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Sans-Papiers, Sans-Santé: A Study of Undocumented Migrant Women's Access to Reproductive and Obstetric Health Care in Switzerland

Sarah Kinch
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Sans-Papiers, Sans-Santé: A Study of Undocumented Migrant Women’s Access to Reproductive and Obstetric Health Care in Switzerland

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Abstract

In recent years, Switzerland has seen increasing numbers of foreign-born residents, making it one of the many countries affected by the European Migrant Crisis. Of these newly-settled migrants, many live in the country illegally, otherwise known as undocumented migrants or “Sans-Papiers.” While Switzerland grants its Sans-Papiers population a right to health, thus making medical insurance and care legal for the undocumented community, many still see increased adverse health outcomes among the population. As more than half of the Sans-Papiers living in Switzerland are female, women are therefore increasingly at risk for worse reproductive and obstetric health. This study sought to explore how undocumented women navigate the Swiss health care system, especially in terms of gynecological and obstetric services, and what barriers to care prevent them from seeking help. Specifically, access to contraceptives, abortion, STI care, prenatal and labor & delivery care, and preventive screenings were examined to determine their accessibility amongst the undocumented population. Further analysis found that fear and embarrassment within the medical system, high costs of insurance and medical services, language barriers, lack of communication and information, and discrimination all prevented women from seeking necessary care. Though Switzerland grants its undocumented population the right to insurance and care, it maintains many barriers to care that prevent Sans-Papiers women from seeking necessary reproductive and obstetric health care.

Preface

I had never given thought to the topic of women’s health before I stepped foot into my freshman year “Anthropological Perspectives on the Fetus” class – one in which I had enrolled simply to fulfill a major requirement for my university. Expecting little, I was suddenly
immersed in debates about women’s rights versus fetal rights, abortions and adoptions, and the control of women’s bodies. This class imbued in me a passion for women’s rights that I had not before realized existed and opened my eyes to the wealth of issues that span the field of female reproductive health. I have since wanted to dedicate my career to serve the women who fight fearlessly every day to exercise their rights over bodily integrity and choice.

When Donald Trump was elected President of the United States in 2016, this topic became especially pertinent. Suddenly, a woman’s right to bodily autonomy seemed imminently jeopardized, and an entire country was galvanized into action. I became increasingly aware of other minority groups and vulnerable populations that also felt their rights threatened. As I was preparing to move to Switzerland, I thus began to question how minority groups in other countries feel about their own health rights. I decided to study reproductive and obstetric health specifically in undocumented migrant women because I hope to better understand groups that may feel as if they do not have a voice, as I (along with thousands of other women) felt when President Trump assumed office. It is a topic that means a great deal to me, and I hope that one day, women around the world – documented or not – feel empowered to achieve the bodily autonomy and freedom of choice that they deserve.

**Acknowledgements**

This Independent Study Project, as well as my entire study abroad experience, would not have been possible without the support of many people. I would like to first thank the School for International Training and the wonderful people from the organization who have allowed me to participate in this unforgettable experience. Specifically, I would like to thank Dr. Alexandre Lambert, Dr. Anne Golaz, and Mrs. Françoise Flourens for the help and guidance they have
provided me during my time in Switzerland. Additionally, I would like to recognize my incredible host family, the Signer-Sakhones, for warmly welcoming me into their family. I also owe a great amount of gratitude to Dr. Michal Yaron, Ms. Christine Sieber, and an anonymous NGO representative for taking the time to speak with me about my project.

To the many friends I have made in Switzerland – Sarah Pohl, Jessica Sorcher, Rachael Sorcher, Amanda Namchuk, and Haleigh Schultz – thank you for making this study abroad experience more incredible than I could have hoped for.

To the people at home who have made it so difficult to be away – Suparna Malia, Ben French, Alaina Fierro, Amanda Morgan, and Ryan Albaum – thank you for bearing through the seven-hour time difference and the endless complaints about how many croissants I have eaten in the past 15 weeks. To Sam Neal, thank you for being my constant source of support and for always being confident in my ability to succeed, even when I am not.

Most importantly, I would like to thank my family for making this experience possible. I cannot thank you enough for all you have done for me, and for supporting me through my medical troubles, my overly-eager credit card spending, and my moments of self-doubt. I would not be the person I am today without you, and you have been missed every moment of this experience. Thank you for being my biggest cheerleaders.
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<th>Description</th>
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<tbody>
<tr>
<td>CAMSCO</td>
<td>Consultation Ambulatoire Mobile de Soins Communautaire</td>
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<tr>
<td>CHF</td>
<td>Swiss Franc</td>
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<tr>
<td>CTI</td>
<td>Chlamydia trachomatis Infection</td>
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<tr>
<td>FOPH</td>
<td>Federal Office of Public Health</td>
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<tr>
<td>HIV/AIDS</td>
<td>Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome</td>
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<tr>
<td>HUG</td>
<td>Hôpitaux Universitaires de Genève</td>
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<tr>
<td>IOM</td>
<td>International Organization for Migration</td>
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<tr>
<td>IUD</td>
<td>Intrauterine Device</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>S-P</td>
<td>Sans-Papiers</td>
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<td>STI</td>
<td>Sexually Transmitted Infection</td>
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<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>WHO</td>
<td>World Health Organization</td>
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**Introduction**

In 2015, more than 1,046,000 migrants arrived on the shores of Europe\(^1\). This marked an extreme change from the mere 280,000 total arrivals seen the year before, thus constituting a 273.8% increase within the span of two years\(^2\). This was the beginning of what many now call the “European Migrant Crisis,” a name given to the record number of refugees and migrants that began entering Europe in 2015 – and continues today. These travelers come from all over the world, with 244 million international migrants worldwide\(^3\). Yet, with such unprecedented numbers, Europe is scrambling to find the best solution to help resettle these new residents.

According to the International Organization for Migration (IOM), a migrant is defined as a person who is moving or has moved across international borders\(^4\). This term thus encompasses a variety of categories, including refugees, labor migrants, irregular migrants, and legal immigrants. While migration has occurred for many centuries, these different categories of migrants mark new realities – one where 15.1 million people are forced out of their home countries, due primarily to human conflict, in search of safer or more sustainable life\(^5\). Sometimes, these immigrants do not obtain the necessary residency documents needed to reside legally in their host country, thus constituting a controversial category called “undocumented migrants.” In Switzerland, they are also known as “Sans-Papiers” (SP).

The country of Switzerland is no stranger to migration. Certain cantons, like Geneva, see increasingly large numbers of foreign-born residents. In 2016, for example, 41% of the Geneva

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2 Ibid.
4 "Key Migration Terms," International Organization for Migration.
population was not of Swiss origins\textsuperscript{7}. While many of these residents live in the country legally, some remain “undocumented.” In Switzerland, one is considered a Sans-Papiers if they have not obtained the legally-mandatory residence permit, as many enter the country as tourists and simply do not leave after the allotted three-month allowance\textsuperscript{8}. Currently, it is estimated that 1.8 to 2.9\% of the residential population of Geneva is considered “undocumented,” thus representing a large portion of the population\textsuperscript{9}. With such high numbers of migrants, Switzerland – along with most of Europe – faces the question of how to best address their undocumented population.

Unlike many countries, however, Switzerland has taken a relatively inclusive stance on the issue of Sans-Papiers rights, including the volatile topic of the right to health care. The country is one of few in Europe that not only allows its undocumented population access to basic health care beyond emergency services, but also obliges them to purchase health insurance (Article 12 and 41b of the Federal Constitution of the Swiss Confederation and the Public Health Insurance Law)\textsuperscript{10}. This basic health insurance covers a variety of services, including primary and secondary care, maternity care, psychotherapy, preventive tests, and rehabilitation measures\textsuperscript{11}. The Swiss Public Health Insurance Law and Criminal Code also mandate that the personal data of a patient, including illegal status, may not be reported to a third party\textsuperscript{12}. This means that Sans-Papiers cannot be legally reported to immigration authorities by their doctors or insurance companies, which ultimately seeks to encourage the undocumented community to access health care.

\textsuperscript{7} Schmidt et al., \textit{Barriers to Reproductive Health Care for Migrant Women in Geneva: A Qualitative Study}. (Reproductive Health, March 2018), 2.
\textsuperscript{9} Ibid. 2.
\textsuperscript{10} Bilger et al., \textit{Health Care for Undocumented}
\textsuperscript{11} Ibid.
\textsuperscript{12} Ibid.
Despite these rights, however, it is known that undocumented migrants are at increased risk for poor health. The Sans-Papiers community oftentimes faces unique adverse conditions that work to negatively impact their wellbeing, including difficult living conditions, separation from families, exploitation by employers, low wages, the continuous threat of being caught by police, and perceived exclusion from the health care system\textsuperscript{13}. Ultimately, while they have health care rights afforded to them, the Sans-Papiers population interacts with health care system in less effective ways than a legal Swiss citizen.

Literature Review

As this research paper spans a breadth of topics within the field of reproductive and obstetric health, a variety of sources and data were obtained during research. A combination of academic studies and scientific papers, as well as personal interviews, government publications, NGO materials, and other gray literature sources helped inform on the current state of reproductive and obstetric health among the Sans-Papiers community.

Publications by the Swiss government – namely, the Federal Office of Public Health (FOPH) – in collaboration with the University of Neuchâtel provided information concerning the policy and legal aspects of Sans-Papiers health rights in Switzerland. Such information included details concerning their right to purchase health insurance, as well as costs and legal protections afforded to the undocumented community. Additionally, government publications through the Parliament website, as well as personal interviews, provided updates on the new motion 18.3005, which has direct impact on Sans-Papiers access to health care.

\textsuperscript{13} Wolff et al., \textit{Undocumented Migrants Lack}, 2.
The information and statistics provided by NGOs and other international organizations were relied upon for important information concerning migration and legal/social attitudes towards Sans-Papiers in Switzerland. IOM data was used to gain an understanding of migration trends, both globally and in Switzerland, as well as to better understand the relevant statistics and terms. It helped lay the framework for defining an undocumented migrant. Additional information provided by the WHO, UNFPA, and other international organizations helped provide quantitative data, as well as qualitative information on Switzerland attitudes and approaches to Sans-Papiers.

Academic sources were also heavily used for information relating specifically to migrant (both documented and undocumented) health care practices in Switzerland. Some sources were relied on more heavily than others, especially those sources whose focus was on Sans-Papiers populations in Geneva or Switzerland. Wolff et al, for example, performed two studies on undocumented health behaviors amongst pregnant women in Geneva. This was used to understand how women navigate the health system and to determine their general health outcomes. Schmidt et al. and Balaam et al. are sources that helped provide perspective on how migrant women perceive their health needs, as well as how they view the health care system. Ultimately, these sources were extremely helpful in determining the ways in which Sans-Papiers women interact with the health care system in Switzerland, as well as how they view their health care needs.

This study thus seeks to build from the frameworks provided by previous researchers, and to better understand Sans-Papiers utilization of many reproductive and obstetric health services across Switzerland. Very little prior research focused on health care behaviors of undocumented women across the field of reproductive health – instead, they were more narrowly focused on
one specific aspect of reproductive or obstetric health care within the population. By analyzing multiple sources, and combining the findings of each, this meta-analysis seeks to give a broader view of the interactions women have with the health care system across a variety of female health issues, as well as to determine their perspectives on health and health care access in Switzerland.

**Research Questions**

There is oftentimes a misconception that most migrants are men. Yet, data shows that women have been migrating at the same rate as their male counterparts for the past 40 years\(^\text{14}\). As women now constitute the majority (52.4%) of international immigrants in Europe, the burden of poor health and limited health services falls especially upon them\(^\text{15}\). Of course, reproductive and obstetric health is a medical field that applies only to women, so it is important to consider that many dimensions of female migration and health do not affect the other sex. For example, per traditional gender roles, women are usually the main caregivers to children – a truth that does not change when women migrate\(^\text{16}\). Thus, they are tasked with caring not only for their own wellbeing but for that of their children as well. Additionally, because women are most often the victims of human trafficking, their safety during migration becomes another concern unique to the female sex\(^\text{17}\). As summarized by Adanu and Johnson, this puts a female at the double disadvantage of being both a woman and a migrant.


\(^{15}\) "Global Migration Trends Factsheet," IOM Global Migration Data Analysis Centre.

\(^{16}\) Adanu and Johnson, *Migration*.

\(^{17}\) Adanu and Johnson, *Migration*. 
I thus sought to understand more about the state of female obstetric and reproductive health care in Switzerland for undocumented women. My initial framework focused primarily on 3 main questions:

- What degree of access do Sans-Papiers have to health care (especially compared to legal women)?
- What barriers to care, if any, are in place that prevent these women from seeking help?
- How do Sans-Papiers women navigate the health field to best access reproductive and obstetric health care?

From this, I sought to explore specific topics within the field of female health, including access to contraceptives and abortions, availability of STI care, and the quality of prenatal & labor and delivery care. After extensive research on female health, many more questions and subtopics emerged, and will be discussed throughout the paper.

**Methodology**

Data and research used in this study come from a variety of primary and secondary sources, including both scientific and gray literature. Scientific literature was found using multiple journal databases, including PubMed and JStorr. Original search criteria were very general, looking for background research on attitudes, policies, and trends of migration (with a focus on irregular migration) in Europe. After gaining a stronger foundational understanding, search criteria were narrowed to focus on undocumented migrant health patterns in Switzerland specifically, as well as legal and social policies on Sans-Papiers residents. The use of scientific literature provided information primarily concerning health patterns amongst undocumented migrants in Geneva, which houses some of the largest numbers of Sans-Papiers in the country.
Gray literature was found using similar methods. Certain sources were discovered using the cited references in previously-obtained scientific papers. However, most gray literature sources came from multiple Google searches. These searches focused on a variety of criteria, including Swiss legal policies on Sans-Papiers and their afforded rights; statistics and data on contraceptive use, abortions, STI prevalence, and births in the country; and health trends in the undocumented community. The gray literature greatly supplemented the scientific sources found.

Primary sources were also included in gathering research for this study, including multiple interviews with experts in the field of migration and health. Experts were chosen based on a variety of criteria: some were authors of scientific articles concerning migrant health in Geneva, some work for organizations that focus on migration and health, and some were doctors in the fields of sexual and reproductive medicine (and thus interact with undocumented migrants). Ultimately, more than 20 experts were contacted regarding interview requests and three total interviews were performed. The choice of an interview in English or French was offered, but all were conducted in English. Interviews were semi-structured, thus giving structure to the meeting but allowing for further conversation. Interview questions were tailored for the specific expert based on their field of work, and each provided a unique and informative point of view.

The first interview occurred with Dr. Michal Yaron, a gynecologist at HUG, in her office in Geneva. Dr. Yaron provided the integral perspective of a health care provider who frequently sees undocumented migrant patients. As Sans-Papiers are considered a vulnerable population, they could not be directly interviewed, so Dr. Yaron helped better explain how this community accesses sexual and reproductive health care in a real-time clinical setting, as well as their main health problems and concerns. The next interview was conducted with Ms. Christine Sieber, the
head of the Access, Knowledge, and Migration domain of Santé Sexuelle Suisse. Ms. Sieber provided more insight primarily on policy/legal rights and responsibilities of both health care workers and undocumented migrants. She helped provide information about the new motion 18.3005 concerning Sans-Papiers, which had not been known from previous research conducted before the interview. Lastly, the final interview was conducted with an anonymous NGO representative in Berne. This representative helped provide further information about the discrepancies in health care accessibility within the country, as well as about Motion 18.3005 and its possible effects.

Limitations

Limitations of this study were primarily the difficulty of scheduling interviews, as well as the limited time allowed for the project. Many of the experts contacted did not respond to emails and phone calls, or did not have the time for an interview within the four weeks allotted for the study. This was, unfortunately, a significant difficulty that impeded progression of the study, as it would have been a great addition to hear the perspectives of even more experts in the field.

Additionally, the topic of Sans-Papiers access to reproductive and obstetric health care is complex, and contains many different components. Thus, this study only focuses on certain aspects of a much larger picture, and does not mention many other relevant facets, such as prostitution/sex work and female genital mutilation. The study also remains relatively limited to the Geneva area (with input from experts within other cantons), as most interviewees and scientific studies of Sans-Papiers health were based in Geneva. Further interviews and studies performed in different cantons (particularly the Swiss-German and Ticino areas) are necessary for a more comprehensive understanding.
Analysis

Sans-Papiers in the Swiss Health Care System

In general, undocumented migrants face a variety of illnesses. Such issues include infectious diseases (including STIs), chronic diseases, and mental health problems (caused especially by the fear of being discovered as undocumented). While many of these problems are also seen within the general Swiss population as well, there appears to be a significant difference in the way Sans-Papiers interact with the health system. Though Switzerland legislation guarantees the health rights of this vulnerable population – as confirmed by Dr. Yaron that those in need will always receive care, regardless of status – there continues to be an unstable relationship between undocumented migrants and the health care system. These women facing the “double burden” of being both female and migrants must thus navigate the health sector in their own unique ways to obtain necessary care.

The following section explores topics of reproductive and obstetric health in Switzerland, seeking to compare the general state of services for legal women with the accessibility and challenges for Sans-Papiers. While the field of reproductive and obstetric health spans many topics, those analyzed in this study include: access to contraceptives, abortion care, sexually transmitted infections, prenatal & labor and delivery care, and preventive screenings.

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20 Adanu and Johnson, *Migration*. 
Contraceptives

Within Switzerland, contraceptive use is widespread. Of all married women aged 15-49 in the country, 72.9% were using some form of contraceptive protection in 2012\(^1\). However, as affirmed by both Dr. Yaron and Ms. Sieber, contraception can be quite expensive, especially as it is not covered by insurance\(^2\). This means that women must pay out-of-pocket for any desired method, which can vary from 12 CHF for the monthly Pill to 250 CHF for an Intra-Uterine Device (IUD)\(^3\). Though actual prices depend on specific method and brand, contraception in Switzerland, especially IUDs, can reach high prices and may be difficult for some to pay\(^4\).

Due to this possible financial barrier, many opt instead for emergency contraception, to which access is relatively simple\(^5\). Indeed, emergency contraception (popularly known as “Plan B” and “The Morning-After Pill”) has grown in popularity since becoming available over-the-counter (rather than by prescription) in 2002. The difference has been dramatic: while a mere 8,000 units of emergency contraceptives were sold in pharmacies in 2002, the number escalated to 93,500 sold in 2008\(^6\). Though the price of emergency contraception wavers around 25 CHF, which Dr. Yaron claimed was relatively inexpensive, she did argue that for Sans-Papiers women, this can be a significant financial barrier\(^7\).

In fact, contraceptive use seems to be greatly reduced amongst the undocumented population. In one study of pregnant Sans-Papiers patients in a Geneva health care center, 79% of those interviewed had not used or used unreliable methods of contraception, and 61% had not

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\(^1\) “European Health Information Gateway,” World Health Organization.

\(^2\) Yaron, Michal and Sieber, Christine. Interviews by Sarah Kinch. Geneva, Switzerland and Bern, Switzerland. 13 April 2018.

\(^3\) “Couple Contraception, HIV Rights, Pregnancy,” Croix-Rouge Suisse.


\(^7\) Yaron, Michal. Interview by Sarah Kinch. Geneva, Switzerland. 13 April 2018.
known about emergency contraception\textsuperscript{28}. The most popular reasons found for lack of use included the belief that they were infertile, the absence of frequent intercourse, or the termination of contraceptive use due to cost, side effects, or simply running out of pills\textsuperscript{29}. This led to very high rates of unintended pregnancy within the Sans-Papiers population, with 75\% of undocumented female pregnancies being accidental (compared to 21\% of unintended pregnancies within the control group of legal women)\textsuperscript{30}. Further studies performed by Wolff et al. and others have found similar statistics, with one finding rates as high as 90\% of undocumented female pregnancies in Lausanne being unintended\textsuperscript{31}. Undocumented women thus seem to be at higher risk for lower levels of contraceptive use and more unintended pregnancies.

When Sans-Papiers women in the Geneva area do access contraception and gynecological care, however, they are frequently referred through CAMSCO nurses (an ambulatory service providing care to vulnerable populations) or the Emergency Department, as they oftentimes do not know how else to receive necessary medical care\textsuperscript{32}. While it is ultimately the woman’s choice as to which method she would prefer, gynecologists at HUG encourage efficient contraception, like an IUD, to the migrant population, who are very open to these suggestions\textsuperscript{33}. If a woman ultimately decides on a method that costs more than others, such as Long Acting Reversible Contraception, a social assistant is called in to help determine if, and how much, the woman can pay\textsuperscript{34}. Ultimately, the gynecologists at HUG work very closely with

\textsuperscript{28} Wolff et al., Undocumented Migrants Lack, 8.
\textsuperscript{29} Wolff et al., Health Care and Illegality: A Survey of Undocumented Pregnant Immigrants in Geneva, (Social Science and Medicine, May 2005), 2151.
\textsuperscript{30} Wolff et al., Undocumented Migrants Lack, 4.
\textsuperscript{31} Wolff et al., Health Care and Illegality, 2153.
\textsuperscript{32} Yaron, Michal. Interview by Sarah Kinch. Geneva, Switzerland. 13 April 2018.
\textsuperscript{33} Ibid.
\textsuperscript{34} Ibid.
the Sans-Papiers women who access care to ensure that they have the best contraceptive method suited for their lifestyle and that the cost is maintainable.

Abortions

In Switzerland, a woman has the right to decide to terminate her pregnancy within the first 12 weeks. According to Federal Act 857.5 of 1981, she is also entitled to free counseling and assistance. If she ultimately decides to terminate, she must sign a document declaring herself to be in a situation of distress, but does not need to provide any evidence or reason supporting this claim. If she is under the age of 16 years old, she must receive counseling from a specialized center, which is oftentimes a sexual health and family planning center or a child and adolescent psychiatric center, before the procedure is performed. The country provides two abortion options: drug-based, which can be taken early in the pregnancy, or surgical, which can occur in the later weeks. Unlike contraceptives, these services – including the counseling assistance and both methods of abortion – are covered by insurance35.

With only 10,255 abortions performed in 2015, however, Switzerland has one of the lowest rates of termination among developed nations (compare to 203,463 abortions performed in neighboring France and 99,237 in Germany in the same year)36. But, for Sans-Papiers women, these statistics are different, as they oftentimes see higher numbers of unintended pregnancies compared to those living in the country legally. Studies by Wyssmüller and Efionayi-Mäder, Schmidt et al., and Wolff et al. have found more voluntary abortions among non-Swiss citizens living in Switzerland. One Wolff et al. finding described a 60% abortion rate found amongst

undocumented migrants in Lausanne, far surpassing the average\textsuperscript{37}. Ultimately, there appears to be a correlation between the high unintended pregnancy rate and high abortion rates amongst the Sans-Papiers population.

When an undocumented woman seeks an abortion, she receives one like every other woman in the country, as she is also entitled to the procedure\textsuperscript{38}. If she is receiving care at HUG and faces a language barrier, she will see a nurse or translator trained in her native language. Before the abortion is performed, the woman and nurse will discuss contraceptive options that can be used in the future to avoid further unintended pregnancies. Unlike others seeking care, a Sans-Papiers woman is not given the option of a drug-based abortion – they must always receive the surgical procedure. This lack of choice is for a variety of reasons, including higher cost and more required check-up appointments for the drug-based procedure, as well as the fact that if there are complications from the medication, undocumented women oftentimes have difficulty accessing care and may not receive necessary help. In addition to the nurse, Sans-Papiers women who do not have insurance will also speak with a social assistant to discuss the cost of the procedure. This conversation helps determine if she can pay and how much she may contribute. If she cannot afford the cost of her abortion, there are many services in place around the country, such as the Swiss Red Cross, that help pay for the procedure\textsuperscript{39}. Ultimately, though the abortion rate in Switzerland remains relatively low, it is seen in greater numbers amongst the undocumented population.

\textsuperscript{37} Wolff et al., \textit{Health Care and Illegality}, 2153.
\textsuperscript{38} Yaron, Michal. Interview by Sarah Kinch. Geneva, Switzerland. 13 April 2018.
\textsuperscript{39} Sieber, Christine. Interview by Sarah Kinch. Bern, Switzerland. 13 April 2018.
Sexually Transmitted Infections

Switzerland has seen a rising number of STIs in recent years. Compared with 2015, the incidence of gonorrhea, syphilis, and chlamydia has greatly increased by 20%, 15%, and 8% respectively in 2016. While men comprise most STI cases, constituting more than a 75% majority for all reported cases of gonorrhea, syphilis, and HIV, Swiss women are more frequently affected by chlamydia. Though these numbers may represent an actual increase in STI infections in Switzerland, the government postulates that this rise is primarily due to better testing strategies and an increase in testing frequency from FOPH-sponsored screening programs.

Mirroring the increasing incidence of STIs, the number of HIV/AIDS cases in the country has begun to slowly increase as well. In 2016, 532 new cases of HIV were reported in the country, marking a 1% increase since 2015. Though Switzerland had been seeing a downward trend in HIV/AIDS cases in recent years, 2016 marked the second year in a row that saw rising numbers. Of these new diagnoses, women constitute 22% of cases, though the number of females infected from heterosexual contact has been continually declining for the past six years. In 2009, the government declared its level of concern about the disease to be minor, but with newly increasing numbers, it is possible that this may change.

Perhaps the most problematic STI is chlamydia trachomatis infection (CTI). As CTI is the most sexually transmitted infection in Western countries, Switzerland has mandated obligatory reporting for new cases seen. In fact, the number of cases notified within the country

40 "Sexually Transmitted Diseases on the Rise," (SWI, October 2017).
41 Ibid.
has dramatically increased, having almost doubled from 3,493 in 2003 to 6,178 in 2008\cite{43}. As Jackson et al. argue, undocumented migrants represent a particularly vulnerable group for acquisition of diseases like CTI, due primarily to financial barriers, poor health care access, and higher risk of abuse\cite{44}. In one study, young undocumented migrants had a 4x higher risk of acquiring CTI, especially those who had more than two partners in the past year\cite{45}. Interestingly, unmarried Sans-Papiers did not have any further increased risk than married partners, which may be explained by the fact that many undocumented migrants live separated from their partners, thus decreasing any difference caused by marital status\cite{46}. However, as undocumented migrants have such an unstable relationship with the health care system, CTI often goes undetected within the population, thus increasing the risk of further transmission\cite{47}. This practice thus puts the Sans-Papiers community – both male and female – at higher risk for STI acquisition.

Prenatal & Labor and Delivery Care

86,559 children were born in Switzerland in 2015, leading to an overall population of 8.328 billion people\cite{48}. As maternity care in the country tends to be advanced and comprehensive, the maternal mortality ratio (MMR) of Switzerland remains low, at 8 maternal deaths per 100,000 live births (compare with the MMR of the United States, at 14 deaths per 100,000 live births)\cite{49}. For women with basic health insurance, most of the costs of pregnancy and birth are

\begin{footnotes}
\item[44] Ibid., 910.
\item[45] Ibid., 911.
\item[46] Ibid., 913.
\item[47] Ibid., 913.
\item[48] *Statistical Data on Switzerland*, (Switzerland Federal Statistical Offices, Neuchâtel, 2017).
\item[49] "Maternal Mortality Ratio (Modeled Estimate, per 100,000 Live Births)," (World Bank, 2015).
\end{footnotes}
covered. Services covered include seven pre-natal check-ups (more, if it is a high-risk pregnancy), a post-natal exam, non-invasive pre-natal testing for trisomy defects, and childbirth at home, at a birthing center, or in the hospital (but it must be within the woman’s canton)\(^50\). Overall, for women – including Sans-Papiers – with health insurance, there are few out-of-pocket expenses during pregnancy and birth.

Many studies show, however, that undocumented women often delay care when pregnant. One Wolff et al. study found an 11x higher risk for delayed prenatal care amongst Sans-Papiers women in Geneva, with their first prenatal check-up occurring more than 4 weeks later than legal women\(^51\). When they do seek obstetric care, it is sometimes after the first trimester, as they also found that only 63% of undocumented women began prenatal care during their first trimester, as compared to 96% of the legal-status control group\(^52\). While there are many reasons for such delays in care, which will be analyzed later in this study, Wolff et al. do specify that pregnancy can be especially difficult for Sans-Papiers, as it may cause a loss of work and of income\(^53\). Therefore, in such an unstable state, it is possible that undocumented migrant women do not feel comfortable accessing care.

Despite this delay in care, there remains contrasting data on the resulting health outcomes of mother and child. In the study by Wolff et al., no significant differences were found between Sans-Papiers and control groups for complications during pregnancy, delivery, or post-partum. As the researchers hypothesize, this may be explained by the theory of the “healthy migrant effect,” which postulates that only the fittest women succeed in migration, and thus are generally

\(^{50}\) “Basic Insurance – Benefits Under Mandatory Health Insurance (KVG),” Comparis.
\(^{51}\) Wolff et al., Undocumented Migrants Lack, 5-6.
\(^{52}\) Ibid., 6.
\(^{53}\) Ibid., 2.
in better health\textsuperscript{54}. Another study of pregnant Sans-Papiers in Geneva, however, found opposing data, revealing higher maternal and infant mortality among migrants. Additionally, they found that newborns of undocumented mothers, especially those from Africa or South East Asia, frequently had lower birth weights and were more often transferred to the neonatal unit\textsuperscript{55}. Ultimately, further studies are needed to determine general trends in obstetric outcomes within the Swiss undocumented population.

Preventive Screenings

While the topic of preventive screenings does not apply solely to reproductive health, it is worth noting certain patterns of Sans-Papers attitudes towards this service. Though it has been found that undocumented women of reproductive age are more aware of the need for periodical gynecological care, even when they feel relatively healthy, there appears to be severe underutilization of preventive screenings, such as mammograms and Pap smears\textsuperscript{56}. In fact, one study found a six-fold risk of under-use of Pap smears and a ten-fold risk of never having had a breast exam amongst the undocumented population\textsuperscript{57}. Other studies, such as one by Schmidt et al., have found similar low rates of cervical or breast cancer screenings in the Sans-Papiers community. While this underutilization can be explained by the many barriers of care that will be discussed in this study, it is also important to note that some migrants come from countries where preventive measures are less understood\textsuperscript{58}. This lack of understanding thus may cause women to

\textsuperscript{54} Ibid., 7.
\textsuperscript{55} Schmidt et al., \textit{Barriers to Reproductive Health Care for Migrant Women in Geneva: A Qualitative Study}, (Reproductive Health, March 2018), 2.
\textsuperscript{56} Wyssmüller and Efionayi-Mäder, \textit{Undocumented Migrants}, 21.
\textsuperscript{57} Wolff et al., \textit{Undocumented Migrants Lack}, 2.
\textsuperscript{58} Schmidt et al., \textit{Barriers to Reproductive}, 5.
seek these services less frequently, and ultimately impacts their relationship with the health care sector.

Barriers to Care

In studying the interactions between undocumented migrant women and the health care system, many common barriers to care emerged. Among these barriers, six main factors deterring women from seeking care were identified. These include: expense, fear, embarrassment, language barriers, lack of information, and discrimination.

Expense

In nearly every primary and secondary source consulted, expense – both of health services and insurance – was cited as one of the primary barriers to care. Oftentimes, Sans-Papiers women struggle to afford even the most basic health care plans and receive little outside help, as each person must arrange and subsidize their own insurance costs. These expenses can be high, with monthly insurance premiums ranging from 230 CHF to 420 CHF and annual excess fees of 300 to 2,500 CHF per year\textsuperscript{59}.

As migrants are more likely to be poor, these high costs often deter women from accessing health insurance, despite their legal duty to do so\textsuperscript{60}. In fact, Wolff et al. postulates that prices are the main reason more than 90\% of Sans-Papiers females in Geneva lack health insurance\textsuperscript{61}. Not having the ability to pay – either for insurance or for health services rendered – can be very dangerous for undocumented migrants. Ultimately, non-payment may lead to debt

\textsuperscript{59} Bilger et al., \textit{Health Care for Undocumented}.
\textsuperscript{60} Wolff et al., \textit{Undocumented Migrants Lack}, 6.
\textsuperscript{61} Ibid., 2
collection, which threatens to reveal the woman’s undocumented status\textsuperscript{62}. As a result, many Sans-Papiers simply do not access health insurance or medical care, even when needed.

Fear

Lacking legal status in Switzerland, of course, may lead to a great deal of fear in everyday life – a sentiment echoed in all interviews, as well as many literature sources. Oftentimes, migrants will delay contact with the health system for as long as possible due to debilitating anxiety about denunciation, arrest, deportation, and an unstable future\textsuperscript{63}. Thus, as long as the woman feels healthy, she will not access care (including necessary preventive services). Many also find themselves deterred by stories of other Sans-Papiers who were arrested and deported when trying to access care. Though medical professionals and insurance companies are not legally permitted to report undocumented status, there have been a few cases where the hospital has called the authorities about a Sans-Papiers patient. As the anonymous NGO representative describes, this action is not necessarily taken for reasons of hostility or discrimination, but simply because physicians sometimes do not know about the protective laws in place\textsuperscript{64}. While these stories are typically rare, there is ultimately no complete guarantee that every medical professional and insurance worker will follow the laws, making many undocumented patients feel unsafe seeking care\textsuperscript{65}.

In addition to the anxiety felt about having one’s illegal status revealed, many also express a fear of judgement from medical professionals. As discussed by Dr. Yaron, this sentiment is seen especially amongst undocumented female victims of violence or abuse. As they

\begin{itemize}
\item \textsuperscript{62} Wyssmüller and Efionayi-Mäder, \textit{Undocumented Migrants}, 17.
\item \textsuperscript{63} Ibid., 15,20.
\item \textsuperscript{64} Sieber, Christine. Interview by Sarah Kinch. Bern, Switzerland. 13 April 2018.
\item \textsuperscript{65} Wyssmüller and Efionayi-Mäder, \textit{Undocumented Migrants}, 22.
\end{itemize}
fear being told that their abuse is ultimately their own fault, many women are often motivated to avoid the established medical system entirely and opt for alternative methods of care (a woman seeking an abortion, for example, will elect for an illegal abortion, which may cause further harm)\textsuperscript{66}. These feelings of shame and isolation ultimately prevent women from seeking care until necessary.

Embarrassment

In addition to fearing the medical system, many undocumented migrant women voice strong feelings of embarrassment when seeking care. This sentiment may partially stem from different cultural understandings of the female body and medicine, as one study found that more than half the undocumented female group was raised believing a woman’s body to be taboo\textsuperscript{67}. Additional discomfort stemmed from the doctor’s lack of understanding of their cultural beliefs, which led some women to feel as if they were shamefully breaking their traditional norms. Such practices included consulting with a male doctor (though tradition dictates they must consult exclusively with female physicians) and having their husbands present at birth (some cultures do not allow the male nearby)\textsuperscript{68}.

Ultimately, these sentiments also constitute a primary reason why undocumented women frequently do not seek preventive screenings (especially Pap smears and mammograms). As they perceive them to be inconvenient and painful, many women choose simply to delay or avoid entirely any preventive measures\textsuperscript{69}. While this sentiment is seen among Swiss women as well, it

\textsuperscript{66} Yaron, Michal. Interview by Sarah Kinch. Geneva, Switzerland. 13 April 2018.
\textsuperscript{67} Schmidt et al., \textit{Barriers to Reproductive}, 5.
\textsuperscript{68} Balaam et al., \textit{A Qualitative Review of Migrant Women's Perceptions of Their Needs and Experiences Related to Pregnancy and Childbirth}, (Journal of Advanced Nursing, September 2013), 1924.
\textsuperscript{69} Schmidt et al., \textit{Barriers to Reproductive}, 5.
is ultimately compounded by the fear and the social discomfort some Sans-Papiers patients experience at the doctor.

Language Barrier

As many foreigners in a new country experience, not knowing or speaking the language can be a great barrier in any situation, including medical care. One Schmidt et al. study of undocumented women in Geneva found that many women felt great anxiety about their inability to speak French, and feared misunderstanding in a medical consultation. Compounding this fear, most women did not know of (or feared hidden costs of) the availability of a skilled translator at the Geneva University Hospital in which they were receiving care. Instead, many women chose family members as translators, creating many unforeseen difficulties, such as an inability to understand or translate medical vocabulary and the emergence of personal emotions that interfered with interpretation.

Additionally, women from non-Western cultures sometimes found themselves confused by the Western medical philosophy and practices, thus creating a confrontation between the two cultures. During labor and delivery, for example, some women found their principal trust in religion for successful birth outcomes to directly contrast the Western belief in technology. This miscommunication between doctor and patient ultimately led to feelings of shame and confusion. Ultimately, these experiences of language and cultural barriers left women feeling stigmatized by the Swiss medical system.

70 Ibid., 4.
71 Ibid. 4.
72 Balaam et al., A Qualitative Review of Migrant, 1923.
Lack of Information

Though the country of Switzerland declares it not only the right, but the duty of an undocumented migrant to seek health insurance and health care, many Sans-Papiers are unaware of this law. Thus, they simply do not know health care is available to them\textsuperscript{73}. Even if an undocumented migrant is aware of their right to health care, many do not know that some hospitals, such as HUG, may provide them with services to facilitate their experience, including social security services and translators\textsuperscript{74}. According to a Schmidt et al. study of undocumented migrants in Geneva, this lack of knowledge stems from two primary causes: (1) patients did not understand the provided health information due to language barriers, (2) they never received any information. Thus, many women were simply unaware of services available to them and only accessed medical care when an unavoidable health problem emerged\textsuperscript{75}.

This lack of health literacy and knowledge of their rights can have further negative social consequences. As they do not understand the information given to them (or do not receive any at all), undocumented women may become dependent on employers, landlords, or other acquaintances to help them navigate the health system\textsuperscript{76}. This results in a lack of autonomy, and places the woman at a severe disadvantage. Ultimately, as affirmed by Dr. Yaron, if the woman is integrated into her new community, she may more easily learn about how to access care and what services are available to her (because others help spread information)\textsuperscript{77}. However, many Sans-Papiers women are not integrated and thus do not know their rights, making them dependent on others and deterring them from accessing health care.

\textsuperscript{73} Wyssmüller and Efionayi-Mäder, Undocumented Migrants, 21.
\textsuperscript{74} Yaron, Michal. Interview by Sarah Kinch. Geneva, Switzerland. 13 April 2018.
\textsuperscript{75} Schmidt et al., Barriers to Reproductive, 5.
\textsuperscript{76} Wyssmüller and Efionayi-Mäder, Undocumented Migrants, 16.
\textsuperscript{77} Yaron, Michal. Interview by Sarah Kinch. Geneva, Switzerland. 13 April 2018.
Discrimination

When accessing care, many undocumented women report feelings of real or perceived discrimination, thus influencing their motivation to remain in the Swiss health care system. This sentiment of discrimination is widespread amongst the Sans-Papiers community, with one studying finding one-third of participants to have felt they did not receive the same level of care as their Swiss female counterparts. It is important to note, however, that the bias was rarely attributed to the doctor, but instead expressed concerning the reception they received at the registration desk prior to their appointment. Though the study does not further examine specific behaviors by health professionals and administration that led them to feel a sense of discrimination, undocumented women did mention that long wait times and impolite treatment within the clinical setting were due to their foreign status or inability to communicate (language and cultural barriers)\textsuperscript{78}. Ultimately, whether the discrimination is simply perceived or genuine, many patients did not feel comfortable or welcomed seeking medical services.

Switzerland’s Changing Stance on Sans-Papiers

Within the Swiss medical system, there are oftentimes many provisions in place to facilitate Sans-Papiers access to care, especially in areas with large undocumented populations. The HUG hospital system, for example, works directly with the Red Cross to make available free translators in the event the woman does not speak French\textsuperscript{79}. Additionally, those in modest economic situations may find financial help through insurance subsidies, NGO and non-profit financial subsidies, and hospital-based social services. Social services within the hospital system

\textsuperscript{78} Schmidt et al., \textit{Barriers to Reproductive}, 6.
\textsuperscript{79} Yaron, Michal. Interview by Sarah Kinch. Geneva, Switzerland. 13 April 2018.
are oftentimes highly utilized (when available) by undocumented women: for example, of the 856 total patients seen by the Social Services division of the Gynecology Department, 689 (80.4%) did not have legal status. Ultimately, these services aim to encourage undocumented women to not only seek care, but to feel comfortable entering the medical system.

However, while the country has declared the right to health for all Sans-Papiers citizens, and ensures that health providers and insurance companies do not report legal status to third parties (including immigration services), there continue to be many inconsistencies in its application. As Switzerland is a highly federalized country, cantons oftentimes have their own regulatory powers, thus creating disparities in how irregular migration and health care are managed in each. In the year 2011, for example, health insurance was not equally included in all cantonal emergency aid plans, and Sans-Papiers continue to see significant differences in health insurance costs between cantons. Insurance companies may also vary greatly in their adherence to legislation – while they are required by law to accept all persons living in Switzerland, regardless of legality, very little is known about their real-life practices. Additionally, there appear to be different patterns of migration enforcement within the country, with more lenient police control in the Romany areas of Switzerland and stricter enforcement in Swiss Germany. These disparities in the face of a highly federalized country can greatly impact the medical experience of a Sans-Papiers, depending merely on their geographic location.

Yet, despite its relatively accommodating measures towards Sans-Papiers, Switzerland is not unanimously in favor of undocumented migrant rights. Recently, a motion proposed by the Commission de la Sécurité Sociale et de la Santé Publique du Conseil Nationale (CSSS-N) has

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81 Bilger et al., Health Care for Undocumented.
been introduced to the Swiss government. This legislation, currently known as Motion 18.3005 “pour une législation cohérente sur les sans-papiers” (“for a coherent legislation on Sans-Papiers”), seeks to reduce Sans-Papiers legal rights to social insurance benefits. Under this motion, undocumented migrants would only have access to state-funded medical services, which would be allowed to notify authorities about patients’ undocumented status. While the motion has been opposed by many groups – including the Socialist, Green, and PDC parties, as well as the Swiss Trade Union Federation – a Commission of the Swiss Parliament moved to advise Parliamentarians to approve this legislation. Though Ms. Sieber assures that this does not necessarily mean the legislation will be approved, she, along with other interviewees, agreed that it is certainly not a positive motion to be introduced to the government, as it would greatly deter migrants from seeking health care (for fear of being deported).

This new wave of anti-Sans-Papiers sentiment means that there is a great deal of work to be done in lobbying and advocacy for the undocumented community. This will require commitment and coordination between many parties, including politicians, NGOs, medical and social services professionals, and the undocumented population itself. Indeed, it is an issue so startling that Ms. Sieber claimed her organization, Santé Sexuelle Suisse, would consider involving itself in lobbying if the motion were to advance, though the organization traditionally focuses more on working within the undocumented population itself rather than in politics. Other organizations, such as the Swiss Red Cross, have already begun to oppose the motion, with the submission of a position paper to be soon discussed in the Swiss Council. Despite great

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83 Ibid.
84 Ibid.
dissent from many different organizations and political parties, Motion 18.3005 will be further reviewed and debated in the coming months.

**Conclusion**

Though Sans-Papiers migrants appear to have greater legal health rights and easier access to health care in Switzerland, they often interact with the system in less effective ways. Ultimately, while the country obliges its undocumented migrants to access health insurance and care, many barriers exist that prevent them from doing so. This generally leads to worse health outcomes for undocumented men and women, and prevents the country from achieving a state of total health. In the face of a new legislative motion threatening to further repeal undocumented rights, the country must instead address and improve conditions deterring its Sans-Papiers population from accessing the health care they need. To do so, three key barriers must be addressed: (1) High expenses of health insurance and care, (2) Language barriers and poor communication between the undocumented community and the health care sector, and (3) the fear of one’s undocumented status being discovered and reported.

As insurance premiums and health services are oftentimes too expensive for a Sans-Papiers patient, they avoid any interaction with the health system. The country and health sector must thus work together to ensure that costs be more attainable for its vulnerable patients, such as decreasing prices and making certain services free of charge. If prices are made more accessible for this population – such as the cost of the birth control Pill, for example – the country may see improved health outcomes, including lower incidence of unintended pregnancy and abortions in the undocumented community.
Improved health literacy and communication between Sans-Papiers and the health care sector would also help improve outcomes. As many patients reported feeling embarrassed by their inability to speak the language and their differing cultural principles (from non-Western cultures), they oftentimes felt great anxiety when accessing care. To assuage these feelings of discomfort, hospitals and physicians should work to provide translation services for those who cannot communicate, as well information material that is easily understandable and available in many languages\textsuperscript{88}. Mandatory cultural competency training should also be available to both health professionals – including health insurance staff – and hospital administration, as findings show that migrants felt especially judged by the administrative staff at the front desk\textsuperscript{89}.

Improving the communication barriers in the health care sector would help make Sans-Papiers feel more comfortable accessing services.

The greatest barrier to tackle, however, remains the fear of one’s illegal status being discovered when receiving care. Though current legislation mandates anonymity in the health sector, many remain deterred by stories of others being reported when seeking care. While these stories are rare, they are enough to deter large numbers of the Sans-Papiers community from entering the formal health care system. Ultimately, the cantons must unify to make the national system more coherent, so that there is an absolute guarantee that migrants’ illegal status will not be reported. Insurance must also be held accountable to this law. The country must move to provide better protection for its undocumented migrant population, beginning with the rejection of Motion 18.3005 that threatens all anonymity and safety of the population. Undocumented migrants will not access care until they feel that they are safe doing so.

\textsuperscript{88} Schmidt et al., \textit{Barriers to Reproductive}, 9.
\textsuperscript{89} Ibid., 8.
Ultimately, the many barriers to care found in the Swiss medical sector cause many undocumented women to navigate the system in inconsistent ways, or to avoid health services entirely. Changes must be made in order to encourage these women to access the care they need. This begins with bringing Sans-Papiers women into the conversation about how to best improve their health care rights and responsibilities. Further studies should be performed to determine undocumented women’s perceptions of Swiss health care and the most effective strategies for integrating them into the system. The Sans-Papiers population in Switzerland can and should be helped. The right to health is, after all, for everyone.
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