

## Patriarchal Cultural Models And Migrant Women's Sexual And Reproductive Health.

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The contribution examines of gender disequilibrium, generated by patriarchal cultural models present in many migrant communities, on women's sexual and reproductive health. The patriarchal family structure is still the paradigm of human relations in many countries of the world and in migratory processes loyalties to the traditional model often remain unchanged. Differentiated relations and power imbalance between the sexes remain undisturbed in the new social context, and tend to crystallize even more, being justified by the preservation of tradition. Migration dynamics intertwine with the marriage strategies of families and/or communities, and the preservation of traditional practices, such as forced marriages and genital mutilation, becomes functional to maintaining the boundaries of identity. The analyzed data concern admissions as well as access to outpatient services and these data are crossed with statistics and estimates on foreign presence in the territory in order to verify two main underlying working hypotheses. First, due to higher birth rates, incidence of migrant women among patients of the hospital greater exceeds the foreign presence on the territory; in addition, it deals of a differential access, since foreign women with some ethno-national backgrounds are more reluctant to resort to gynecological and pediatric services. In addition to the results of the statistical analyses, the results of in-depth interviews and field observation will be presented, helping to understand the nature of the phenomenon and to outline good practices and guidelines that allow dealing with it effectively, together with indicators of sexual and reproductive health that allow monitoring the evolution of the phenomenon over time.

## Multidimensional Determinants of Migrant Women Health. A case study on female Moldovans in Italy

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A large body of literature agrees that migrants' health conditions are influenced by few causes (IOM, 2016; Marcelli, 2015; Vianello, 2018). Among these we can mention: job's conditions in the host country, health behaviour, modality of the migratory process and current migratory conditions, life's condition in home country before emigration. However, the studies on migrant women health are focused mainly on sexual and reproductive health (e.g. Keygnaert, 2014; Adanu, 2009; He et al., 2012; etc.), while limited are those focusing on their

migration and working conditions. The paper aims to fill this gap, analysing the multidimensional determinants of migrant women health. We base our analysis on the case study of Moldovan female migrants, residing in Padua city, who are employed in a handful of jobs related mainly with care and domestic work (in particular elderly and sick individuals care). Through a Survey research on female Moldovan workers in Padua (Italy), we analyse the current women health conditions, considering three possible concurrent causes: 1) risks and save environment at work, 2) access to health prevention services including those focused on female sexual and reproductive health, 3) illness and disease occurrences in home countries before the emigration.

## RN16\_08 | Mental Health: Discourses on depressions and other forms of suffering

### Help Seeking in Mental Distress: the Role of Institutional and Sociocultural Contexts in Spain

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Social, economic and health costs of persistent mental distress that takes forms of depression or anxiety disorders are increasingly burdening individuals and societies in Europe. This has been particularly the case after the onset of the financial crisis whose consequences were extremely detrimental in Southern Europe, in general, and in Spain, in particular, with significant increases in prevalence rates of mental disorders. Nonetheless, over-medicalisation of mild symptoms is also well documented. All of this creates more demand for services and, as a result, more pressures on the healthcare systems. Therefore, this paper examines how institutional, cultural and social contexts in Spain impact access to care and healthcare seeking in mental distress and how mental healthcare-seeking practices consequently influence functioning of the treatment system. The analysis employs data of 21 semi-structured qualitative interviews with healthcare providers and users of services who suffer from depression or anxiety disorders conducted in Spain between 2017 and 2018. Drawing on the theoretical approach of Pierre Bourdieu, I analyse how the interplay between objectified structures (such as the market or medical technology) and embodied structures as habitus shape medical practice and gradually change enactment of institution. I also intend to reveal how it results in genesis of the social field as a whole where human suffering is professionalised and interpreted as medical rather than social, consequently leading to over-dependence on healthcare services and goods.

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