

Navigating Barriers and Building Solutions: A Mixed-Methods Study on Sexual and Reproductive Healthcare for Migrant Women in Milan

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Abstract

Aim: To analyze the demographic, socio-economic, and health data of migrant women (MW) accessing a non-government organization-run primary care clinic for sexual and reproductive health (SRH) needs in Milan, Lombardy, Italy, and to identify barriers affecting their access, with the aim of informing strategies to enhance access and equity for this population.

Background: SRH is a fundamental human right and a global priority, yet MW experience poorer SRH outcomes than native women due to cultural, linguistic, legal, and financial barriers. Despite Italy's universal healthcare system (*Servizio Sanitario Nazionale*, SSN), these obstacles persist, highlighting the need for targeted research and interventions.

Methods: Using a mixed-methods approach, the study analyzed data of patients accessing a primary care clinic for SRH-related diagnoses. Qualitative data was collected through semi-structured interviews with 29 stakeholders, including MW, healthcare workers, NGO representatives, and policymakers. Data was analyzed using thematic analysis, guided by a socio-ecological framework, to examine individual, organizational, societal, and policy-level factors influencing SRH access.

Findings: SRH needs were the most frequent diagnoses among MW accessing the clinic. The largest groups came from Romania, Morocco, and Peru, with over 70% having at least one child. Nearly half of those eligible for SSN registration were not enrolled, primarily due to lack of awareness. Economic vulnerability was strongly linked to SRH needs, while language proficiency alone did not influence SSN enrollment. Qualitative findings underscored the importance of culturally sensitive care, mental health support, and solutions to service fragmentation. They also emphasized the inconsistent enforcement of healthcare regulations across facilities, leading to disparities in access, while legislative gaps leave certain groups, particularly undocumented EU nationals, without essential services. Collaborative efforts between NGOs and the SSN were identified as critical facilitators. Leveraging community networks and promoting integration across providers are essential to improve SRH care. These strategies can guide efforts to develop systems that uphold equity and inclusion in Milan and similar contexts.

Keywords: Migrant Women, Sexual and Reproductive Health, Italy, Barriers to Access, EMERGENCY NGO