

**Systematic Review**

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**Migrant and refugee youth perspectives on sexual and reproductive health rights in Australia: a systematic review protocol.**

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**ABSTRACT:**

**Background:** Migrant and refugee youth (MRY) in Australia face specific experiences that inform their sexual and reproductive health and rights. Migrant and refugee communities experience poorer health outcomes, have lower health service uptake and have culturally-informed understandings of sexual health. Additionally, youth are particularly vulnerable to poor sexual health. This paper details a study protocol for a systematic review of evidence on how Australian MRY understand and construct sexual and reproductive health and rights.

**Methods:** A systematic review of available literature will be conducted and reported as per Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. A systematic search of nine databases – Medline, EMBASE, CINAHL, APAIS, ProQuest, PsycInfo, Web of Science, SCOPUS, and PubMed – from January 2000 onwards will be undertaken. Hand searches for further relevant studies, including grey literature, will be conducted. Two reviewers will independently screen titles, abstracts and full-text articles against selection criteria. The Mixed Method Appraisal Tool (MMAT) will be used to assess the quality of included studies. Thematic synthesis methods will be used for data extraction and synthesis, aided by QSR NVivo 12.

**Discussion:** The proposed systematic review will synthesize evidence on how Australian migrant and refugee youth construct and understand sexual and reproductive health and rights, as well as the factors shaping these constructions. The synthesis will fill existing gaps in understandings of how migrant and refugee youth make decisions and understand their rights. In examining Australian migrant and refugee youth, the review will have specific relevance to the Asia-Pacific region. Gaining youth perspectives will provide crucial information on how practice and policy can be improved to deliver to this population.

**Key words:** migrant, refugee, young people, Australia, sexual and reproductive health, rights

**INTRODUCTION**

Australia has a culturally diverse populace – migrants constitute 30% of the population, and just under half of all Australians have a parent born overseas or were born overseas themselves.<sup>1</sup> Migrant and refugee youth (MRY) comprise a considerable proportion of Australia's youth. Despite distinct circumstances, upbringing and backgrounds, MRY encounter similar experiences regarding health and access.<sup>2</sup> These youth face myriad complex socio-ecological challenges, ranging from communication barriers to cultural and religious clashes and conflict with both parents and broader communities.<sup>3-5</sup> Differing acculturation

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rates and perspectives between generations, whereby community values and expectations from home countries are more firmly held by parental generations than youth,<sup>6</sup> can incite clashes around freedom and sexual attitudes.<sup>7, 8</sup> With regards to sexual and reproductive health (SRH), research indicates Australian MRY hold lower levels of health literacy, higher rates of unplanned pregnancy and longer-lasting treatable sexually transmitted infections (STIs) than non-migrant counterparts.<sup>9</sup> This is compounded by a noted under-utilisation of services.<sup>2, 10</sup> MRY face specific vulnerabilities and experiences due to their life stage and cultural/ethnic background. This shapes how MRY encounter and articulate their sexual and reproductive health rights (SRHR). Adolescent and young adult health and wellbeing have significant, lasting impacts on individuals' life trajectories.<sup>11</sup>

Accordingly, youth health is key to future generations' welfare and sustainable development.<sup>11, 12</sup> Despite this, young people have traditionally been overlooked and are only more recently being centred in social health and global policy.<sup>12, 13</sup> The *Lancet* commission on adolescent health notes a triple-return from investing in young people's health: present benefits to youth, flow-on benefits into adulthood, and the health of their children.<sup>12, 13</sup> SRH is a crucial aspect of individual wellbeing that has been shown to engender broad social and economic benefits.<sup>13, 14</sup> Accordingly, ensuring young people's SRH benefits the development of future global society.<sup>12, 13</sup>

Youth, however, are particularly vulnerable to SRH risks. Various factors – from limited knowledge and access to information, services and contraceptives, to the physical, social and emotional challenges of the transition to adulthood – impede SRH.<sup>15</sup> In Australia, youth bear a disproportionate burden of STI incidence – 75% of Chlamydia cases occur among people aged 15-24, over half of Gonorrhoea cases and a third of Syphilis cases occur in people under 29.<sup>16</sup> Additionally, most STI infections among young Australians remain undiagnosed and untreated.<sup>16</sup> It is likely STI rates are similarly high for MRY. However, MRY have less knowledge of services and disease testing, increasing the risk of conditions going untreated and worsening.<sup>10, 17</sup>

Migrant and refugee populations in Australia face poor general health outcomes and barriers to equity.<sup>18</sup> Low SRH service uptake – fuelled by structural barriers, linguistic challenges and cultural sensitivity – heightens health risks.<sup>19, 20</sup> Life trajectories, particularly displacement and migration, shape SRH knowledge and understandings.<sup>21</sup> Moreover, many cultures have specific constructions of SRH, including taboos and certain expectations around sexual activity.<sup>22</sup> MRY thus navigate myriad socioecological factors experienced by migrant and refugee Australians and young Australians.<sup>18</sup> Interactions between these factors can be used to examine and explain MRY's engagement with SRHR.

Sexual and reproductive health itself can only be attained through the realisation of sexual and reproductive health rights.<sup>14</sup> SRHR are not uniformly enshrined in international law, but are pieced together from across international Human Rights frameworks.<sup>23</sup> This includes rights surrounding reproduction – the right to choose when and if to have children –, but also a range of sexual rights regarding making informed decisions about what happens, and when, to one's body.<sup>24, 25</sup> SRHR are broad, encompassing rights to sexual health and wellbeing as well as satisfying, safe sexual life, rights to bodily integrity, choice of partner, gender identity and sexual orientation. Access to services, education and information are also vital sexual rights.<sup>14, 24, 26</sup>

Given these expansive and nebulous definitions, an investigation of how populations themselves understand and experience these rights is crucial. UNFPA's 2021 "My Body is My Body" report revealed significant barriers to rights attainment for youth across the Asia-Pacific region, including inadequate care, education, contraceptive access and bodily autonomy.<sup>27</sup> In Australia, there is a marked gap in data surrounding SRHR, particularly of minority groups, which belies widespread articulation of rights.<sup>28</sup> The proposed review will provide information on how to best support MRY from the perspectives of MRY themselves. By determining how youth make choices and construct understandings, we can facilitate improvements to services, policies, and programming. Revealing how SRHR are understood and articulated by MRY will ensure rights are better operationalised. Moreover, the review will contribute to broader discourses surrounding rights and how they can be made actionable. Given Australia's role as a key player in the Asia-Pacific region, examining how MRY in

Australia experience and construct SRHR can have wider implications on regional health outcomes and understandings.

## AIMS AND RATIONALE

This review will identify and synthesise literature on MRY's views on sexual and reproductive health and rights in Australia. The review will focus on MRY's perspectives and what factors shape these perspectives. The following questions will guide our review:

- a) How do migrant and refugee background youth construct or understand sexual and reproductive health and rights in Australia?
- b) What socioecological factors contribute to these young people's SRHR constructions?

Examining how marginalised groups define and experience rights provides insight into how socioecological factors influence sexual and reproductive wellbeing. To our knowledge, no review has synthesised the perspectives of Australian MRY on SRHR. Indeed, no research has specifically examined the rights – neither attainment nor understanding – of this population regarding sexual health. The proposed review will synthesise existing literature and infer understandings and constructions of rights among MRY. The review will explore key perspectives and understandings of SRH. Additionally, we aim to determine how sexual health choices and agency are articulated—in other words, how rights are expressed.

Finally, the review will illuminate knowledge gaps to guide further research. There remains a paucity of research on how Australian youth experience SRH and their understanding of SRHR.<sup>29</sup> MRY are an underrepresented population within the already underrepresented area of youth SRHR. A comprehensive understanding of how MRY make decisions and hold and understand rights is currently lacking and is needed.

## METHODS

The systematic review will be conducted and reported in line with Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) guidelines.<sup>30</sup> This protocol has been registered with PROSPERO: CRD42021241213.

### Search Strategy

Studies will be primarily identified through structured searches across nine key databases:

Medline, EMBASE, CINAHL, APAIS, ProQuest, PsycInfo, Web of Science, SCOPUS, and PubMed. Additionally, searches of grey literature will be undertaken. Reference lists of included studies will be examined for any studies not identified through searches.

A search strategy has been developed with guidance from a research librarian. Search terms include key terms relating to four subjects: 'sexual health', 'youth'/ 'young people', 'migrant(s)' and 'refugee(s)', and 'Australia'. Where possible, Medical Subject Headings (MeSH) will be used. An initial pilot search across EMBASE, Medline, CINAHL and PsycInfo was conducted, using the above key terms and the term 'rights', but produced insufficient results. Following consensus between two reviewers, the term 'rights' and any variants were removed from the search strategy. Details of the search strategy are shown in **Table 1**.

Results from each database search will be uploaded to EndNote X9 reference manager and duplicate records removed.<sup>31</sup>

### Study Selection

Inclusion and exclusion criteria are detailed in **Table 1**. Eligible papers must examine MRY's perspectives, experiences, and understandings of sexual and reproductive health and/or rights. Given the specificity of this review, studies where migrant and refugee youth are subgroups of the study population may still contribute significant insights. Therefore, papers that meet only one of the two population criteria – being a) youth, and b) migrant/refugee background – will be included if they contain data on migrant and/or refugee youth perspectives.

To ensure a comprehensive selection, the review will take a broad definition of youth, including studies where the population is described as 'youth', 'young adult', 'young people' or another such term (i.e. young women), or where the population is in the age range of 15-26.

### Screening

Following removal of duplicates using Endnote X9, records will be uploaded to Covidence Systematic Review software for screening.<sup>32</sup> The screening will be undertaken in two stages by two independent reviewers (SNR and SZH).

Reviewers (SNR & SZH) will screen the title and abstracts of records and vote to discard any that do not fit inclusion criteria. Disagreements will be resolved through discussion and consensus between reviewers. If consensus is not reached, a third researcher (ML) will ascertain eligibility.

**Table 1:** Inclusion / exclusion criteria and keywords.

Parameters	Inclusion	Exclusion	Key Terms/ Strategy
Location	Australia		Australia*
Language	English	Non-English	English only selected
Date	Published 2000-	Published before 2000	Date restrictions: Jan 01 2000-
Population	Studies including migrant and/or refugee and/or asylum seeker youth, including international students living in Australia	Studies solely focusing on non-migrant/refugee youth; studies focusing	"young adult" OR adolescen* OR "adolescent behaviour" OR "young people" OR youth OR juvenile OR teen* AND migrant* OR immigrant* OR refugee* OR "culturally and linguistically diverse" OR CALD  <b>AND</b>
Outcome	Studies examining participants' perspectives, experiences, and attitudes towards SRH	Studies not concerned with SRH; studies not examining participants' views or perspectives	"sexual health" OR "sex education" OR "reproductive health" OR "reproductive service*" OR "family planning" OR "sexual health service" OR contracepti* OR "contraceptive behaviour" OR "unplanned pregnancy" OR abortion OR "sexually transmitted disease" OR sexuality OR "sexual behaviour"
Study Design	Primary qualitative, mixed methods and/or quantitative studies and grey literature	Purely epidemiological studies (disease incidence, morbidity, treatment rates)  Abstract-only papers, reviews, pamphlets, protocols, opinion pieces or letters;	NA

Two reviewers (SNR and SZH) will then screen full texts of the remaining records using the same criteria. Disagreements will be resolved in the same manner. From pilot searches, we anticipate several studies will include relevant data on MRY without this being the specific study population. These will be included where data relating to MRY perspectives can be identified and separated from data relating to other participants. For example, all-age studies of migrant and refugee populations may include data separated by age group or data attributed to participants of a certain age. In such cases, quotes and data from participants of the appropriate age will be included in the review. Similarly, studies of Australian youth or 'minority' youth groups will be included if there is distinguishable data on

migrant and refugee youth. Such studies may still hold useful data on youth perspectives and their views vis-a-vis other populations. Moreover, examining how such studies succeed or fail in addressing the specific perspectives of MRY will contribute to our assessment of knowledge gaps.

### Quality Assessment

Quality assessment of included records will be conducted using the Mixed Methods Appraisal Tool (MMAT).<sup>33</sup> This will be undertaken independently by two reviewers (SNR & SZH). Differences between reviewers will be resolved through discussion and consensus. Any remaining disagreements will be resolved by a third reviewer (ML). Studies will be given an overall score based on a percentage of quality

criteria met, where 1 criterion met is 20% and all 5 is 100%.<sup>34</sup> Authors will note lower quality studies and upon which criteria they fail, but will not exclude such studies to ensure no insights are overlooked.<sup>35</sup> Methodologically compromised studies may still contain data that contribute to the richness of the review, and will therefore be included.

As this review will examine perspectives, we anticipate studies will primarily be qualitative and mixed methods. However, quantitative studies will be included if they fit the selection criteria. MMAT allows the appraisal of five methodological categories: qualitative research, randomised controlled trials, non-randomised studies, quantitative descriptive studies, and mixed methods studies. All study types can be assessed within a single tool and, unlike other tools, MMAT includes specific criteria for mixed methods research.<sup>33, 36</sup> As such, this tool is most appropriate for our review.

## DATA EXTRACTION & SYNTHESIS

Data extraction and synthesis will be guided by Thomas and Harden's thematic synthesis methods.<sup>37</sup>

### Data extraction

For all records, a purposively designed form will be used to extract general study characteristics: date, author(s), setting, study design, data collection method(s), population characteristics, and sampling strategy. These will be presented in a table. Findings regarding the target population will be extracted verbatim from each record. For primary research studies, this will include relevant data under 'results' or 'findings' headings. Any direct participant quotes found in other sections of included studies will also be extracted. For grey literature, keyword searching will be used to identify relevant 'findings' to be extracted.

### Data Synthesis

Thematic synthesis methods are particularly suited to studies of perspectives, such as those that will comprise this review.<sup>37</sup> QSR NVivo 12 will be used to facilitate synthesis.<sup>38</sup> Given this is a specific topic with a small pool of literature, we anticipate a small number of eligible records. An inclusive approach – being methodologically thorough, yet resource-intensive – is both feasible and necessary to ensure sufficient depth of results.<sup>39</sup>

Eligible records will examine participants views and perspectives and therefore, as we have mentioned above, be predominantly mixed-

methods and qualitative.<sup>40</sup> This, combined with the relative paucity of relevant research, suggests there will be little quantitative data present, and any data will be significantly heterogeneous. Given the lack of a standardised measure on youth's perspectives, there is unlikely to be quantitatively aggregated data across studies, making meta-analysis unviable. Instead, the convergent qualitative synthesis will be undertaken, in which quantitative data will be transformed into qualitative findings.<sup>41, 42</sup> Tabular data will be translated into sentences.

The thematic synthesis will follow three stages. Firstly, the first author (SNR) will conduct line-by-line coding of all data. The synthesis will be inductive, with data guiding the development of themes rather than using pre-determined themes.<sup>33</sup> Once coded, text assigned to each code will be compared for consistency and to determine if additional coding is needed. The review team will assess codes and assigned text and make any necessary changes. Once codes are finalised, SNR will begin the second stage: developing descriptive themes. Codes will be grouped based on similarity and organised into themes, which will again be assessed by the review team. The final stage will involve 'going beyond' original study data to develop analytical themes.<sup>37</sup> This will include abstracting data to produce new interpretations that answer the review questions. The descriptive themes will infer youths' understanding of rights and the socioecological factors shaping these understandings. The codes and themes will be checked and validated by the second author (SZH) and confirmed by the research team members.

### Rigour of the synthesis

We will employ a peer review process to ensure rigour. Peer review helps verify the sufficiency of the constructed codes and themes, thereby improving the validity of our findings. Peer review is a way of keeping the researcher honest and reducing bias.<sup>43</sup> Peers are members of the research team, who have reviewed this protocol.

## DISCUSSION

This paper describes a protocol of a systematic review to fill research gaps concerning the sexual and reproductive health and rights of Australian MRY. To our knowledge, there are no existing reviews on SRHR perspectives of this population. While some literature examining the knowledge and understanding of MRY exist, there has been no systematic synthesis of this literature, and certainly no use of a rights-based framework to

assess findings. The vulnerabilities of MRY to SRH-related problems and the under-utilisation of services evinces a need for further research and policy. Synthesising the perspectives and decision-making processes of youth on their sexual and reproductive health through reviewing existing data is crucial to improving services and access.

Gaining youths' perspectives is an essential step in creating participatory programming and practice. Research indicates that inclusive practices adopted to address youth's SRHR can yield improved outcomes, and internationally, programmes have effectively used participatory strategies to develop sexual and reproductive wellbeing.<sup>44, 45</sup> Moreover, participation can be considered a right that will only be attained by understanding youth's perspectives and hearing their voices.<sup>25</sup> Our review will focus on this process.

## CONCLUSION

The proposed review will synthesise evidence on the understandings and constructions of sexual and reproductive health and rights among migrant and refugee youth as well as the socioecological factors that shape these constructions. This will provide conceptual understanding about sexual and reproductive health and rights among young people from refugee and migrant backgrounds that is currently lacking. The review will also provide insight into avenues of further research and as well as guidelines for improving policy and programming to better serve migrant and refugee communities. Findings may contribute to a broader regional understanding of how SRHR is held and constructed by minority groups.

## Conflicts of Interest

The authors listed confirm there are no competing interests regarding this manuscript.

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## Author Contributions

SNR, SZH and ML guided methodology. EM, TD, PL and VM contributed to writing and editing.

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