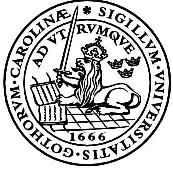

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Health care professionals' experiences and views of sexual and reproductive health service provision to undocumented Roma women in Finland

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Abstract

Aim: This qualitative study explores the sexual and reproductive health service provision offered to undocumented Roma women migrating to Finland and traces the major challenges in this regard *through* the experiences, the perceptions, and the views of Finnish health professionals.

Background: Sexual and reproductive health (SRH) of undocumented Roma women is of a particular concern since the lack of health insurance, their mobility, and disadvantaged educational, social, and economic level make them more vulnerable to health risks. In Finland, the provision of sexual and reproductive health services is limited and not equally distributed across the country, creating obstacles for these patients to address their health problems. Helsinki and few other cities have decided to extend the service provision to this population.

Methods: The applied analytical method is a qualitative manifest content analysis. 7 Finnish health professionals, providing care for undocumented migrants in Helsinki, Finland, were recruited for this study using a criterion sampling.

Main findings: Despite the overall improvement of SRH service provision; there is necessity to train health professionals in working with undocumented patients. There is a severe need of clear guidelines on service provision to this population, more precise definitions of 'undocumented', and current health policy's further improvement in order to avoid inequity in accessing and receiving SRH services. Competent health professionals, smooth communication, successful delivery of patient education and building positive relationship to patients are key important for overcoming the existing barriers and hence, for the ensuring of continuance of care. SRH service provision at lower threshold with availability of Walk-in service proved crucial for improving approachability, accessibility, and provision of SRH health services to undocumented Roma women.

Conclusions: Health professionals, competent in working with undocumented migrants, are crucially important in the public sector's primary healthcare for meeting this population's sexual and reproductive health needs. Clear guidelines and straightforward definition of 'undocumented' status are required to help health professionals in SRH provision to undocumented patients. Sexual and reproductive health service provision at lower threshold is the instrument toward avoiding more costly medical care. Health policy revision toward unifying the SRH service provision at national level is necessary in order to secure the continuance of care for undocumented Roma women and undocumented migrants as a whole.

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1 Introduction

1.1 Public health context and relevance of the research question

Special attention is paid to the migration of Roma people without health insurance coming from Eastern European counties like Bulgaria and Romania to Finland. Bulgarian and Romanian Roma migrants most commonly are without health insurance in their home countries, which means that they do not have insurance coverage for the use of health services either in Finland. (Keskimäki et al., 2014:11-12) According to Varga (2020:4), a recent data from 2019 estimates a number between 200 000 and 300 000 Roma migrants from Eastern to Western Europe (arriving from both European Union (EU) member countries and outside the EU). In the case of Roma people who are citizens of EU member countries, staying in Finland does not demand a residence permit, but a registration of residence should be done after a three-month period of stay is over. A migration with a missing registration of residence might create a situation of illegal stay for the migrating person. (Jauhiainen & Tedeschi, 2021:64)

"The Finnish legislation does not include the notion of an 'undocumented migrant' or 'paperless person': nevertheless, this expression (literally, in Finnish 'paperittomat') is commonly used in Finland to classify a person who does not have the legal right to reside in Finland" (Jauhiainen & Tedeschi, 2021:6). According to the definition used by the Finnish Institute for Health and Welfare (Terveyden ja hyvinvoinnin laitos, shortened THL), the term '*mobile population'* "refers to people who move frequently from place to place and who may not have access to health care and other services for this reason." The term '*undocumented migrant'*, on the other hand, means: "…a person who enters the country without a residence permit; a person coming from outside the EU or EEA states or Switzerland whose residence permit has expired or who is not legally resident in the country; or who has come to Finland from outside the EU or EEA states or Switzerland if the condition for granting them a residence permit or a visa was having private health insurance but the insurance cover has expired or is not comprehensive." (THL, 2022) Keskimäki and colleagues (2014:5) give more precise aspect to the definition, claiming that an undocumented migrant could be also "an EU citizen whose temporary residence in Finland is legal as such but who has no health insurance or medical insurance coverage".

Jauhiainen and Tedeschi (2021:133) discuss THL's definition, explaining that a person without a health insurance is entitled to receive only emergency health services and if other services are provided, the person needs to cover the cost for them. They continue: "In

principle, healthcare professionals have a right and duty to offer healthcare services to those who need them, including undocumented migrants. Nevertheless, the practices vary—partly because of the rather complex healthcare system and partly due to a lack of clear guidelines regarding the access of undocumented migrants to healthcare." The Finnish Institute for Health and Welfare claims: "The right to health is a human right that belongs to everyone. However, undocumented migrants in Finland have limited rights to health services. Undocumented migrants living in Finnish municipalities have the right to essential social care services and urgent health care services. In addition, some municipalities have decided to extend the rights of the undocumented migrants to other health and social care services." (THL, 2022)

Keskimäki and associates proposed three models of health care provision to undocumented migrants in Finland: "1) access to services to the same extent as persons with a domicile in Finland; 2) services with a similar scope as those offered to asylum seekers; or 3) urgent care pursuant to current legislation and care for children, for pregnant women and for women who have recently given birth. The model offering undocumented migrant the same health services as Finnish residents would offer the best compliance with international human rights conventions and the Finnish Constitution." (Keskimäki et al. 2014) According to Jauhiainen and Tedeschi (2021:134), among the three alternatives offered by Keskimäki and colleagues Finland adopted the third model, the most limiting one.

According to the Finnish Ministry of Social Affairs and Health, "municipalities can decide to grant illegal residents access to even other services than urgent care." Urgent health services include "an injury, a sudden onset of an illness, a long-term illness suddenly getting worse, or a deterioration of functional ability where immediate intervention is required; urgent oral healthcare, mental healthcare, substance abuse care and psychosocial support." (Ministry of Social Affairs and Health, 2022) Currently in Finland, the city of Helsinki provides urgent care to undocumented migrants in the same way as to the resident population, with inclusion of maternity (pregnancy monitoring) and child care. Turku and Espoo offer health services to undocumented migrants in the same manner. However, in 2017 Helsinki, unlike other municipalities, expanded the service provision to undocumented migrants, including necessary services such as vaccinations and care/treatment for chronic diseases. (THL, 2022) Necessary health services are offered to undocumented migrants in the same way as to the residents of Helsinki. Undocumented migrants under 18-years old and pregnant women are entitled to the same health services as the residents of Helsinki. (Helsingin kaupunki, 2022)

Helsinki in the face of Kalasatama Health and Well-being center offers a Walk-in service for undocumented migrants, which means they can visit a public health nurse in the center directly, without an appointment. In addition to the public sector, Global clinic which represents the third sector, offers free-of-charge small-scale procedures and health counselling to undocumented migrants.

Migrating Roma women's way of life, more challenging living conditions and their disadvantaged social and economic situation raise concerns on numerous health risks, to which this group might be exposed. One third of the migrants without a residence perceived their health as bad to very bad in a research conducted in Belgium and the Netherlands (Goossens & Depoorter, 2011:649). In their study Keygnaert and colleagues (2014:11) concluded that undocumented status in Belgium and the Netherlands is a risk factor for sexual ill-health could be considered a health determinant. Being undocumented migrant involves both health and social risks in relation to seeking, accessing, and receiving health services, since a lot of health services are disabled for undocumented migrants. The limited access to health services makes undocumented migrants more vulnerable to different health problems in relation to communicable diseases, occupational health hazards, injuries, mental health and maternal and child health. (De Vito et al., 2016:3).

Undocumented Roma women are of a particular concern as the mobile way of life, characterized with irregularities and financial insecurity, brings more difficulties in front of a woman's natural biological cycle, especially in regard to pregnancy and contraception, but also in terms of preservation of the overall sexual and reproductive health. They might undergo difficulties accessing and receiving the available sexual and reproductive health (SRH) services in the hosting country, or some SRH services might simply not be readily available for them. A research by Biswas and colleagues points out that maternal and infant care are among the health services, which are difficult to access by undocumented migrants. "In addition, these migrants often experience precarious living conditions that may have negative health consequences" (Biswas et al., 2012:50). Therefore, undocumented migrants might be prone to higher sexual and reproductive health risks, with their health problems left unattended. Among the factors contributing to the higher risk of poor health outcomes for undocumented Roma women are mobility, gender, ethnicity, and undocumented status, as well as socio-economic conditions in both their home country and the country of temporary residence.

In this paper the term *undocumented migrant* is used as a reference to a person, who resides in Finland without social and health insurance coverage and do not have a status of an *asylum seeker* or a *refugee*. In some parts of the text, *undocumented* is used as shortened of *undocumented migrants*. Additionally, in this paper Roma women migrating inside EU, from other EU member countries, predominantly Bulgaria and Romania, to Finland, and who do not possess any social and health insurance coverage in Finland and are not asylum seekers or refugees in Finland, are considered undocumented migrants and in this study are referred to as *undocumented Roma women*.

1.2 Filling the knowledge gap

There is a solid research on asylum seekers and undocumented migrants, part of which addresses access to healthcare for these groups, done in the context of Finland and a number of other EU member countries. Indeed, there is research on different sexual and reproductive health issues in regard to asylum seekers, refugees, and undocumented migrants. Nevertheless, the academic research available in English language addressing specifically sexual and reproductive health service provision to undocumented Roma women as a patient group is limited and even less is known on the perceptions and experiences of the health professionals, working with undocumented Roma women, in particular. Considering the rising number of Roma people, migrating from Eastern to Western Europe (Varga, 2020:8), it is valuable to obtain more knowledge on the SRH service provision to undocumented Roma women and the specific challenges that might be involved in it. The example of Finland as an EU member country could bring benefits to other EU health professionals and EU policy makers. Within a limited scope, this study intends to add to the knowledge gap on undocumented Roma women, seeking SRH services in the context of migration in the frames of European Union and in the light of continuance of care in SRH service provision to undocumented migrants.

1.3 Potential contribution of the study

The results of this paper have the potential to contribute to the better understanding of the SRH health needs of undocumented Roma women, help health professionals receive more knowledge based on the priceless work experiences of their colleagues, and throw more light on the possible improvement of health policy regarding the provision of SRH services for undocumented migrants. It might be useful to policy makers to obtain a deeper look into the main challenges related to SRH provision as perceived by health professionals, and make

further considerations on possible improvement of legislation. Improved availability and accessibility of sexual and reproductive health services for undocumented Roma women would bring overall health benefits to Roma, but possibly to also some other, undocumented migrants. Furthermore, the study might potentially expand the viewpoints of health professionals toward undocumented Roma women as a patient group.

1.4 Purpose, research aims and questions

The overall aim of this study is to explore the sexual and reproductive health service provision offered to undocumented Roma women migrating to Finland, *through* the experiences, the perceptions, and the views of health professionals working with undocumented Roma women. The specific objective of this study is to distinguish possible challenges in SRH service provision through the experiences, perceptions, and views of Finnish health professionals working with undocumented Roma women.

The main research question is: “What are the experiences, the perceptions, and the views of Finnish health professionals of the provision of sexual and reproductive health services to undocumented Roma women in Finland?”, and the specific question is: “What are the main challenges in the provision of sexual and reproductive health services to undocumented Roma women through the experiences, the perceptions, and the views of Finnish health professionals?”

2 Method and material

2.1 Analytical approach

“Qualitative research methods involve the systematic collection, organisation, and interpretation of textual material derived from talk or observation. It is used in the exploration of meanings of social phenomena as experienced by individuals themselves, in their natural context.” (Malterud, 2001:483). A qualitative methodology was applied since the aim of this study is to explore the *phenomenon* of provision of sexual and reproductive health services for undocumented Roma women and its possible challenges via health professionals’ perceptions, views, and experiences. Dahlgren and colleagues (2019:12) claim: “The aim of qualitative analysis is to conseptualise the meaning of phenomena and human actions.” They explain that the qualitative research deals with small number of informants aiming to study their perspectives in depth. In the process of exploring the phenomenon by channelling the

perceptions and the views of the participants, it is the qualitative manifest content analysis that is closest to phenomenological approach embedded in this study, with descriptions and researcher's standpoint close to the text. (Graneheim et al., 2017:31). At the different stages of the analytical process, the raw data collected from each informant was organized in meaning units, condensed meaning units and codes. (See Figure 1.) The codes were separately organized in background information codes and codes for categories. Afterward, the codes for categories were used to actually extract subcategories and categories, which were formed under three themes in a separate table. This table represents visually the results derived from the data. (See Figure 2.)

2.2 Study setting, data collection and sampling

The study was conducted in Helsinki, Finland. Two of the interviews were done on the phone; the rest of the interviews took place in Kalasatama Health and Wellbeing center in Helsinki. Among the different data collection methods for exploring the phenomenon in question, one-to-one interview was the most suitable one in respect to the limited scope of the study and the preservation of participants' anonymity. The interviews were recorded, transcribed verbatim and translated from Finnish to English, except for one that was given in English language. As the research aim was to explore the concrete experiences, perceptions, and views in order to gain understanding on the phenomenon, the one-to-one interview was the method of data collection that gave rich data material for the analysis. (Dahlgren et al., 2019)

The participants in the study are health professionals with work experience in different levels of public sector's healthcare (primary, secondary, and tertiary), the third sector as well as a reception center for asylum seekers and refugees. Among the participants there are a registered nurse, a public health nurse, four midwives, and a medical doctor specialized in general practice. Some of the informants have more than one degree in Health care or Health care science. Two of the recruited participants work as midwives in both the public and the third sector. The rest of the participants provide care to undocumented migrants, asylum seekers, and refugees as part of the Immigration unit (in Finnish 'Maahanmuuttoyksikkö) of Kalasatama Health and Well-being center in Helsinki in the primary public healthcare. All of the participants are female. The participants were recruited based on availability of work experience in SRH provision to undocumented Roma women in Helsinki.

The recruitment process, following preparatory work, involved preliminary conversations and a meeting with the gate-keeper and one of the potential participants. The role of the gate-

keeper and the willingness to participate of that single health professional were crucial for recruiting the rest of the participants. According to Patton (1990:176), ”the logic of criterion sampling is to review and study all cases that meet some predetermined criterion of importance.” In this study criterion sampling was applied as it gathers participants that respond to a preliminary set criterion. In qualitative research the sample size may vary from 5 to 25, according to Creswell and Poth (2018). In this study the size of the sample was determined by the total number of health professionals specialized in sexual and reproductive health provision to undocumented Roma women. Within this number there were health professionals willing to participate and they were thus recruited. The sampling procedure aimed to achieve maximum variety. (Dahlgren et al., 2019) There was a diversity of work experiences within the participants' group, which gave different perspectives toward the phenomenon under study.

2.3 Ethical considerations

According to Creswell and Poth (2018) three ethical principles underlie an ethical research: respect for persons, concern for welfare, and justice. In this study, a Letter of Information, a Description of data protection, and a Consent form were provided to each participant and participants' approvals were obtained in written. During and after the analytical stage, relevant procedures for protecting participants' anonymity were applied such as assigning a code toward each participant's name and using this coding system throughout the whole process. Recorded, transcribed and analyzed data was stored in appropriate way, disabling access to the data by an unauthorized person. Results were presented accordingly, avoiding the risk of revealing the identity of any of the participants.

Some of the issues in regard to SRH provision to undocumented Roma women are of sensitive nature, majorly the political discourse inevitable in a talk on policy. The researcher made steps in order to prevent her own political views from crossing the participants' perceptions and views, thus, minimizing harm, potentially arising from a shift from exploring SRH service provision through professional experiences and perceptions toward discussing politics regarding Roma ethnicity, undocumented migrants, undocumented Roma women, and health professionals feelings about working with undocumented migrants.

3 Results

This section presents the results organized in three main themes: Health policy on SRH service provision, Securing continuance of care, and Factors affecting seeking of SRH services with relevant categories and subcategories. (See Figure 3.) In this text, the categories under each team are written in bold and the subcategories under each category – in bold italics.

3.1 Health policy on sexual and reproductive health service provision

This theme outlines the informants' views and experiences on the SRH service provision as influenced by the current health policy, discussing the overall improvement of SRH service provision for undocumented Roma women, the positive effect of the collaboration between different sectors, and the role of the legislation in the distribution of SRH services across the country in terms of equity in availability and accessibility to SRH services

3.1.1 Improvement of sexual and reproductive health service provision for undocumented migrants

There were numerous observations by the informants that the SRH services offered to undocumented have improved and their spectrum has enlarged during the recent years. The service provision was perceived as improved through retrospection, reflections on current situation and views on the need of training for health professionals.

Retrospective evaluation of sexual and reproductive health service provision

Retrospectively, there were overall experience and perception that the SRH service provision in Helsinki has improved over the recent years with the involvement of the public sector, when the Immigration team was established and started operating in Kalasatama Health and Well-being center. The team was viewed as competent and the engagement of the public health center – as giving better possibilities for the undocumented Roma women to receive adequate care and treatment.

" At present the things have been taken care of in a better way, because they are done in the public sector. There are certainly better possibilities to provide care for such patients."

Both, participants working in the third sector and those working in the public sector, affirmed that the involvement of the public sector, offering more to undocumented Roma women, has led to decrease in the services and procedures done previously in the third sector. The latest policy changes affected SRH service provision availability positively with more services

added. The service provision became smoother, and the approachability also improved with the work efforts of the Immigration team, contrary to the past, when there was missing stand on the care provision for undocumented migrants. Post care for undocumented Roma women has also improved.

"Patients used to come back to the third sector as they did not understand what to do next. Yes, they were taken care of, but nobody took a stand, and it was unclear to everyone, patients rolled at different doctors."

Benefits and flaws in current sexual and reproductive health service for undocumented

The informants expressed opinions that the SRH services for undocumented in Finland are well functioning. Helsinki was viewed as the city that provides not only emergency and acute, but also necessary services, making the SRH provision wide-spectrum, and additionally, well organized and more convenient. The patients were perceived as approaching both third sector and Walk-in point of service in the public health center. Some perceptions accented on the ensured accessibility to SRH services such as acute care, maternity care, and contraception. The overall availability of SRH services offered was perceived as good. However, Helsinki was viewed as an exception in the delivery of wide-spectrum of SRH services to undocumented migrants. The possible unification of SRH services for the whole country was perceived as potentially good and securing the SRH service provision for this patient group. It was highlighted that body of health professionals competent in working with undocumented would facilitate SRH service provision.

"Finland, at least Helsinki provides very good care for undocumented."

"Helsinki is exception."

The Immigration team as well as the third sector's clinic were viewed as contributing to the improvement of SRH service approachability and accessibility in Helsinki, by offering of SRH services at lower threshold through the Walk-in service. There were several experiences that the role of the third sector has shifted from care provision toward provision of solid patient education and referring of the patients to the public sector. There were numerous perceptions that undocumented Roma women continue actively to attend the third sector clinic as a familiar place that gives them security, but there were also perceptions on the significant role of the Immigration team in the improved SRH service availability in regard to promoting care provision for undocumented and helping other health professionals to build up relevant competences. There were views that contraception services need further improvement in regard to more rapid access to care, acknowledging that access to

contraception services might be problematic in some cities. Maternity care services were perceived as successful and well-functioning. In general, the centralization of SRH care, i.e., the concentration of SRH service provision in a specialized team, in regard to undocumented migrants, was viewed as positive, contributing to improved access to care.

"I see it as a good thing, because there is a body of health professionals who possess the knowledge. I see the centralized services as an advantage. I would see that the access to health care would be easier and more certain."

Necessity to provide training for health professionals on working with undocumented patients

The informants' perceptions and views on the need of professional training in working with this patient group were strongly associated with the views on service provision improvement. There were affirmations that the Immigration team is competent in care provision for undocumented migrants and has advanced the work with such patients. Undocumented Roma women were perceived as a special patient group that requires specific expertise. The perceived knowledge deficit among health professionals was viewed as problematic. Hence, training health care staff was perceived as crucially necessary in recognizing undocumented migrants as such. Providing professionals with relevant training was perceived as diminishing their knowledge deficit.

*"But there the nurse and the doctor [*from the Immigration team*] are specialized in care provision for undocumented."*

Some informants experienced that health professionals need clear guidelines framework as well as knowledge in undocumented migrants' health rights. There was a view that professional competence would help facilitate and secure the SRH care provision to undocumented. There was also a view that ward managers should play important role in providing guidelines to the health professionals. The current guidelines were perceived as not explicit and open to interpretation in regard to concrete SRH service. This leaves the decision on whether the care/treatment should be provided to an undocumented migrant or not to the individual health professional's competence and judgement. The existence of trained health professionals was viewed as affecting positively patients' access to healthcare via influencing positively health professionals' attitudes toward undocumented as a patient group.

"If there would be clear guidelines. It feels that in terms of undocumented people a bit confusing, wait, what am I supposed to do, what kind of care could be provided. Maybe clear frameworks are needed."

"It is all found in the instructions by Helsinki city, but they are quite open to interpretation. Every single situation should be evaluated separately. It is not really mentioned there."

3.1.2 Legislation affects equality in the distribution of sexual and reproductive health provision

Discrepancies in sexual and reproductive health provision between cities and municipalities across the country

Legislation was the cornerstone in the informants' perceptions on SRH services distribution's influence on the equity of SRH service provision. There were clear perceptions on the existing discrepancies in SRH service provision among different cities as affecting negatively the equal availability, and hence, the accessibility of SRH services. According to some of the perceptions, Helsinki was viewed as the only city in Finland that ensures broader spectrum of SRH services for undocumented. Some of the informants viewed that SRH care was provided to both documented and undocumented in the public health care facilities equally, under the same criteria. Kalasatama health center was viewed as the facility, where SRH service provision happens most smoothly. There were perceptions that despite the possibility for the undocumented Roma women to seek and receive SRH care and treatment elsewhere, they prefer attending this concrete health center. SRH service provision was perceived as problematic due to unfavourable policy decision in most of the cities and municipalities, but to some degree also in Helsinki, despite the inclusion of necessary services.

"In some cities there is a decision made for providing broader health services than the ones the law demands or suggests. If person's home residence is not in Finland, then only emergency care and then the municipalities can decide if they like to offer broader services, for example, to undocumented."

'Undocumented status' definition's ambiguity

Another important issue regarded the ambiguity, which underlies the definition of 'undocumented'. The definition was seen by some of the participants as broad, flexible, and inconsistent, involving experiences that the lack of firm definition places a challenge in front of the correct recognition of undocumented migrant as such.

"Helsinki definition of undocumented person is very broad and flexible."

"I would think, it is about knowledge deficit, as the definition of undocumented is difficult. Another challenge could be the different opinion on the undocumented status of the person."

There were views that undocumented is not simply a person without documents of identification, but it is a person who does not have any health insurance in any country; and that an undocumented migrant could be someone who already applied for a residence permit, awaiting a decision. Informants' perceptions revealed that definition's ambiguity might disable SRH service provision due to missing status recognition. According to some of the views, this imposes a huge challenge in care provision. Informants experienced that patient's status should be clarified by interviewing patient appropriately.

Patient health rights perspective is strongly involved in health professionals' views

The informants placed special significance on the knowledge and information on patients' health rights as crucial for ensuring patients' access to SRH services. There were strong perceptions that everyone is entitled to receive health care as needed, that health service provision is connected to basic human rights and represents an act of humanity; and that it is not illegal to provide health care.

According to some of the views, undocumented should have equal rights to health care as the rest of the population. The allowance by the current policy for an independent decision-making by each city and municipality was viewed as against international human rights conventions. There was a perception that a single health professional's lack of knowledge on such rights could affect negatively patients' access to services.

"They are told that they don't have the right to services. Health professionals do not know that people [undocumented Roma women] have right [to services]."

Intersectoral collaboration affects positively patients' access to sexual and reproductive health services

The joint efforts of the social and the health sectors as well as the smooth communication between the public and the third sector have contributed to the improved SRH services for undocumented Roma women by ensuring patients' access to health care. The possibility of health professionals in third sector to directly book appointments on patients' behalf to public health center was viewed as due to the improved availability of health care staff. Additionally, the existing Walk-in service was perceived as facilitating care provision by giving the possibility to refer or guide patients directly to the point of service, where they could be evaluated by a nurse and receive appointment to a physician as needed. Informants perceived working closely with the Social services in arranging payments on patients' medications'

prescriptions as key important for enabling access to health services. There was a view that the social aspect should be considered when providing care for undocumented Roma women.

Possible improvements of existing health policy

The informants shared views on suggestions for possible improvement of the current policy. There was a perception that better service approachability affects positively undocumented Roma women's seeking of sexual health services in a secure way. Some of the informants took a clear stance on the legal aspect: the SRH provision should be regulated by a law as it is currently, however, the decision-making and the health policy derived should be done at a national level. They perceived that the emergency as well as both acute and necessary SRH services should be offered to undocumented in the whole country, not allowing discrepancies in SRH service provision. The rationale behind was perceived by some of the informants as evidence-based practice.

"This is the ground, that when the health condition becomes acute, then it is much more expensive to take care of you."

"There are number of factors that might make the pregnancy riskier. Without monitoring, a pregnancy might turn into an emergency. Emergency care is a way more expensive than preventative care"

There was a perception that teams such as the Immigration team would be beneficial to every bigger health center in the country.

"It has changed to better, absolutely. Our specialized team, especially Undocumented team's doctor and nurse have improved it. Absolutely other health centers could benefit from such teams."

3.2 Securing continuance of care

This theme is concerned with the interaction between the health professionals and the undocumented Roma women and its possible outcomes in terms of approaching, accessing and receiving SRH services. Thus, informants brought perceptions on health professionals' central role in giving care and patient education in the context of recognizing undocumented Roma women's specific needs of health knowledge, health education, and relevant information on health services.

3.2.1 Acknowledging patients' needs of health knowledge

Patients lack essential knowledge in human anatomy and sexual and reproductive health as well as information on health system and services

The informants experienced that undocumented Roma women lack essential knowledge in woman's body and menstrual cycle. The scarce or missing knowledge, which the general Finnish population receives already at school, underlies misconceptions on sexual and reproductive health issues among undocumented Roma women, as experienced by some of the interviewees. There were also experiences that undocumented Roma women have weaker ability to express their health needs due to scarce health knowledge, since health knowledge does not accrue for them through an educational system, as the general education for them is missing. There were views that undocumented Roma women do not necessarily recognize their health needs.

"I would say, their ability to express their health issue is a bit worse comparing to the rest of the population in Finland, because they have a scarce health knowledge, for example the understanding of human body."

All of the informants experienced that patients need new health knowledge, health education and more guidance in matters of sexual and reproductive health, for example on different contraceptives and their possible side-effects. There were perceptions that this might be due to scarce general education and that it requires more explanations done in a plain manner, bound to practical life, when providing patient education.

"For example, on the contraception methods but also on the way human body functions, on anatomy. There are women who do not necessarily know what uterus is and where the menstrual bleeding comes from. Additionally, they need a lot more of patient education in a simplified manner."

Despite being provided with solid patient education, there were experiences of patients requesting contraceptive removal. The main reason for such a drawback related to patients' inability to cope with the bleeding between cycles that is a common side-effect of contraceptive implants. According to some perceptions, this might be due to a cultural view on woman's bleeding or that the side-effect imposes inconvenience to maintain good hygiene during the day, when most of these patients are outside and frequent need to access a public toilet might be difficult. Some of the informants perceived that undocumented Roma women need encouragement in order to continue the contraception.

Furthermore, the participants shared views and experiences on patients' lack of information on available SRH services and points of care as well as on their health rights. It was perceived that for undocumented Roma women must be quite difficult to search for the right SRH services in the context of unknown health system. There was an experience that if patients do not receive help with arranging appointments and further care, their health problems are left unattended.

"They do not have information on the services and to what they have right to."

The lack of education, and as some of the informants point out separately, the illiteracy, result in misconceptions, misunderstandings and prejudices on sexual and reproductive health among undocumented Roma women. Informants perceived that this affects patients' ability to bring up the health issue or to describe the health problem, and places difficulties toward grasping instructions or understanding possible health benefits. There was experience of the need to correct misconceptions and that solid patient education helps avoid misunderstandings on the part of the patient. It was perceived that such misunderstandings might be also due to patient's confusion or poor quality of interpretation on the part of the interpreter. Communication with patients was experienced as demanding sometimes.

"Communication can be challenging even when a translator is used, because Bulgarian or Romanian languages are not their mother tongues and because they are not educated."

Patients feel satisfied when receive health knowledge

Overall, some of the informants have observed and experienced that although educationally disadvantaged, undocumented Roma women expressed will, joy, gratitude, and satisfaction to receiving new health knowledge, guidance, and information.

"Patients are happy when I show them pictures or video. We go through intrauterine device and implant insertion procedures, so when they go to the doctor's appointment, they know what to expect."

Interpreters play essential role in communication

The informants from both third and public sectors experienced the role of the interpreters as a key one in the mutual understanding and smooth interactions. There were numerous highlights of the importance of adequate interpretation as one of the main factors in the success or the failure of patient education and informing. The unavailability of a good or the right interpreter was perceived as an obstacle to care provision. There were numerous perceptions on the link between patients' approaching SRH services and the presence of a trusted interpreter. Some of the informants experienced that interpreters are usually trusted by the patients, and others experienced that patients are more prone to approach the facility if they know that there would be an interpreter there.

"Patients know the interpreters and trust them."

Likewise, there was an experience that patients approached the public health care center more problematically due to uncertainty regarding interpreter's availability. Some experienced the existence of translator application as facilitating communication.

Social, economic, and cultural factors affecting communication and treatment/care

The informants perceived that patients' specific socio-economic circumstances as well as cultural aspect need to be considered in order to ensure the continuance of care. Additionally, patients' level of education and living conditions should be addressed, when providing SRH services. Among the most observable socio-economic factors, affecting the care provision to undocumented Roma women, were patients' disadvantaged living situation characterized by missing basic accommodation and living conditions as well as patients' mobility and irregular way of life, which result in patients' weak adherence to the care plan/treatment. For instance, there were experiences that contraception pills are less effective method for this patient group due to irregularities in their everyday life.

"E-pills do not work quite well for undocumented patients; this is my own conclusion. They forget to take them, when they move the place of residence. They have irregular life, so the regular intake of pills is difficult. E-pills method is also not quite good in terms of prescription renewal. So, we mostly offer intrauterine device or implant as a method."

Economic hardship and difficult living conditions might play role in choosing one contraceptive over another or the choice might be due to undocumented Roma women's strong community spirit, through which they exchange information and experiences on female issues. Additionally, undocumented Roma women were perceived as active towards SRH services and that they know their health needs, but not necessarily recognize their health problems.

" It often feels that they have community spirit. That they listen to each other. For illiterate it is impossible to get information about these things [contraceptives]. They talk between them."

Most of the informants experienced that contraception and maternity care are the most commonly requested SRH services. There were perceptions that undocumented Roma women might exhibit impatience in regard to care plan or contraceptive's side-effects. There were experiences on patients' prejudices such as that condom use is only for sex workers or people with a sexually-transmitted disease. Another prejudice was related to mental health support after traumatic event, for example sexual or intimate-partner violence (IPV). Reproductive problems place pressure on patients since, according to some of the perceptions, the

expectation of delivering a child is strong in the culture of this patient group. Undocumented Roma women were perceived as shy to speak on intimate issues or speaking on intimate issues in a different way, and also, that the presence of an interpreter might affect their openness and readiness to speak. There were also perceptions that patients are brave and dare speaking, however, some have denied speaking in the presence of a male interpreter.

The informants experienced undocumented Roma women's adherence to care plan, treatment, or upcoming visit as problematic. The main perceived reason was patients' mobility, due to which they might not be in the country for uncertain periods of time. Disadvantaged socio-economic situation and illiteracy among undocumented Roma women also contribute to weak adherence to booked appointments, determine a particular contraceptive use, and affect payments for contraceptives and medications. It was perceived that financial factor plays important role in accessing health care.

"For example, if you reserve a time for a month ahead, will they come?"

Patients' follow-up was experienced as difficult or impossible due to patients' mobility, lack of address or a personal phone number. When follow-up is not possible, health professionals count on that patients will return by themselves vie the Walk-in service.

"One challenge is reaching out patients; they are difficult to get in contact with. The best what we have is this Walk-in service, where they can come."

3.2.2 Health professional - patient relationship is crucial for sexual and reproductive health service approachability and accessibility

Building trust

According to the informants' views, patients are more outspoken and share more on their health needs, if they trust the nurse. Patients' difficulties in approaching the public sector were viewed as associated with the trust. There was an overall view that the Immigration team has achieved good trust among undocumented Roma women and that the health professional – patient relationship is a factor to improved service approachability. There was an experience that the health professional's good communication skills contribute to building trust in patients.

"Undocumented patients know me, know where to find me and trust me I will take care."

Understanding patients' fears and experiences

Some of the informants experienced and viewed that the patients fear unknown places due to the lack of common language and the following communication problem. There was an experience that if one patient was rejected a service, then the rest of them in the community experience fear of denial. It was experienced that undocumented Roma women fear clinical procedure and that they are generally scared by healthcare.

There were perceptions on understanding patients' motives or choices toward different health problems such as request for implant removal regardless the well-grounded guidance and patient education; infertility that creates suffering and social pressure on patients; that patients' overall understanding of SRH issues affect their knowledge on the possible health benefits they would gain from a particular SRH service. Understanding patients' experiences might refer also to understanding why they lack necessity to share traumatic experiences with a psychologist or psychiatric nurse in cases of sexual or intimate-partner violence.

"They do not possess this mindset that a discussion on an issue can bring help or alleviation. I think it does not apply to their way of thinking."

Advocating for patients to receive services

Advocating on patients' behalf throughout the process of providing and arranging SRH services in their totality is another important compartment of continuance of care. Several informants experienced that their work involved a great deal of advocating for the patients to receive particular SRH services. It was experienced that health professionals acknowledge patients' specific needs. There were views on health professionals' obligation to guarantee patients' equal accessing to and receiving services.

"We do a lot on the behalf of the patients; we call and explain the grounds for referring her to a service."

Sexual and reproductive health service denial

There were views on service rejection to undocumented Roma women. Some informants perceived service denial as stemming from health professionals' level of competence or personal attitudes. Poor or lack of knowledge on how to provide care and treatment to undocumented migrants, lack of information on patient's health rights, inability to recognize patient's undocumented status, lack of knowledge on guidelines, fear of the different were among the perceived possible reasons for health care denial. There was a view that a single health professional's knowledge deficit as well as the general lack of knowledge on

guidelines affect negatively patient's access to SRH service despite service availability. It was experienced also that health professionals lack understanding on undocumented Roma women as a patient group.

"For example, the health care professional might not have heard of an undocumented patient or not be knowledgeable on what health services are offered to undocumented or not necessarily know the instructions. These might be the reason for saying that it is not possible to get services, although in reality it should be."

Part of the problem concerns failure to recognize patient's undocumented status. There were several experiences of such failures resulting in rejection of SRH service provision. There was a perception that if undocumented Roma women approach a different health center, they might not necessarily receive health care, in spite the fact that the guidelines prescribe that undocumented migrants are provided with care in the primary health care facility, to which they initially reach. There were experiences on repelling undocumented migrants on the part of health professionals.

"Before, probably behind it there was lack of understanding why this patient group comes here to seek services and they kind of wanted to repel those patients."

Health professionals' knowledge deficit, missing clarification or unrecognition of patient's status were viewed as primary challenge and a huge problem.

Health care professionals' views on equity in sexual and reproductive health service provision to undocumented Roma women

Several informants shared views that undocumented Roma women face unequal treatment and are not always treated kindly, that they are subject to discrimination, having unequal status in society, and not receiving the same services as other people. It was experienced that these patients have met inequity in receiving prescriptions for medications due to their undocumented status or that undocumented Roma women have unequal possibility to receive non-urgent health services comparing to the rest of the population.

"Roma suffer discrimination and are not equal in the system."

On the contrary, it was also perceived that SRH services, especially maternity and child care are equally provided and available to undocumented Roma women as to the rest of the population.

The informants expressed views on professional ethics' demand for treating every patient equally and that the necessary SRH services should be offered to undocumented in the whole

country. Offering SRH services to undocumented migrants was perceived as an act of humanity and a positive thing. Furthermore, in the views of the informants, the necessary SRH care (contraception, pregnancy termination, pregnancy monitoring and maternity and child care) should be provided to everyone, contraception services should be free-of-charge for everyone, and not offering SRH services to undocumented Roma women was perceived as sad.

3.3 Factors affecting seeking of sexual and reproductive services

3.3.1 Barriers to approaching and accessing sexual and reproductive services

Difficulties related to structure and organization

The informants drew several difficulties, related to structure and organization, toward approaching and accessing SRH services. A prominent obstacle comes from the legislation allowing differences in SRH service availability in different cities and municipalities. This was perceived as a disabling factor in seeking health care. Another difficulty was associated with the lack of consideration of both undocumented Roma women's life situations and the social aspect existing in a problematic health situation. Another barrier was the missing recognition of one's undocumented status, which blocks the possibility for receiving health services.

" This is lack of knowledge among the health professionals, which can put obstacle in front of access to care. In my opinion, that is a huge problem."

Language barrier

The lack of language skills was perceived as a powerful barrier in both seeking and accessing SRH health services. The language barrier was identified as the most serious challenge, making communication between health professionals and patients burdensome and involving unclarity on patient's level of understanding, even in the presence of an interpreter.

"You need to ask a lot, ask the question again differently to get clarity on what the actual health issue is."

The informants perceived the lack of language skills as playing negative effect on patients' ability to book appointments independently and therefore, on the overall seeking and accessing SRH services.

Patients' level of education

Patients' lack of reading and writing skills represents another barrier to seeking health care. Informants perceived and experienced that patients lack information on available SRH services, health rights, points of care, and the low educational level disables them to search relevant information, especially in the context of unknown health system and social disadvantages such as inability to access internet. There was a view that patients' level of literacy should be considered in the arranging of SRH services.

"Many women are illiterate, they do not possess reading or writing skills. For which they do not have any chance of searching for health services. In addition, certainly, the language barrier."

Patients' negative experiences of SRH service provision

Another significant barrier was patients' negative experiences of SRH service provision. The perceived patients' fear to approach unknown or different health care facilities, patients' fear of communication stemming from lack of language skills or lack of interpreter, patients' fear of clinical procedures and healthcare as a whole, as well as their fear of being rejected health services also have negative impact on seeking of health services.

"This has been brought to us by lots of women after being directed from the third to the public sector, that they do not want to go because they fear of being thrown and pushed away straight from the entrance."

3.3.2 Facilitators to approaching and accessing sexual and reproductive services

Patients' security in approaching services

Along with the barriers to approaching and accessing SRH services, there are a number of facilitators. The informants expressed perceptions that undocumented Roma women approached third sector clinic more easily for a variety of reasons such as feeling safe in a known place, lower threshold of SRH services, readily available interpreters, trust in health professionals, which in general influence patients' security.

Improved approachability of public sector and the benefits of Walk-in service

Most of the informants perceived the establishment of the Immigration team in the public sector as beneficial to undocumented Roma women and that patients started approaching the public health center as a result of the advanced competence and work of the team with undocumented migrants. The existence of Walk-in service was perceived as essential facilitating factor contributing positively to patients' seeking of SRH services. Walk-in in the

public health center was viewed as improving SRH service approachability by enabling direct access to a health professional without the need to book an appointment, thus coping with one of the major barriers to accessing health services. Additionally, Walk-in service was perceived as allowing quick access and as being the best option for undocumented Roma women to seek health care.

” The threshold has lowered for their seeking services, when they know that they will receive services straight and they have the possibility for seeking such.”

Health care professionals’ improved attitudes

There were experiences that the Immigration team helped improvement of accessibility of SRH services for undocumented Roma women via promoting its own work and supporting other health professionals to develop expertise in the area. Other health professionals showed positive respond to this patient group and there was an observation that their anxiety and fear in relation to care provision to undocumented migrants significantly decreased.

“Of course, here is good that we have the Immigration team and generally we are able to consult the nurse and the doctor from that team. It is a huge help.”

“As I told you, in my view their attitude has improved with the coming of our Undocumented public health nurse.”

4 Discussion

4.1 Challenges in sexual and reproductive service provision

This study explored the SRH service provision to undocumented Roma women and outlined the major challenges in this regard as experienced, viewed and perceived by Finnish health professionals working with undocumented migrants. The study adds to the understanding of the main obstacles before SRH service provision to undocumented Roma women and gives perspective towards possible improvements based on the views, perceptions, and experiences of health professionals at the primary level of the public sector’s health service provision.

The SRH service provision for undocumented migrants in Finland receives a very good overall evaluation. It is seen as well-organized and improved over the recent years. However, ascribable to policy, the delegation of decision-making about the scope of service delivery at municipal level results in non-identical SRH service provision across the country. The subsequent discrepancies between different cities and municipalities represent an enormous

challenge, undermining equity in availability and accessibility of SRH services for undocumented migrants as a whole, and for undocumented Roma women, in concrete. This finding was consistent with findings in a recent study on undocumented migrants' everyday lives, which assessed the access to healthcare for undocumented migrants as limited, marked by varying extent of health service provision between the different municipalities. (Jauhiainen & Tedeschi, 2020:139)

One of the critical findings in this paper regards contraception, which is the most controversial SRH service as it is a part of the preventative care. While maternity care and pregnancy termination are somewhat more clearly outlined at policy level, contraception might be interpreted as, and therefore, categorized as a necessary service, or might not. Since the existing guidelines do not specifically describe each SRH service or a service group separately, the room for inducing inequalities in service provision is wide enough to allow repel of patients. Although necessary care is defined as care that cannot be delayed until persons return to their home country (THL,2022), it is debatable which SRH services, if not provided, would or could worsen the individual patient's health outcome for an undocumented migrant, who is staying in the country for undetermined periods and/or in irregular time intervals.

Guidelines on care provision to undocumented migrants in Helsinki appear to be broad, leaving room for health professionals' personal interpretations. This involves risks of inequalities arising from the individual health professional's decision-making and judgments, which if based on insufficient knowledge on the existing guidelines might close the pathway for an undocumented migrant to reach to the needed health service. With respect of policy level, too general and open to interpretation guidelines are challenging, because they might introduce difficulties and unclarity toward decision-making, thus creating inconsistencies in opinions. Therefore, the risk that the same health service could be provided in one case, and rejected in another, is quite realistic, since health professionals are bound to decide separately for each SRH service, whether or not it falls in the category of necessary services (or in a category of services offered to undocumented migrants). Lack of clear guidelines on access to healthcare for undocumented in Finland was also observed in another study mentioned above. (Jauhiainen & Tedeschi, 2020:133) The lack of unification of SRH service delivery at national level imposes obstacles or laborious work in front of health professionals, when arranging services for undocumented Roma women, and also brings risks toward the securing of continuance of care, when in the same manner, decision-making is left to the individual

judgement and interpretation of guidelines, in a context of differing guidelines between cities and municipalities. Another finding of this study concerns the great deal of advocating on patients' behalf, required to ensure patients' access to health services in cities, in which the policy decision is not favourable for undocumented migrants.

In addition, the health professionals' different understanding of 'undocumented' status, the failure to clarify or recognize patient's undocumented status and the lack of knowledge on undocumented Roma women's entitlements to health services are separate problems, leading to jeopardizing service provision by intentional or unintentional repelling of patients. Service denial might cause undocumented Roma women negative experiences, diminishing their motivation to seek services, and hence, obstructing continuance of care for this patient group. The findings of this study are consistent with the ones of previous researches, which similarly highlight that issues on false identification, uncertainty on the rules, lack of knowledge of existing entitlements to care by health professionals are among the prominent hinders of undocumented migrants' access to health services. Moreover, undocumented migrants' lack of knowledge on healthcare system and the services, to which they are entitled, fear of stigma, experiences of discrimination, economic constraints, language and communication problems, reported health professionals' unwillingness to treat undocumented migrants, changes or absence of a permanent residence, denying access or limiting health care despite being entitled are also among the most significant barriers to access to health services, described in scientific literature (De Vito et al., 2016:4-5; Suess et al. 2014:717; Biswas et al., 2012:56), and corresponding with this study's findings. Similarly, Jensen and colleagues (2011:10) conclude that health professionals recognize undocumented migrants' unequal access to primary health care.

Continuance of care as a function of SRH service approachability and accessibility in the case of undocumented Roma women intertwine health professionals' sensitivity to acknowledge patients' distinct needs of health knowledge in conjunction with considering the social, economic, and cultural factors that affect patient's understanding, health choices, and adherence to care plan and treatment, despite the heavy communication challenge faced throughout the process. The establishment of positive relationship with patients, the expanding of own professional knowledge and competence, and finally, the applying of professional ethics with the underlying ethical principle of equity, are essential for securing continuance of care. Walk-in service in the public health center proves to contribute tremendously to the continuance of care for undocumented Roma women, having the

potential to expand this model in other primary health care facilities via health professional training. Undocumented Roma women are thought to benefit hugely from the Walk-in point of service that gives a direct access to health professionals with expertise in sexual and reproductive health.

4.2. Methodological considerations

In her article, Malterud (2001:484) discusses objectivity in qualitative research in the term of reflexivity: "Hence, in qualitative (and maybe also in quantitative) inquiry, the question is neither whether the researcher affects the process nor whether such an effect can be prevented. This methodological point has been turned into a commitment to reflexivity." In her view, reflexivity concerns assessment of researcher's effect throughout the whole process, including sharing preconceptions. Subjectivity arises from ignoring researcher's effect. Bias cannot be eliminated, but should be accounted for. (Malterud, 2001:484) In this study, researcher's preconceptions such as preliminary observation and experience with undocumented Roma women as patients, preliminary understanding and information on the meaning of undocumented status, and pre-understanding of undocumented Roma women's health problems were taken into consideration. There were occasional difficulties to preserve curiosity during the data collection due to previous exposure to the phenomenon. Acquiring a 'stranger's position' was practically impossible in this case. In the analysis of data, the researcher made necessary steps to block introducing own experiences. The analysis of the data, while abstaining from collegial empathy toward the participants, was also sometimes demanding.

Internal validity or credibility of the study (Malterud, 2001:484) refers to what extent the findings are in accordance with the study aims and research questions. The results of this study are consistent with the research questions since they demonstrate exploration of the phenomenon and also, frame the main challenges in SRH service provision as perceived by the participants. Credibility is strengthened by exploring the phenomenon in question from a variety of perspectives via voicing the participants different points of view, tightly bound to the local Finnish context as well as to professional ethics and professional knowledge and expertise of the participants. The phenomenon is understood and analyzed through the prism of the specific circumstances, in which it occurs.

The external validity in qualitative research is expressed in transferability of the results, i.e., to what extent the findings could be applied in a context outside the setting of the study. "No

study, irrespective of the method used, can provide findings that are universally transferable." (Malterud, 2011:485). The findings of this study concern the Finnish context, therefore, they might be transferrable to similar setting, characterized with similar or same: economy, health system, legislation regarding undocumented migrants, administrative system, education for health professionals, ethical principles embedded in the professional training of health professionals, flow of Roma migrants with same status, membership in the European Union, third sector powers, existing stance on health care provision to undocumented migrants. The limitations of applying the results of this study regard any context, which differs from the Finnish one on the above mention parameters, including different definition of 'undocumented' status. The main strengths of this study are the promotion of health professionals' perceptions, views and experiences, and thus, giving voice although latently to disadvantaged patient group through the voices of the informants, as well as the discussion on possible policy improvement in order to protect and ensure health rights and health services to undocumented Roma women, with expansion to overall SRH provision to undocumented migrants.

5 Conclusions

Undocumented Roma women are disadvantaged in terms of education received via educational system. Their mobility, economic hardship, and missing health insurance put them in even greater difficulties in terms of preservation of overall sexual and reproductive health. Undocumented Roma women do not possess direct information on available health services; do not necessarily know how to reach to a point of service; and do not operate with health knowledge in the same way as the educated population. Therefore, it might not be possible to them to describe their health issues in the same manner. Undocumented Roma women have general fear of approaching unknown health facilities, so places with trusted health professionals and interpreters are important to them in seeking and receiving SRH services.

Hence, health professionals, who are sensitive to these patients' living situation and are competent in working with undocumented migrants such as undocumented Roma women, are highly needed and play key role in the primary healthcare of public sector for meeting this patient group representatives' sexual and reproductive health needs. Clear, concrete, and disambiguate guidelines for working with undocumented migrants, including Roma EU

citizens without health insurance coverage, as well as a straightforward definition of 'undocumented' status would aid the work of health professionals in primary healthcare in recognizing undocumented migrants and in offering the right health services, to which this patient group is entitled, without inconsistencies in service provision or unnecessary repelling of patients. Ensuring interpreters' availability and quality of service is essential for ensuring the continuance of care, as it could not happen without the smooth and clear communication between health professionals and undocumented migrants. Timely sexual and reproductive health services at lower threshold at primary healthcare holds the instrument toward avoiding more complicated and more costly medical care at the level of emergency services.

Health policy revision toward unifying the SRH service provision nationally is necessary in order to secure the continuance of care for undocumented Roma women and undocumented migrants as a whole. Health policy at national level, which among other services determines the sexual and reproductive health service entitlements of undocumented migrants, is crucial for decreasing inequity in SRH services availability and accessibility across the country. A national policy would also facilitate and give more security to health professionals in decision-making, when providing care to undocumented migrants.

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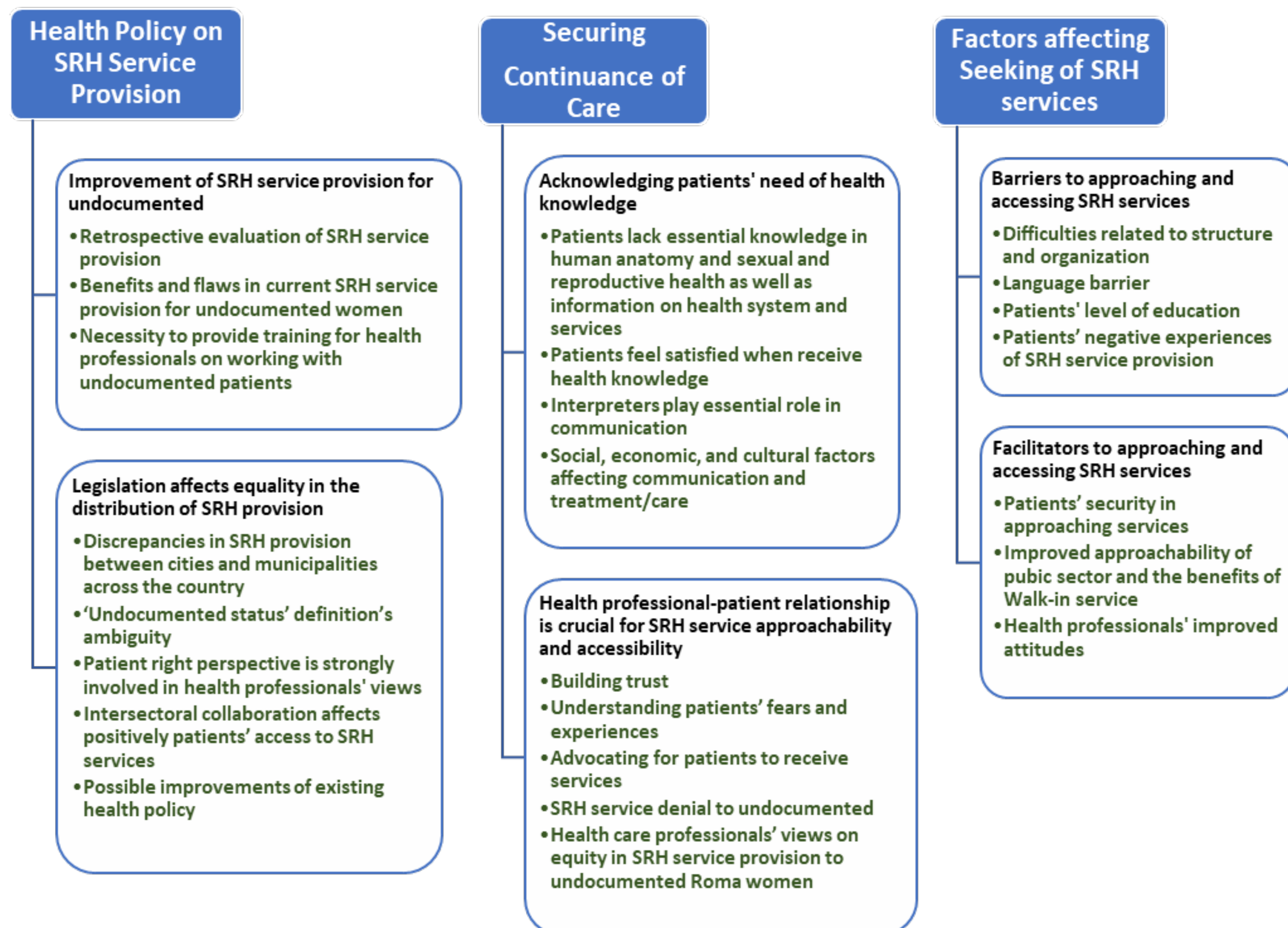
Figure 1. Meaning unit, Condensed meaning unit, Code

Intiimiasiat on aina varmaan vaikeita. Sellainen että tää on yleiskuva että intiimiasiat on ehkä eri lailla kertoa kuin vaikka jos me verataan suomalaiseen. Sehän toki myös persoonastakin kiinni. se on välillä haastavaa jos se ei tuo niitä asioita oikeilla nimillä esiin. Ja sehän voi olla este tiedon puutetta tai ettei halua kertoa.	Generally, the impression is that the intimate issues are told in a different way. It is challenging if the patient does not bring the issue due to barriers, knowledge deficit or unwillingness to tell.	**Experiencing patients speak on intimate issues in a different way** **Perceiving not bringing up the issue due t barriers, knowledge deficit or unwillingn as a challenge**
Tulkit on aika hyvin käytössä. Totta kai se ois haaste jos ei ois sitä tulkkia. Tottakai siinä on se kolmas osapuoli, sekin varmaan vaikeuttaa sitä ettei ihmiset kertovat niin avoimesti.	It is challenging if there is no interpreter. The third party surely affects the openness of the patients.	**Experiencing lack of interpreter as a challenge** **Perceiving the presence of a third party a affecting patient's openness**

Figure 2. Themes, Categories, Subcategories with relevant Codes

THEME	CATEGORY	SUBCATEGORY	CODES
Securing the continuance of care	**Health professional - patient relationship is crucial for SRH service approachability and accessibility**	**Building trust**	**Experiencing that women speak bravely about their health needs, if they know the nurse better** **Perceiving patients have difficulty approach the public sector** **Viewing nurse-patient relationship as factor for improving approachability** **Experiencing health care professionals receiving good trust** **Perceiving trust is required for sharing health issues** **Experiencing that undocumented patients trust the nurse** **Perceiving having good communication skills comfort the patients** **Perceiving interpreters are trusted by the patients**
		Understanding patients' fears and experiences	**Experiencing that a patient is unwilling to search for SRH services due to presence of male** **Perceiving the presence of a third party as affecting patient's openness** **Perceiving patients fear going to unknown health care centers** **Perceiving patients experience fear due to lack of common language and communication problems** **Experiencing patients fear clinical procedures** **Perceiving having empathy alleviates patients' fears** **Perceiving this patient group is generally scared** **Perceiving patients fear to go to different places** **Experiencing patients' are being afraid of rejection** **Experiencing that if one is rejected the rest of them also start being afraid of service denial** **Viewing that patients fear health care denial** **Perceiving patients have certain fear of health care** **Perceiving that some patients experiences of service provision are negative** **Experiencing patients' understanding on SRH related issues as affecting their knowledge on possible health benefits** **Perceiving patients feeling safe to approach 3rd sector clinic** **Experiencing that reproductive problems cause suffering to patients** **Viewing that infertility creates social pressure on patients** **Perceiving that Roma women are not enthusiastic about talking to a psychiatric nurse or a psychologist** **Perceiving patients' mindset does not include having discussion with a specialist for alleviating psychological trauma** **Experiencing that undocumented Roma women share a community spirit** **Perceiving that misconceptions on contraceptives spread among Roma women** **Experiencing that some patients request contraceptive removal despite the patient education given**

Figure 3. Schematic presentations of the Results



Popular Science Summary

Throughout her lifetime every woman needs to take care of sexual and reproductive health. Every woman wishes to have a safe sexual life. One day she might want to become pregnant, and then - to give birth to her baby in the safest possible way. It is almost self-explanatory that women only need to book an appointment to the specialized clinic or the nearby health center, if they need a consultation about their child's health problem or a visit to a doctor for resolving a gynaecological problem. And if we only imagine for a while that we do not have an access to a nurse, midwife or a physician, who would help us solve our health problem, how would it look like? Is it even possible in such a well-organized healthcare system? I wanted to search into this and found out that there are women, who do not have a complete or sometimes, any access to services related to sexual and reproductive health. They do not know how to get to such services and sometimes these services are not even offered to them. Have you heard of undocumented Roma women? They travel from a country to country in order to find economic means to survive and have a fairly harsh mobile life full of health risks. They do not have a residence, nor a social or health insurance at all. I decided to make conversations with health professionals who give care to undocumented Roma women and explore the services' availability and accessibility in this regard, and look at the challenges involved in this process, set in the Finnish context.

With the help of the material from the interviews, I made certain conclusions. It is not quite clear who is undocumented. There are some general guidelines on care provision to undocumented, but not all sexual and reproductive health services are addressed there and the guidelines seem to be too broad. In Finland every municipality can decided on its own which health services to be available to undocumented. These problems cause confusion among the health professionals; they are not always sure how to approach the situation. Therefore, patients are left without care, due to these unclarities. Handling undocumented patients requires expertise, which not every professional possesses. The good news is that there are professionals in public and third sectors, who are experts and expand the professional knowledge on that. They found a way how to help undocumented Roma women to reach to sexual and reproductive services – they formed a specialized team with a separate Walk-in service, meant for undocumented patients only. The health professionals hope that legislation at a national level would favour undocumented women, so these patients can access sexual

and reproductive services more easily. If you want to learn all issues that they touched upon, you are welcome.