"Being Pregnant in This Camp is the Most Difficult Thing in the World": Advancing Sexual and Reproductive Health in Transit Through Participatory Action Research with Displaced Women on Lesvos, Greece

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1. INTRODUCTION

Refugees and asylum-seekers in Europe frequently experience **poor sexual and reproductive health (SRH) outcomes** (Belanteri et al., 2020; Frati et al., 2017; Gieles et al., 2019; Hadjicharalambous & Parlalis, 2021; Hémono et al., 2018; Keygnaert et al., 2012, 2016), while encountering **significant disruptions in their access to adequate, high-quality SRH care**. However, the unfulfilled SRH needs among refugees in Europe remain poorly researched. To this date, studies have primarily focused on the Turkish context and insufficiently incorporated perspectives of refugees (Sherally, 2022).

International actors and practices continue to dominate humanitarian health interventions (Singh et al., 2021). As such, the humanitarian system finds itself in a **"crisis of legitimacy"** (Bennett et al., 2016, p. 7), whereby its paternalistic nature sustains the very disparities and injustices it seeks to challenge (Benson et al., 2023). The degree of involvement of displaced communities at all stages of humanitarian health research and response efforts is frequently limited, highlighting the current system's inequities (Benson et al., 2023).

2. OBJECTIVES

Theoretical Contributions
- Addressing the sparsely researched field of displaced women's SRH in Europe.
- Blending socio-ecological and intersectional lenses to provide an understanding of the plurality of needs among displaced women and the intersecting forms of inequality and disadvantage they experience in the fulfillment of their SRH.
- Adapting an existing patient-centered healthcare access model (Levesque et al., 2013) to better meet the realities of displaced populations in transit.

Social & Epistemic Justice
- Recalibrating power dynamics within the research process and embracing a decolonial approach, placing community perspectives at the center of knowledge cultivation (Tesfaye & Mukuna, 2023).
- Increasing accountability to and participation of displaced communities in humanitarian action to improve the health status of displaced women on Lesvos.

3. RESEARCH QUESTIONS

How do displaced women in transit on Lesvos, Greece, perceive **access to SRH care** and what are their **SRH needs**, from a blended **intersectional** and **socio-ecological** lens, to improve **community-driven** service provision aligning with women's SRH needs?

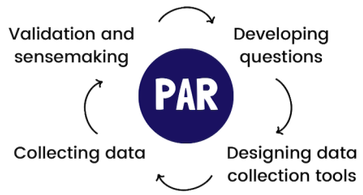
The sub-questions focused on:
- SRH needs and how intersecting social identities converge with socio-ecologial levels to shape women's SRH needs
- Health-seeking behavior
- Healthcare expectations
- Perceptions of access to SRH services
- Suggestions to address needs, preferences, and factors affecting access to care

4. METHODOLOGY: PARTICIPATORY ACTION RESEARCH

This thesis research was conducted on Lesvos, Greece, between July and December 2023. It is part of a Ph.D. project conducted jointly by the Vrije Universiteit Amsterdam and the National and Kapodistrian University of Athens.

Epistemology & Ontology: This thesis was informed by a **pragmatic feminist lens**, which views the lived experiences of displaced women as a foundational source of knowledge and seeks to contribute to social change by closely involving the community in the research process through **participatory action research (PAR)** (Abma et al., 2019; Cummings et al., 2021). As such, it aimed to contribute to epistemic justice by centering the agency and perspectives of displaced women themselves (Fricker, 2007; May, 2014). Acknowledging the limitations on the justice objectives posed by operating within the exclusionary asylum system and camp context on Lesvos, efforts were made to closely align with the perspectives of women in transit on the island to de-center the "white gaze" of development (Pailey, 2020).

Participatory Research Design: The project involved **nine refugee co-researchers** from the major linguistic groups (i.e., Farsi, Somali, Amharic/Tigrinya, Arabic, and French/Lingala). They participated in various stages of the research process and engaged in collective activities (e.g., reflections on positionality through body mapping, practicing interviewing techniques). The project, funded by NWO, provided each co-researcher with a monthly reimbursement of 700 euros.



Data Collection Methods: **Sequential qualitative mixed-methods design**, employing participant observation, focus group discussions (FGDs) including community mapping and PhotoVoice, Participatory Ethnographic and Evaluative Research (PEER) interviews, and a co-creation of solutions workshop with the research team.

Sampling Strategy & Sample: Purposive sampling or non-probability sampling. We held six focus groups discussions and conducted 27 peer-to-peer interviews, resulting in a **total of 67 participants** across methods.

Positionality: I am a privileged outsider in the research context benefitting from the "coloniality of the current knowledge system" (Cummings et al., 2021, p. 66), which underscores the need to shift the focus of knowledge cultivation and collective meaning-making on SRH needs to displaced women themselves (Potts et al., 2022).

5. CONTEXT: LESVOS, GREECE

- The Greek Aegean Islands have traditionally been a **significant transit point to Europe** for people from the Middle East, Africa, and South Asia (Stevens, 2018). In 2023, 41,561 people arrived in Greece by boat, the majority of which on Lesvos (UNHCR, 2024).
- Growing trend of **tightening transit restrictions** and stringent border policies to regain control over the movement of refugees and migrants into Greece and across Europe (Grigoriadis & Dilek, 2019; Kourachanis, 2018; Tazzioli, 2018).
- **Widespread criticism** regarding the inadequate and alarming conditions in the reception facilities (Kourachanis, 2018) and illegal border practices, including pushbacks (Human Rights Watch, 2022).
- Lesvos as a site of **prolonged displacement**: Refugees and asylum-seekers reside in the camp on Lesvos for prolonged periods of time due to geographical restrictions and irregularities and inefficiencies within the bureaucratic system in Greece (Kourachanis, 2018; Rozakou, 2017; Tazzioli, 2018).
- The **Closed Controlled Access Center (CCAC) Mavrovouni** is **segregated** (approx. five kilometers from the island's capital next to the sea), **securitized** (encircled by fences and monitored by police and security personnel), and **overcrowded**.
- The Greek national healthcare system is suffering from ongoing economic challenges and struggles to provide adequate healthcare, particularly in rural areas and on the islands (Scott & Wallis, 2020). Despite this limited capacity, which has fueled a **reliance on humanitarian organizations**, the Greek government continues to restrict their access to the CCAC Mavrovouni, thereby limiting assistance to asylum-seekers and refugees.

6. FINDINGS: SRH NEEDS

1. The most dominant healthcare needs pertained to **female genital mutilation/cutting (FGM/C)**, **mental and maternal health**.
2. In the transit context where even basic meets are not adequately met, a key finding is that **displaced women perceive their SRH needs holistically**, extending beyond mere healthcare to encompass broader aspects such as material living conditions and structural considerations like justice and stability.
3. Needs are predominantly situated at the **material, organizational, and structural levels**.
4. Displaced women's needs are influenced by co-existing identities (e.g., women, asylum-seeking, non-European, with a disability) and multiple interlocking systems of power (e.g., patriarchy, xenophobia, ableism). This is particularly evident in the transit context, where displaced women's SRH, especially their structural needs, is directly impacted by **institutional violence** such as inadequate living conditions, past and ongoing experiences of trauma (e.g., border violence), and uncertainty about their asylum and legal status.

LEVEL	KEY NEEDS
Individual	Agency
Social	Community relations, partnership, satisfying sexual life
Material	Safety, camp environment, sanitation and hygiene, living space and housing, materials, good nutrition, financial freedom
Organizational	Healthcare, interpretation, information and education, legal support
Structural	Stability and clarity, dignity, safety, justice

7. FINDINGS: HEALTH-SEEKING BEHAVIOR & EXPECTATIONS

1. The women sought diverse types of support for their SRH, including formal medical, formal non-medical, and informal support. The sources of support women seek are reflected in their perceived SRH needs.
2. Displaced women in the CCAC Mavrovouni mostly receive formal medical and non-medical support provided by non-governmental actors within a parallel healthcare structure.
3. Participants' expectations regarding healthcare (including personnel, interactions with health professionals, treatment, and mental health support) illustrated that women's expectations extended to social services related to their asylum claims, food, housing, and transportation. This reinforces the previous finding that women perceive their SRH needs holistically and, besides healthcare, also seek and expect support for social services to address their needs.

Figure 1: Amharic Community Map

8. FINDINGS: ACCESS TO SRH SERVICES AND CARE

1. The women articulated a diverse array of factors that either facilitated or hindered their access to care across various dimensions of the patient-centered healthcare access model (see Figure 2). The strongest barriers to access pertained to the availability and appropriateness of services, as well as women's ability to perceive the need for and seek care.
2. Cross-cutting factors influencing access to care included language and the transit and displacement experience.
3. The current model fails to account for the limiting influence of institutional violence – in the form of detention, poor living conditions, and stress associated with asylum procedures – on desired health outcomes, even when care is accessed.

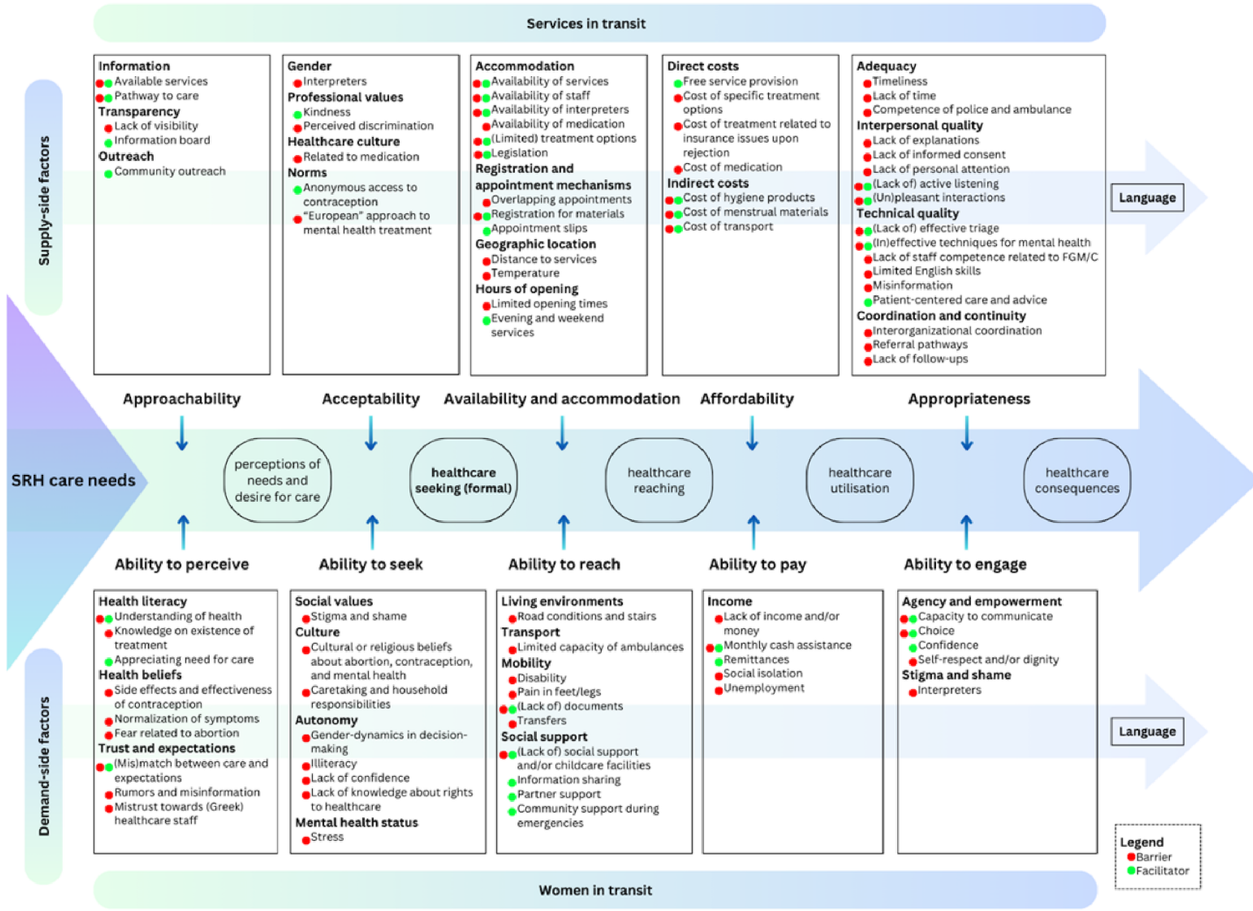
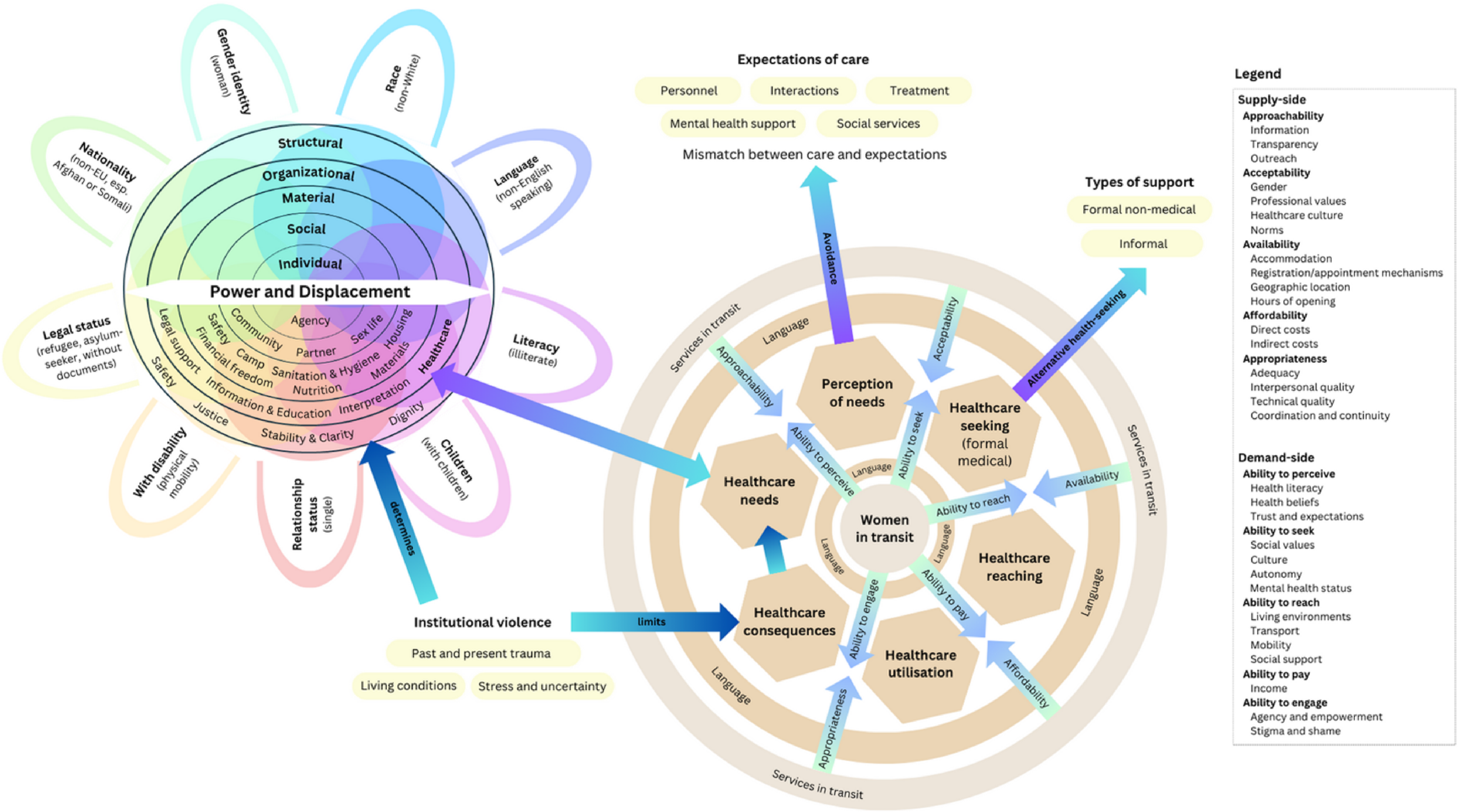


Figure 2: Overview of Perceived Barriers and Facilitators to Accessing Care

9. FINDINGS: CO-CREATING SOLUTIONS

1. The research team identified nine key areas of improvement across communities: information, communication, access to contraception, having one's own space, asylum, social support, diagnostics, care for FGM/C care, and gynecology.
2. The top three solutions identified by the team were:
   a. Hiring more female interpreters
   b. Establishing proper informed consent procedures for FGM/C-related vulnerability assessments
   c. Advocating for a fairer asylum process
3. These were followed by suggestions to organize sensitization training for Greek authorities, establish a community center in the camp, create a central digital space for accessing asylum application status, and increase interorganizational communication and referrals.

10. REVISED CONCEPTUAL SCHEME



Note. Adapted from Acosta et al. (2022), Just Associates (n.d.), Lanfer & Reifegerste (2021), and Levesque et al. (2013).

11. RESEARCH RECOMMENDATIONS

Applied Themes

- Conduct **bottom-up, participatory health needs assessments** to develop humanitarian health interventions driven by community needs rather than international donors' interests.
- **Collaborate with NGOs and other stakeholders** to identify gaps in service delivery, assess the quality of services, and design, implement, and evaluate sustainable health programming in transit contexts.
- **Involve displaced communities** in the design, delivery, and evaluation of healthcare services to tailor them to their needs and to ensure that their voices, preferences, and experiences are addressed.

Structural Themes

- Delve into the **intersectional and decolonial justice perceptions of displaced women**, particularly concerning health equity, reproductive justice, and refugee reception, to develop just alternatives for systemic change.
- Explore conceptualizations of **dignified healthcare** in the context of displacement and transit and, by extension, dignified reception conditions.
- Build upon the revised conceptual model to explore how different explanatory models for (mental) health issues influence expectations, health-seeking behaviors, and engagement with care in displacement.
- Investigate the **(mental) health effects of institutional violence**, including illegal border practices and prolonged asylum procedures, to open broader avenues for policymaking, advocacy, and activism.

12. POLICY & PRACTICE RECOMMENDATIONS

KEY RECOMMENDATIONS

1. Transition from emergency care to comprehensive service delivery for SRH in transit, while involving community members in decision-making processes.

2. De-fund institutional violence (Hashmi & Chander, 2022), provide safe migratory routes to the EU, while enhancing EU cooperation in refugee reception and repealing the Greek JMD considering Türkiye as a safe third country.

3. Address the root causes of displacement and provide reparative justice for people on the move.

13. CONCLUSION: IMPLICATIONS 6 REFLECTIONS

- The findings necessitate a **community-driven social-healthcare approach** to supporting women's SRH, which includes fostering agency, community and partner support, providing material necessities and safety, organizational support for health, legal matters, information, and interpretation, and addressing institutional violence that perpetuates uncertainty, perceived unsafety, injustices, and violations to dignity.
- Across all SRH needs, especially the structural ones, an **intersectional approach is essential**, recognizing how multiple interlocking systems of power, including patriarchy, xenophobia, and ableism, shape women's experiences of SRH needs during displacement. Accordingly, a truly social-healthcare approach, driven by community needs and expectations, will require considerations of power dynamics, justice, and intersectionality.
- Pre-defined operationalizations of concepts created **tensions related to inductively driven participatory research**. If time and resources allow, a more open-ended approach, allowing for the selection and operationalization of concepts through co-creation on the ground, would be even more aligned with achieving epistemic justice.
- Adopting a pragmatist approach to generate actionable and feasible solutions to improve service provision for displaced women entails moving in the space of **institutionalized humanitarianism** (Grotti et al., 2019) and does, to some extent, risk depoliticizing the SRH of displaced women in transit, which is deeply impacted by institutional violence and structural inequities related to health outcomes and healthcare access. To achieve epistemic justice in the transit context, future research should place **power and institutional violence at the core of analysis**.

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