chapter 4: Integrating new mothers and their children: Empowering and Creating Structure

## 4.0 Introduction

This chapter explores ways through which responsible authorities could react and take action to diminish the adverse consequences caused due to the numerous challenges asylum seekers face, as discussed in the previous chapters. Several aspects which in the long run may improve the quality of care provided to asylum-seeking women are also looked into. Besides offering better opportunities to asylum seekers, ways how to enable professionals caring for this group of people to be able to provide an enhanced and more suitable system are also investigated. These professionals who work hand-in-hand with pregnant asylum seekers, mainly social workers, obstetricians, paediatricians, and midwives amongst others, should be given the opportunity to voice their concerns and be able to participate in meetings which could lead to changes in policies and guidelines in the future. In the end, all of these people's efforts would be contributing to a healthier, safer, and more ethical approach towards asylum seekers.

## 4.1 The missing considerations – how welcoming are we?

Prior to discussing and exploring ways to ameliorate asylum seekers' future, one must understand or rather tackle the issue of acceptance. While most people ask why Malta, as a small nation, should welcome the great influx of asylum seekers and thinking of reasons why we should avoid their boats from coming to our shores, one could also ask the following vital question: why should there even be the need to repel asylum seekers? Throughout the years, political agendas surrounding the idea of how these people travelling to other countries by means of sea should be intercepted and sent back to their original country arise from time to time from all the concerned countries in the Mediterranean and beyond. During a gathering of the European Union (EU), interior ministers in Malta discussed the issue of exploring legal ways how to send migrants back. The German Interior Minister Thomas de Maizière argued



that, “The people taken up by the smugglers need to be saved and brought to a safe place. Then, from this safe place outside of Europe, we would bring into Europe only those who require protection.”<sup>1</sup> These ‘safe places’ outside of Europe refer to camps in Egypt, Libya, and Algeria, which are countries whose records of human rights protection are considered as poor.<sup>2</sup> It was then emphasised that these camps would be coordinated by the UNHCR, the UN refugee agency.<sup>3</sup>

This is an argument which in hindsight might have suggested that migrants might be discouraged from continuing to embark on such journeys, leading to a gradual decrease of the migration problem. Manne argues that, “Punishing one innocent group in order to deter or scare other is unethical and immoral.”<sup>4</sup> Glendenning meanwhile continues to argue that one must not forget that in countries where persecution is still rampant, people will continue to seek safety elsewhere.<sup>5</sup> Showing compassion should be viewed as a strength rather than a weakness. Does one not show compassion with people who lose houses to hurricanes, floodings, or fires? Stopping boats from leaving unsafe countries or entering safe shores and refusing to aid asylum seekers can be plainly viewed as sheer cruelty. Manne further stresses that we are obliged to protect people and so, the projection of cruelty shows an unjustifiable abuse of the human dignity.<sup>6</sup>

One must not forget that although great number of asylum seekers reach our shores, many others lose their lives. The horridness of this fact is that most of these deaths are happening under our watch. It should not be acceptable under any circumstance that persons fleeing brutal regimes die and are denied their basic human rights by the people who should offer them protection. The moral, human, legal, and practical implications mentioned in the 1951 Refugee Convention should exist in conformity with each other in order to create policies based on protecting people “that promote rather than abuse human dignity; and that

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<sup>1</sup> Joseph Barigazzi, “Malta calls for new ways to send back more migrants,” *Politico*, January 27, 2017, <https://www.politico.eu/article/malta-calls-for-new-ways-to-send-back-more-migrants-european-commission-north-africa>.

<sup>2</sup> *Ibid.*

<sup>3</sup> *Ibid.*

<sup>4</sup> Phil Glendenning, “Asylum Seekers, Refugees and Human Dignity,” *Social Alternatives*, vol. 34, no. 1 (2015): 31.

<sup>5</sup> *Ibid.*, 31.

<sup>6</sup> *Ibid.*, 31.

minimize rather than increasing harm,” as Manne states.<sup>7</sup> Thus, after a thorough evaluation of asylum seekers’ specific needs, one could advance forward and start devising ideas on how to take a stand and ultimately find permanent solutions.

## 4.2 The impact of befriending

As previously discussed, the need for basic needs brings along a number of challenges for asylum-seeking women. These women are frequently of a rather young age and mostly unaccompanied, which turn out to be two of their major challenges following the language barrier. Thus, finding or being assigned a ‘friend’ who could understand them, translate, and be able to show them around would ultimately give these women a better start. Ultimately, being able to integrate into society more efficiently would be a big stepping stone between living in detention centres and moving into the community. Therefore, a great initiative that could be easily adopted and introduced in Malta is ‘befriending’, a process which is already in place in the UK. A study regarding this process was carried out in order to explore and demonstrate its effectiveness.

Befriending is a process of developing and sustaining a supportive friendship over a period of time. This is a governmental policy which was set in place to promote volunteering as a measure to reduce inequalities and improve health outcomes of vulnerable groups.<sup>8</sup> The programme was overseen by an external agency and its main purpose was to identify and address some of the daily difficulties women from these vulnerable groups face. As mentioned in prior chapters, one of the main issues related to poor health during and post-pregnancy are the lack of antenatal visits. Through the befriending programme, the organisation ensured that pregnant asylum seekers and refugee women understood that they were entitled to maternity care. The vital need of maternity care was imparted to these women, as well as the importance of attending visits at the appropriate time in pregnancy. Besides, these migrant women were offered the opportunity to connect in order to reduce social isolation.

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<sup>7</sup> *Ibid.*, 32.

<sup>8</sup> Rose McCarthy, and Melanie Haith-Cooper, “Evaluating the impact of befriending for pregnant asylum-seeking and refugee women,” *British Journal of Midwifery* 21, no. 16 (2013): 404-409.

Having the company of a person who understands your mother language and your cultural and religious values, and is able to understand the trauma and hardships you went through makes a difference in one's life. Most of the women who took part in this study were asylum seekers and refugees who were able to speak good English, some of which had already gone through a pregnancy successfully. Thus, having someone that accompanied a new mother to her appointment resulted in having a woman who was more at ease, while the health carer was assured that her patient was fully understanding what was being said to her and any examination performed was done with the mother's full consent. The experiences recounted in the study further confirm the importance of having such a programme since mothers explained how they felt more at ease while attending appointments; they were able to ask questions and so be reassured, and they were also able to attend appropriate clinics and agencies such as the dentist and social support workers in cases of domestic violence.<sup>9</sup>

Besides aiding asylum-seeking women with pregnancy-related issues, this befriending programme also helped to introduce them to resources within society for their daily needs, such as supermarkets, pharmacies, and charity shops. Such an initiative created a bridge and filled a gap which most host countries find rather problematic to accomplish. It was also noted after this experience, the 'befriended' felt that they belonged more in the community and that they had a purpose in society; they also felt encouraged to further their education and apply for better jobs in the community.<sup>10</sup> Such a programme should also be promoted and set up in more countries such as Malta, since this could result in having less women suffering in silence. Additionally, more mental health and other health issues in general could be dealt with sooner. Avoiding perinatal and postpartum complications would in the long run also mean less re-admissions in hospitals and the avoidance of long hospital stays. In the case of hospitals with limited resources and limited bed availability such an initiative, would be greatly welcomed. Moreover, it would result in reassurance and less stress for the healthcare professionals since they would be reassured that they are providing the best care possible. Meanwhile from the state's point of view, having less health issues would mean a lesser financial burden. Funds could eventually be spent on other issues, such as maintaining an adequate integration and housing system despite all current limitations.

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<sup>9</sup> *Ibid.*, McCarthy, and Haith-Cooper, "Evaluating the impact of befriending," 404-409.

<sup>10</sup> *Ibid.*

## 4.3 Dealing with basic life challenges

Throughout this study, several challenges which new mothers face while seeking asylum were explored. Some of these women would have already survived other rather horrible ordeals from a young age due to cultural practices, such as female genital mutilation (FGM), a procedure which without a doubt leaves a great impact on a woman's physical and mental well-being. Moreover, throughout their journey these women are in constant threat, and as was revealed, it is more likely for these women to arrive in Europe pregnant. Thus, their major challenge of surviving in a foreign place becomes more complex. These women, who are mostly young and have a poor health, have to re-learn how to live in a strange place which lacks basic needs and is most often overpopulated. Moreover, they would need to be taught how to care for both themselves and their newborn with little to no belongings and only a small weekly supplement of money, rendering them dependent on social workers for essential needs. Losing one's culture and support system can prove to be even more distressing, especially if communication is also lost. These challenges are further evaluated in this chapter in order to shed some light on how a nation could help these new mothers adapt and advance forward in a healthier manner while not losing their cultural values.

### 4.3.1 Better sexual health

"Violence against women is a global phenomenon."<sup>11</sup> Women around the world suffer all sorts of gender-based abuse but in the meantime, women on the move are even more susceptible to harm. Although a doctor is available at detention centres, NGOs have reported that migrants still face long waiting times before accessing a doctor when requested, while in emergencies, migrants are taken to health centres or the general hospital accordingly.<sup>12</sup> Due to the fact that new mothers and pregnant asylum seekers are held in the same centre in Malta, it is easier for the group of dedicated social workers to care and keep a record of appointments, thereby making sure that they both attend visits regularly and take the necessary medicines. On the other hand, unfortunately, many of those asylum-seeking

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<sup>11</sup> Cathy Zimmerman, *et al.*, "Asylum-seeking women violence and health: results from a pilot study in Scotland and Belgium," London School of Hygiene and Tropical Medicine and Scottish Refugee Council, (2009).

<sup>12</sup> *Ibid.*, "Conditions in Detention Facilities."

women who gain access to residency permits end up lost in the system since they often do not attend to any prenatal visits. Hence, there is the need to create a system through which women are able to access information and become aware of available services and local requirements. Asylum-seeking women would benefit greatly from attending regular prenatal visits so that underlying health ailments could be dealt with in time, which would reduce the possible need for hospitalization.

One cannot mention health conditions without exploring health issues that are generated due to culture. One of the most recurrent health issue which may affect women in general but also pregnant women is female genital mutilation/cutting (FGM/C). WHO and the United Nations (UN) agencies define FGM as “the partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons.”<sup>13</sup>

Although FGM is primarily performed in Africa, Asia, and the Middle Eastern countries, women’s migration to different nations determines health implications globally.<sup>14</sup> Perceived consequences ensuing such procedures were identified as socio-cultural differences. Such cultural differences do not only influence the affected individuals but also those around them, especially healthcare professionals. Thus, it is vital that health professionals worldwide are aware of the complications that originate from FGM. FGM does not only impact women physically but it may also leave mental scars. It may also be the cause of several complications throughout the lifespan of a woman. The issues caused by FGM mainly surround gynaecological, obstetric, and psychological aspects, including infections (genital scarring, menstrual difficulties, and urinary symptoms), infertility, obstetric complications, psychological effects, and effects on sexual function. Adding FGM to previously mentioned difficulties faced by asylum seekers simply makes it even harder for them to look for the required help or to integrate in a society so different from their own.

As Reisel and Creighton argue, “There is a clear need for practical, clinical research into the obstetric management of women with FGM.”<sup>15</sup> This issue can indeed be noted in the lack

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<sup>13</sup> Jean Pierre Baud, “An update on WHO’s work on female genital mutilation (FGM),” *World Health Organization*, accessed May 18, 2020,

[https://apps.who.int/iris/bitstream/handle/10665/70638/WHO\\_RHR\\_11.8\\_eng.pdf?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/70638/WHO_RHR_11.8_eng.pdf?sequence=1).

<sup>14</sup> Dan Reisel, and Sarah M. Creighton, “Long term health consequences of Female Genital Mutilation (FGM),” *Maturitas* 80, no. 1 (2015) 48-51.

<sup>15</sup> *Ibid.*, “Long term health,” 51.

of established policies to reduce certain risks, such as when is the best time to perform a deinfibulation in a woman's life or when to perform an episiotomy in childbirth. The issue of FGM is not only concerned with the issue of pregnancy, but one should also note its psychosexual effects on the women. Healthcare professionals find themselves dealing with this so-called 'complication' when there are no options left since most often, women are afraid to seek help early. This is mainly due to fear, because getting an FGM in itself is already a traumatic experience. Another issue related to FGM that emerged recently is the fact that some women feel that they would be failing to honour and respect their cultural and religious beliefs if they fail to perform such rituals on their daughters and sons in conducting an FGM or a circumcision respectively. It is vital to note that while performing an FGM one would be actively mutilating the female genital area, on the other hand a circumcision is at times performed as part of essential medical procedures, and is not a form of mutilation therefore not harming the child. Thus, local paediatricians often have to face ethical concerns because migrant couples request such procedures. Although these couples are highly encouraged not to perform such practices and informed that carrying out an FGM is illegal in Malta, some still find it difficult to understand that this procedure is detrimental to a young female and possesses no benefits whatsoever. A number of local paediatricians do perform circumcision when parents are adamant since they argue that it is better that the procedure is performed in a safe and sterile environment rather than being performed by a lay person in society. This further foreground the need of interpreters and healthcare professionals who understand and comply with the special needs of these minor groups of people. Having healthcare professionals who are aware and focused on such issues, which play an important part in the lives of migrants culturally, would result in understanding each other better, leading to cooperation and the reaching of better arrangements between the two parties.

### 4.3.2 Living conditions

Although as a country Malta continuously aims to provide appropriate accommodation to all migrants, circumstances such as overpopulation, which is generated by the great influx of migrants in Malta, create dilemmas and pressures on the Detention Service workers (a government body) whose job is to divide and settle people in the various detention and open

centres at their disposal.<sup>16</sup> Understandably, this issue puts great responsibility on the shoulders of social workers among other professionals since they try to safeguard the health and safety of everyone on top of everything else. Due to overpopulation, single asylum-seeking women may end up sharing accommodation with other families which include males, instilling in them the feeling of insecurity. This is a situation which generates further feelings of uncertainty and doubt since past experiences of abuse and rape by men may return and/or may develop further health ailments such as depression due to the constant feeling of anxiousness.

Local NGOs have visited detention centres regularly to ensure that the centres are being run according to the latest regulations but they have noticed little improvements, likely due to overpopulation, and over time, their condition has deteriorated considerably.<sup>17</sup> This is an issue which is very difficult to control because migrants keep embarking on voyages and more people constantly need to be saved. Due to Malta's geographical position, it is quite impossible for boats leaving from Libya and neighbouring countries not to end up in our territorial waters. Thus, considering that not all fellow European countries and other nations are willing to share the burden of accommodating migrants, this problem will continue to grow. Therefore, it is of utmost importance that such issues are continuously discussed in meetings among EU head of states, while emphasising that these discussions should ultimately be held to safeguard the lives of refugees and asylum seekers. Being a small-scale country, Malta cannot cope with such a vast number of migrants for long periods of time. The development of new detention centres take time, besides the fact that more centres would require a substantial number of workers from all sectors to manage the buildings. Given their present workload, this group of people are already doing the impossible.

In one of their studies, the UNHCR argues that a way to reduce overpopulation in detention centres is to reduce and/or eliminate this process completely.<sup>18</sup> It is every human's

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<sup>16</sup> "Conditions in Detention Facilities," Asylum information Database (AIDA), accessed June 9, 2020, <https://www.asylumineurope.org/reports/country/malta/detention-asylum-seekers/detention-conditions/conditions-detention-facilities>.

<sup>17</sup> *Ibid.*

<sup>18</sup> "Beyond Detention. A global strategy to support governments to end the detention of asylum-seekers and refugees," United Nations High Commissioner for Refugees (UNHCR), (2014), <https://www.unhcr.org/protection/detention/53aa929f6/beyond-detention-global-strategy-support-governments-end-detention-asylum.html>.

right to seek for asylum and to be subsequently treated humanely and with dignity. The UNHCR argues that the process of acquiring a status should be fair and efficient, thus converting asylum seekers' long stays in detention centres into shorter periods.<sup>19</sup> Being able to access the open centres earlier could be beneficial because long detention periods leave a negative impact on individuals and cause unnecessary suffering. By reducing detention periods, one would also be diminishing the detainees' levels of anxiety, fear, and frustration, which most often result in rebellious behaviours and riots in the centres. One could also argue that these large-scale open centres should be turned into smaller ones and distributed across various localities with the aim of supporting migrants' integration into society, rather than enclosing them in centres situated far from the community. This would eventually aid their transition from open centres to housing, after acquiring the necessary permits, which would give asylum seekers the opportunity to benefit from support networks available in the community.

### 4.3.3 Integration and habitation challenges

Through a survey, a local NGO revealed that migrants deem housing cost as a great burden.<sup>20</sup> This is a burden that may even hinder migrants from integrating into society since they may feel ashamed that they cannot provide a better situation to live in for their families, or that their homes are inferior. It is no news that renting prices in Malta are high, rendering it very difficult for migrants to invest. Most often, a number of individuals decide to live together so as to divide the rent between them. As a result, they end up living in very poor conditions since the dwellings rented would already be of a small size. For a single woman with a child or two, this situation is even worse. Having no job and therefore no means of income, the single woman and her children end up living in the open centres at the state's mercy. In another project carried out by a foundation called 'Fondazzjoni Suret il-Bniedem', whose aim is to assist open centre residents to find accommodation to rent, also reported that migrants encounter various obstacles while trying to find new housing.<sup>21</sup> The main

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<sup>19</sup> *Ibid.*

<sup>20</sup> "Housing," Asylum Information Database (AIDA), accessed June 12, 2020, <https://www.asylumineurope.org/reports/country/malta/content-international-protection/housing>.

<sup>21</sup> "Housing Asylum Seekers," Fondazzjoni Suret il-Bniedem, (2010): 1-50, <http://www.pfcmalta.org/uploads/1/2/1/7/12174934/housasyseekers.pdf>.



challenge is that local landlords refuse to rent to foreigners either due to racism or because they believe the migrants are dirty.<sup>22</sup> Other reasons include migrants' inability to pay at times, previous bad experiences with renting to migrants, several complaints from other tenants, and issues of upkeep and cleanliness.

In Malta, asylum seekers are entitled to government housing schemes, such as the alternative living known as 'Government Units for Rent', or the rent subsidy scheme.<sup>23</sup> In order to be entitled to these schemes, one has to have been residing in Malta for at least 12 months and have a limited income. Migrants who lose their job and are no longer able to pay their rent are able to return to the open centres, an initiative to reduce homelessness. The only difference is that for these migrants, the daily allowance given is decreased substantially. In the UK, the system is slightly different because one can apply for the allowance but not the residence; hence, migrants are encouraged to move in with family or friends rather than going back to the overpopulated centres.<sup>24</sup> To tackle the problem of renting, it would be ideal if a system is set up where supervisors could accompany the migrants to meet the landlords, thereby making sure of the contract signed, and carrying out some surprise visits to check up on the state of the accommodation. In this way, the migrants would have some help and advice in the process of renting, while the landlord would be at ease that his property is being looked after.

Cultural and religious values cannot be overlooked in discussions on asylum seekers and habitation. The majority of the Maltese population adheres to Christianity, while a rather large amount of asylum seekers are Muslim, a difference which in itself contains many cultural disparities. The main difference between these two religions is the fact that Muslim men can have more than one wife. All the members of this polygamous family usually reside under one roof – in the same household. Many Christians do not accept or approve of this situation but, one could argue that if this man is able to care and look after all his wives and his children properly, it is acceptable. Challenges arise when a polygamous man either has financial problems or starts neglecting or refusing to safeguard his family members' health and provide the basic necessities for their well-being. It is a rather grave situation if this man's attitude

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<sup>22</sup> *Ibid.*, "Housing Asylum Seekers," 38.

<sup>23</sup> *Ibid.*, "Housing."

<sup>24</sup> *Ibid.*, "Housing Asylum Seekers," 35.

towards his wives is simply one of personal gain and amusement. Unfortunately, young women living in a foreign country who solely depend on their husbands for every basic need would forcibly submit to him rather than risk ending up homeless or back at a detention centre. Thus, one cannot fail to stress the importance of providing asylum-seeking women with the necessary information and education programmes to inform them that although polygamy is accepted, hardships such as the lack of basic necessities are not, and that there are institutions where they could ask for assistance.

## 4.4 Children's rights

Childhood is a stage in one's life which should be fulfilled with growth and development. These two major processes are negatively affected in the life of an asylum-seeking child. The United Nations Convention on the Rights of the Child (CRC) declared under Article 22 that moving between borders should not hinder the child's rights and therefore, each government should guarantee protection, promotion, and fulfilment of all children within their jurisdictions.<sup>25</sup> Although according to the CRC each child has a right to appropriate health, education, and housing, many children are still being denied many of their basic rights. Such inequities impact the children's health and development negatively.

Asylum-seeking children in Malta have access to free state-funded education just like Maltese nationals. However, local NGOs reported that between 2018 and 2019, "access to education for unaccompanied children was significantly hindered as a consequence of delays in the registration of asylum applications."<sup>26</sup> Moreover, the UNHCR argues that children should not be detained, and through its Framework for the Protection of Children, they address the prioritisation of the children's asylum processing and/or family tracing and reunification.<sup>27</sup> Furthermore, the agency asserts that children should be placed in age appropriate open reception centres with proper supervision or in foster care with an

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<sup>25</sup> Ziba Vaghri, Zoe Tessier and Christian Whalen, "Refugee and asylum-seeking children: Interrupted child development and unfulfilled child rights," *Children* 6, no. 120 (2019): 1-16.

<sup>26</sup> *Ibid.*, "Access to education."

<sup>27</sup> "Framework for the Protection of Children," United Nations High Commissioner for Refugees (UNHCR), (June, 2012), <http://www.refworld.org/docid/4fe875682.html>.  
as cited in "Beyond Detention. A global strategy to support governments to end the detention of asylum-seekers and refugees," United Nations High Commissioner for Refugees, (2014).

appointed legal representative in order to oversee that the child's rights are observed.<sup>28</sup> They continue to declare that awareness should be continuously raised on the detrimental effects of detention on the children's well-being and health.<sup>29</sup>

While discussing children's rights one cannot fail to remark on the pending status of an asylum-seeking child. Children who reside with an asylum permit for a long period of time may hinder possibilities in their future because they may not be eligible to benefit from certain opportunities. Besides, not having a stable form of identity may also leave a negative impact on the child's well-being since they remain known as the 'other' or 'different' child by social organisations or in class at school. One must not forget that these children may be suffering from underlying mental health problems due to traumatic journeys, resulting in post-traumatic stress disorder, sleep disorder, behavioural issues, anxiety, depression, and self-harm, which could lead to suicide.<sup>30</sup> These are a great number of challenges which hinder the possibility of advancing further into society. As the UNHCR states, these rather sensitive issues should be continuously revised and placed at the forefront of legal states' agendas in order to find ways of ameliorating the observation of these children's rights.

#### 4.4.1 Education

Along the years, many have argued that education is the key to success.<sup>31</sup> The reason behind this is that education makes one aware of knowledge, skills, and ethics. Education imparts principles of the world that surround us and lessons which we are taught in order to help us develop and progress. Being educated aids one in being able to think for oneself and interact with others. The first things that come to mind when discussing education are generally children and school. Although this notion is very important – and indeed Malta provides all young asylum seekers and refugees with free access to state-funded education and training – language issues are hardly given any attention, which in the long run may prove

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<sup>28</sup> *Ibid.*, "Beyond Detention," 17.

<sup>29</sup> *Ibid.*

<sup>30</sup> Helena Eynon, "The end of the journey? Young asylum seekers and the struggle for stability in the UK," *The Children's Society*, March 19, 2019, <https://www.childrenssociety.org.uk/news-and-blogs/our-blog/the-end-of-the-journey-young-asylum-seekers-and-the-struggle-for-stability>.

<sup>31</sup> Eliza Beth, "4 Major Reasons Why Education is Key to Success," *Thrive Global* (July, 2019).

to impact the child's continuous development.<sup>32</sup> This is a matter which should be given more attention since these children are part of tomorrow's generation, besides the fact that knowledge gained from school could be indirectly passed on to parents at home.

With regard to new mothers seeking asylum, education has an additional role. These women need specific information on how to care for both themselves and their newborn. In the Netherlands, a country which receives around 20,000 asylum seekers yearly, pregnant women are enrolled in an education group. This group is called 'Interactive Group Education', and its main aim is to increase knowledge amongst pregnant asylum seekers.<sup>33</sup> The programme is held during the antenatal period and consists of two interactive group sessions, where the participants are able to actively participate by discussing and taking part in activities. The group consists of a certified midwife, a translator, and between 5 to 10 women. Besides acquiring knowledge through group discussions, audio-visuals, anatomical models, and interactive activities, this group has a social function too since it enables the formation of friendships among the participants. A vital aspect that contributes to the success of this workshop is that the women's educational levels and their cultural and religious backgrounds are considered, thus creating a space where they are able to discuss habits and traditions.<sup>34</sup>

A similar programme would benefit pregnant asylum seekers residing in Malta greatly because it would provide these women with knowledge about the Maltese obstetric healthcare system, what to expect in specific trimesters of pregnancy, delivery, and the postpartum period, worrying signs and symptoms, and the importance of keeping contact with appropriate healthcare workers. Furthermore, through a similar group, asylum-seeking women would understand that as a country, we are not trying to impose our cultural values onto them in any way but on the contrary, we are aiding their transition by finding a balance between all our differences. This continues to highlight the importance of including professionals from various backgrounds in those teams that create policies since these people

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<sup>32</sup> "Access to education," Asylum information Database (AIDA), accessed June 9, 2020, <https://www.asylumineurope.org/reports/country/malta/reception-conditions/employment-and-education/access-education>.

<sup>33</sup> I. R Postma, Dr. E. I. Feijen-de Jong, A. Vershuuren, and J. Stekelenburg, "Interactive Group Education for Pregnant Asylum Seekers," University of Groningen, accessed June 9, 2020, [https://jsm Groningen.nl/owi/junior-scientific-masterclass/onderzoeksprojecten/2037\\_projectdetails?jsmProjectId=2439](https://jsm Groningen.nl/owi/junior-scientific-masterclass/onderzoeksprojecten/2037_projectdetails?jsmProjectId=2439).

<sup>34</sup> *Ibid.*

would be able to give their professional input being the ones who are care for these women on a daily basis. It is crucial to note that having educated mothers would also eventually be reflected in future generations not just health-wise but also in their way of thinking.

## 4.5 Better preparedness of healthcare professionals

It is widely documented that healthcare providers encounter several ethical dilemmas and situations on a regular basis.<sup>35</sup> Migration brings along several ethical challenges to healthcare. The recent influx of migrants seeking asylum or a refugee status has created a gap in healthcare professionals' knowledge particularly regarding how to provide the best health care to this group of people as ethically as possible. Ethical considerations arise due to several factors mentioned in previous chapters, such as cultural differences and values, language barriers, religious beliefs, and a history of rape and violence amongst others. Researchers comment on how to provide healthcare professionals with an adequate ethical education as well as the adjustments needed in approaches to teaching ethical and moral values at both undergraduate and postgraduate levels.<sup>36</sup>

Studies show that healthcare professionals encounter several barriers which limit them from taking the appropriate ethical action. The most mentioned barriers are "feeling powerless, lack of confidence, being ignored or overruled, frustrations with system rules or administrators, and observing other health professionals disrespect the autonomy and rights of patients."<sup>37</sup> Hopia, Lottes, and Kanne suggest that besides healthcare professionals, students should also receive training on how to handle real-life situations and how to reflect on and be able to critically analyse ethical demands at their workplace.<sup>38</sup> Doane, Pauly, Brown, and Mcpherson emphasise that simply identifying ethical issues is not enough; one needs to develop critical thinking skills, self-exploration, and the understanding of the ethical issues.<sup>39</sup>

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<sup>35</sup> Hanna Hopia, Ilsa Lottes, and Mariel Kanne, "Ethical concerns and dilemmas of Finnish and Dutch health professionals," *Nursing Ethics* 23, no. 6 (2016): 659-673.

<sup>36</sup> H., Woods, "Nursing ethics education; are we really delivering good(s)," *Nursing Ethics* 12 (2005): 5-18. Cited in Hanna Hopia, Ilsa Lottes, and Mariel Kanne, "Ethical concerns and dilemmas of Finnish and Dutch health professionals," *Nursing Ethics* 23, no. 6 (2016): 659-673.

<sup>37</sup> Hopia, Lottes, and Kanne, "Ethical concerns and dilemmas," 660.

<sup>38</sup> Woods, "Nursing ethics education," as cited in Hopia, Lottes, and Kanne, 659-673.

<sup>39</sup> G., Doane, B., Pauly, H., Brown, and G., Mcpherson, "Exploring the heart of ethical nursing practice: implications for ethics education," *Nursing Ethics* 11 (2004): 240-253. Cited in Hopia, Lottes, and Kanne, 659-673.

Meanwhile, Heslehurst et. al affirm the importance of equipping healthcare professionals with culture-specific training to decrease the negative experiences these women suffer from, at the same time relieving the professionals from stress.<sup>40</sup> It is also vital to note that all these barriers are encountered by all professionals who in some way or another contribute to the well-being of these asylum-seeking women.

Reflective discussions among all those involved in complex cases would also help to reach an understanding of what occurred and what could be done better or differently in future cases, thus helping in the creation of ethical frameworks regarding new issues. To have a system at hand aids all professionals to work in a safe and ethical manner in order to achieve the best possible results. One such instance is the admission of a heavily pregnant asylum seeker airlifted by a helicopter from a boat, who is presented at the hospital without any antenatal care, in poor health, unable to understand the language, and whose history is unknown. Thus, having all kinds of professionals – pilots, police, social workers, emergency response units, midwives, gynaecologists, paediatricians, and translators – working together results in better outcomes in a shorter period of time.

Two other vital problems that contribute to major ethical concerns that also arose from research are the lack of time and the inadequate number of staff, which affect the quality of care given to the subject in question, besides inducing stress in the professionals.<sup>41</sup> These issues hinder any professional worker from providing optimum care and limit their time to protect their subject's rights.

#### 4.5.1 Dealing with crises

“The strength of a health system is inseparable from broader social systems that surround it.”<sup>42</sup> Pandemics are known to place increased demands on resources and economic systems.

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<sup>40</sup> Heslehurst, Nicola, *et al.*, "Perinatal health outcomes and care among asylum seekers and refugees: a systematic review of systematic reviews," *BMC Medicine* 16, no. 1 (2018): 89.

<sup>41</sup> O., Toren, and N., Wagner, "Applying an ethical decision-making tool to a nurse management dilemma," *Nursing Ethics* 17 (2010): 393-402. CM., Ulrich, *et al.*, "Everyday ethics: ethical issues and stress in nursing practice," *Advanced Nursing* 66 (2010): 2510-2519. D., Andrews, "Fostering ethical competency: an ongoing staff development process that encourages professional growth and staff satisfaction," *Journal of Continuing Education in Nursing* 35 (2004): 27-33. Cited in Hopia, Lottes, and Kanne, 659-673.

<sup>42</sup> Delan Devakumar, *et al.*, "Racism and discrimination in COVID-19 responses," *The Lancet*, April 1, 2020, [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30792-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30792-3/fulltext).

In their article, D. Devakumar et al. argue that, “Health protection relies not only on a well-functioning health system with universal coverage, but also on social inclusion, justice and solidarity.”<sup>43</sup>

Healthcare professionals across the world were all faced with the unprecedented situation that COVID-19 brought about, where they had to make unimaginable decisions while working under extreme pressures. Decisions included allocating scarce resources amongst a river of sick patients while simultaneously balancing their own mental health as well as that of their families and patients. Consequently, caring for severely unwell patients with inadequate resources could be the cause of having a number of healthcare professionals suffering from insecurity, capability, psychological distress, and mental health problems. Greenberg et al. argue that such mental problems arise in episodes where the healthcare professional is “exposed to trauma that they felt unprepared for.”<sup>44</sup> Being prepared for moral dilemmas that may arise during such pandemics would help to alleviate issues that could lead to mental health problems. The creation of online forums where healthcare staff are able to discuss pending issues and challenges with each other could help healthcare professionals since receiving support from colleagues conserves one’s mental health.<sup>45</sup>

#### 4.5.2 Enhancing circumstances

Although negative comments and remarks against the admittance of more asylum seekers in Malta are a regular occurrence, the Maltese population always comes together to help those in need. The sterling project, which was created by a local gynaecologist who was backed by both midwives and social workers, is one such case where Maltese people showed their generosity. The idea behind this project was to collect clothes for both babies and women in order to create a start-up box for migrant women who gave birth yet do not own anything so as to ease their transition to parenthood. This project was so successful that after a few weeks, people were advised to stop donating since there was no more space where to store any more clothing. The situation gets even more precarious in circumstances like those

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<sup>43</sup> *Ibid.*

<sup>44</sup> Neil Greenberg, et al., “Managing mental health challenges faced by healthcare workers during covid-19 pandemic,” *The British Medical Journal* 365, (2020): 1-4.

<sup>45</sup> *Ibid.*

of asylum-seeking women who cannot offer their babies a safe place and rely mostly on the host nation to provide accommodation. Such issues instil major insecurities in these women and as previously explained, these issues can have serious repercussions on the mental and physical well-being of both the mother and child.

## 4.6 Recommendations for Practice

The most vital recommendation concerns the particular attention that pregnant asylum-seekers as a vulnerable group within the society need with regard to adequate pre-conception and antenatal care, especially following the health risks confronted during their journey. My views regarding potential improvements relating to the asylum seekers' journey from day one till the post-natal period are outlined in the following recommendations:

- There is a need for better organisation with regard to antenatal care services for asylum-seeking women. Pre-planning to align appointments with the availability of interpretation services plays an important role in the delivery of the service.
- The creation of antenatal focus groups where asylum-seeking women could learn about pregnancy needs and be able to ask questions without any prejudice from other participants would be highly beneficial.

## 4.7 Recommendations Relating to Practitioners

The following recommendations target healthcare professionals who have the ability to implement change in the services offered in an asylum-seeking woman's journey:

- The scarcity of translators at MDH calls for an improvement in the service. Being considerate to the needs of these women is one of the results of being able to understand each other better.
- Further training for healthcare professionals, as well as recruitment and training of new staff members is also necessary so as to be able to provide individualistic and holistic care.



- Healthcare professionals should set up and/or participate in online discussion forums where ethical dilemmas faced in their practice are debated. Sharing experiences could bring about better care ideals.
- Discussions which promote self-reflection on current dilemmas should also be introduced to students, who are the healthcare professionals of tomorrow.
- Healthcare professionals should have access to resources and tools to offer appropriate guidance and cater for individualistic needs.
- Healthcare practitioners should be given the opportunity to be trained abroad in countries where there are systems in place on how to deal with asylum seekers with different backgrounds on a daily basis.

## 4.8 Recommendation for Research

- Large-scale studies that adopt both qualitative and quantitative approaches should be carried out on both male and female asylum seekers in order to assess their awareness and knowledge of various aspects that migrating to a new country brings about.
- Research should also be carried out amongst asylum-seeking women who gave birth within the last six months so as to explore their experiences of what it was like to give birth in Maltese hospitals.
- Research among healthcare professionals and policymakers should be carried out on how to initiate and structure antenatal care and specialised antenatal classes amongst asylum seekers in Malta.
- Research should be conducted on the Maltese population to understand the epidemiology and unique needs of the community to understand better how to target populations in order to decrease dissociation among different nationalities.
- The same study should be conducted with asylum seekers in order to understand their needs while settling in a new country.
- When these evaluations are done and public campaigns are held, research should then be carried out to assess their impact and level of effectiveness.

## 4.9 Conclusion

For a person to prosper in a new society, one needs to feel accepted. Creating ways in order to ease asylum seekers' transition into society would benefit everyone greatly since these people would be able to start contributing back to the society that welcomed them. Encouraging them to continue their education and to take on new jobs would in the future aid them to become more self-sufficient and therefore not reliant on the state for benefits. On the other hand, the empowerment of healthcare professionals must also be encouraged, thus helping them become more autonomous and able to move forward. Every healthcare profession is subject to daily changes since new information is always emerging through research. This information changes the way healthcare professionals think and react. Moreover, it is of vital importance that healthcare professionals are able to change strategies and policies together with the state. The creation of such strategies and policies would result in a better implementation of care throughout all aspects of society without inequities. Having a healthier society is not only the reflection of outstanding healthcare services but it is also the duty of the nation as a whole, as it takes everyone's efforts for change to occur.

# Conclusion

Various explanations of what asylum-seeking mothers go through during their journeys have been discussed throughout this dissertation. However, till this very day, millions of women's physical and mental well-being are still being affected and unfortunately, lives are still being lost. This study has shed light on the challenges that asylum-seeking women face and how in the long run, this harrowing experience affects their health and that of their newborn. Migration can be the cause of several difficulties and raise multiple issues, such as cultural differences, language barriers, religious values, economic and health-related problems, and social and integrational problems. Despite this, it is vital that human lives are protected at all times, especially those of the most vulnerable.

Chapter 1 focused on the effects of the journey on the asylum-seeking women's dignity and health, and the numerous challenges faced during the cross-over. Firstly, the researcher explored what it means for a person to leave one's country and lose one's home and support of family members. Fleeing one's country in order to escape conflicts or persecutions brings about new challenges for these women since most suffering from trauma after going through all sorts of abuse, including mental and physical. Physical abuse may result in pregnancies that are mostly concealed throughout the journey, which leads to serious health complications due to lack of nutrition and antenatal care. This may later on extend to mental health issues when these women realise the situation they were in. Besides having to face treacherous voyages and the disputes of being accepted in a country, it was also mentioned that lately, asylum seekers had to deal with further crises, such as that of a global pandemic. This issue created further obstacles in their journey towards reaching safety.

In Chapter 2, asylum-seeking women's rights to health were explored. Several issues which hinder access to health were foregrounded, the most common aspects being discrimination, stigma, language, cultural barriers, and culture change. The negative effects that these women experienced and endured were considered. The imminent needs of asylum-seeking women were also studied.

Ethical issues were given importance throughout this study because human rights are seriously violated in migration contexts. State members are often faced with difficult decisions in a world which is constantly changing and evolving; thus, making moral decisions in order to create more stability and conformity is of vital importance. The challenges and their effect on midwives and other healthcare professionals were also discussed. The dissertation mainly focused on female asylum seekers and highlighted how from the very beginning, the scarcity of essential necessities, such as food and water, also affects women and their newborns. Migration places women and children in very vulnerable situations, which is the reason why mortality and morbidity rates of women and children are often higher than that of fellow male migrants. Health, education, and work opportunities were also noted to be greatly influenced by migration.

Chapter 3 focused on the challenges that a new mother seeking asylum faces in a foreign country. It is widely acknowledged that asylum seeking brings along new concerns. The most basic challenges mentioned were the lack of basic needs, the issue of age, the precarious living situations, and the overall health status. As observed, these are issues which would collectively impact the mother's postnatal outcomes, together with a serious detriment to the mothers' health. Local services and their importance were discussed, as well as how prepared locals are to integrate and welcome asylum seekers in their society. Being stateless and having periodical documentation such as that of asylum seekers could lead to an identity crisis, creating a great amount of uncertainty and confusion about future prospects and a growing insecurity about one's role in society.

Meanwhile, Chapter 4 focused on ways how the challenges mentioned could be dealt with in a better manner, which could eventually result in improved health and living situations. Ethical principles and values are foundational in aiding professionals to carry out their duties effectively in challenging times. Hence, training healthcare professionals in order to learn how to deal and/or be better prepared to care for asylum-seeking women with all their individualistic challenges was considered. This group of people certainly has the ability to change and implement strategies to achieve better medical outcomes while making ethical decisions.

Healthcare professionals have the duty and responsibility to care for all their patients in the same way regardless of their ethnicity or religious values. However, one cannot deny that

such events can be quite challenging and frustrating. Thus, this study strongly emphasises the importance and imminent need for devising plans and setting policies in place in order to provide guidance to migrants and aid both healthcare professionals and other professionals to take effective and moral decisions in such present and future events. Raising awareness on the most basic human needs which emerge from the daily challenges these women withstand is of great importance.

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