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Review

Addressing sexuality and sexual health with migrants. Practice guidelines

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ABSTRACT

Sexual health is an integral part of overall health and should be discussed with all people who seek help. The Vaccination and Prevention working group of the French Infectious Diseases Society (SPILF) and the Migrant Commission of the French AIDS Society (SFLS) developed recommendations to address this issue with migrants presenting vulnerability factors. After defining sexual health and target migrants, practical recommendations were issued. Sexual health can be discussed simply with migrants or people with an immigrant background. Some migrants are exposed to sexual vulnerability due to their migration route, social isolation, administrative and housing insecurity, gender inequalities, and discrimination. Situations of sexual vulnerability, sexual violence, and female genital mutilation should be systematically identified and followed by appropriate care that respects the migrant's needs. Extended screening for HIV and sexually transmitted infections (STI) should be systematically offered as part of a "migrant health checkup" and completed, if necessary, with information on preventing tools for HIV, STIs, unwanted pregnancies, and sexual violence. In this population, it is important to check if vaccinations are up to date. Sexology and addiction counselling is sometimes useful. The specific needs of LGBTQIA+ people with an immigrant background should be taken into account.

1. Introduction

Sexual health is a key factor of quality of life and should be an integral part of the daily routine of carers when providing care. Among the populations particularly concerned, migrants – understood as all persons born abroad and residing in France – are

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sometimes exposed to sexual vulnerability. As healthcare workers (HCWs) are often powerless to address these vulnerabilities and do not sufficiently screen for sexuality-related disorders, we decided to develop practical recommendations.

2. Methodology

A working group in the Vaccination and Prevention working group of the French Infectious Diseases Society (French acronym SPILF) and the Migrant Commission of the French AIDS Society (French acronym SFLS) identified the most frequent questions asked by HCWs and the issues that need to be better integrated into practices. For each question, literature data were analyzed, and guidelines were developed with the help of experts in order to provide practical answers that can be applied in the daily routine of HCWs. Several meetings were held in 2019–2020. A group composed of experts in infectiology, gynecology, sexology, community health, social medicine, mental health, and public health was asked to review or participate in the writing of these guidelines. The Sexual Health Unit of the French Institute for Public Health Surveillance (Santé publique France, French acronym SPF) was asked to review and coordinate the guidelines. As questions were not specific, published experiences were often lacking. Considering the need for educational information expressed by stakeholders, a more rigorous methodology such as a systematic review of the literature was not used. The present guidelines are therefore an expert opinion paper based on available evidence. This work has been published online in French in partnership with SPF [1].

3. Recommendations

3.1. What are we talking about?

According to the World Health Organization (WHO) [2], "sexual health is a state of physical, emotional, mental and social well-being related to sexuality. It is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, and the ability to have safe and pleasurable sexual experiences, free from coercion, discrimination and violence. To achieve and maintain good sexual health, the human and sexual rights of all people must be respected, protected and fulfilled".

Sexual health is an integral part of overall health, well-being, and quality of life. It covers various fields: sexuality in its various dimensions (autonomy, safety, satisfaction) and all issues related to sexuality such as contraception, screening for HIV and other sexually transmitted infections (STIs), vaccination, sexual vulnerabilities, sexual violence including mutilation, human papillomavirus (HPV)/cervical cancer screening, etc.

These issues may be neglected during a consultation, especially when people are confronted with social problems (housing, right to stay, health coverage, financial resources) which are their primary sources of concern.

3.2. Who is affected?

Sexual health should be addressed in all persons with an immigrant background at any time in care. Particular emphasis will be placed here on specific migrant populations who are exposed to vulnerability factors, namely:

- undocumented migrants or migrants with a right to stay restricted in time or right (e.g. to work), without health insurance coverage or with partial coverage, those without housing or in residential instability, asylum seekers and unaccompanied minors who combine these factors;
- people in prostitution/sex workers;
- foreign-born men who have sex with men (MSM);
- people who are victims of or exposed to sexual violence;
- LGBTQIA+ people with an immigrant background;
- migrant-VFRs (Visiting Friends and Relatives): people travelling in their country of birth to visit friends and family and taking sexual risks while travelling.

3.3. On what occasions can sexuality and sexual health be discussed in a consultation?

Firstly, it is important to initiate a relationship of trust, and this should be done 'naturally'. Sexual health can be discussed during a first medical interview and many people are actually willing to discuss these topics at the first consultation.

If the person does not wish to discuss them, they will know that they can talk to you about these topics at a future consultation. There are many opportunities:

- during HIV screening, whether it is performed in a Free Center for Information, Screening and Diagnosis of HIV and STIs (French acronym CeGIDD), a Family Planning or Education Center (French acronym CPEF) or elsewhere, including during off-site screening. For migrants from areas where HIV is highly endemic, the recommendation is to screen for HIV and STIs at least once a year;
- when warning signs are observed: physical signs of violence, anxiety, or depressive symptoms;
- during a pre-travel consultation or upon return from highly endemic areas;
- during any consultation of general medicine, gynecology, urology, and infectiology or in healthcare centers dedicated to deprived people) (French acronym PASS);
- during a vaccination consultation, in vaccination centers, mother and child consultation (French acronym PMI), and travel consultations;
- during prenatal care and at the maternity hospital for parents-to-be.

3.4. How should sexuality and sexual health be addressed in counselling?

Start a dialogue:

- the physician's openness to speak without embarrassment is a guarantee of good receptivity on the patient's part;
- caution should be exercised to avoid heteronormative representations and the assumption that the person is 'necessarily' heterosexual;
- leaving a door open for the expression of a sexuality, particularly extra-marital or socially stigmatized, if it is not spontaneously evoked;
- ask about the social and marital situation in order to guide the interview appropriately: "Where do you live? Do you have children? Are you married? Is there someone in your life?";
- know how to say a simple sentence: "Are you sexually active?", "How is your sexuality now?";
- addressing issues of multi-partnering, protected and unprotected, transactional and non-transactional, consensual and non-consensual sex before, during, and after migration.

The discussion can be extended by looking for more specific evidence:

- "Are you satisfied with your sexuality?"
- "In the last month, have you had any sexual desire or thoughts?"
- "Is it going well?"
- "Do you get pleasure when you have sex?"

In case of suggestive signs on examination:

- in women, look for pain during sexual intercourse, while in men, look for erectile dysfunction;
- a preliminary somatic assessment will be carried out. Local pelvic pathology (upper or lower genital infection, endometriosis), screening for STIs that can interfere with intercourse, and diabetes that can cause erectile dysfunction will be looked for;
- refer the patient to a sexology consultation if he/she is willing – and if disorders are observed.

3.5. What to do if you have difficulty in understanding the patient?

- use a professional interpreting service;
  Face-to-face interpreting, where possible, is preferable to telephone interpreting. Although the physical presence of a third person can be interpreted by the carer as an obstacle, the presence of a third person allows for building a therapeutic relationship of trust to better capture non-verbal elements, which is very appropriate when talking about sexuality. Tools for translating certain words related to sexual health are available on the FSEF website [3];
- when the topic is difficult to discuss, or when there are difficulties due to cultural or traditional reasons, use the service of a health mediator/facilitator. They usually work in associations and in health or prevention structures;
- it may sometimes be necessary to delegate care to a HCW of the other sex (this may be important with some communities). If delegation is not possible, it is still necessary to raise the issue. The patient will know that sexual health is an issue and will be able to discuss it with another caregiver of his/her choice.

The bilingual health booklets produced in partnership with the Committee for the health of exiles (Comede) and several associations with SPF are useful to enter into a dialogue [4]. They cover diverse topics relating to rights and health, with a chapter on sexual health and HIV (pages 92-121). They can be downloaded in 15 languages and are available in hard copy on order from SPF, and can be handed out to patients during their consultation.

3.6. How to discuss contraception with migrants?

Contraception is a critical issue, as well as prevention of unwanted pregnancies and sexual health. Only a small percentage of migrant women used contraception in their country of origin. Reasons for this are diverse: desire for pregnancy, less accessibility, representations of contraception, social expectations related to fertility, etc.

Determining the best contraception method to offer to migrant women in a precarious situation is difficult. However, certain points can be recalled [5]:

- after discussion and informed advice, the final choice of contraception or no contraception is made by the patient. Some women may wish to be accompanied in the prevention of STIs but do not want contraception;
- long-acting contraceptives such as intrauterine devices (IUDs) and etonogestrel implants are more effective as they overcome compliance problems. However, patients should be warned of the risks of cycle disturbances and spotting – mainly observed with contraceptive implants. Levonorgestrel IUDs (Mirena®) reduce the abundance of menstrual periods or even provoke amenorrhea in case of menorrhagia, particularly linked to uterine fibroids;
- the estro-progestogen pill is easily prescribed, and the continuous form (21 active tablets and 7 placebos) improves compliance. All these contraceptive methods can be provided free of charge to women without health coverage in specialized structures (CPEF, CeGIDD, and PASS);
- apart from contraindication to other methods, contraceptives with a risk of side effects that would reduce compliance, such as abnormal bleeding, weight gain, acne, etc., should not be prescribed;
- it is necessary to take into account possible enzyme inducing treatments (including certain antiretroviral drugs prescribed for HIV infection) which reduce contraceptive effectiveness. In this case, intrauterine devices are the preferred option.

3.7. How to identify female genital mutilation?

Female genital mutilation affects over 200 million women worldwide. While the practice has historically been most prevalent in Africa (Fig. 1), it is now occurring in other parts of the world, notably in European countries, but also in India and Indonesia. According to the latest estimates for 2019, they concern 125,000 women in France. They are performed on children living in France, most often when they return home during a temporary stay or on holiday.

Female genital mutilation may – or may not – cause suffering for patients: carers will approach it without positive or negative projections. It is important to identify it and to open up a space for discussion with women to be able to offer them treatment (if they wish so) which is not systematically done in France, despite request of the women concerned.

Practitioners should adopt a non-judgmental, caring attitude, and should avoid using words that might stigmatize the women and prevent any dialogue ("barbaric practice"). Women may sometimes have a conflict of loyalty with their community of origin and such words could be very hurtful.

Identification of female genital mutilation is based on questioning the patient. It is advisable to use appropriate and accessible vocabulary such as "tradition", "custom", "cut sex", "excised", or "cut down".

When patients mention female genital mutilation, the gynecological clinical examination is never mandatory and always requires prior information on the examination purpose and the patient's consent. It can be performed at a later stage by a specialized team.

The aim is to detect complications (urinary infections, hemorrhage, fistulas, dyspareunia, desire problems, etc.) and to refer willing women to specialized care centers. This referral should be systematically proposed, without necessarily highlighting the possibility of surgical repair, as the care is multidisciplinary and adapted to the patient's request (psychologist, sexologist, midwife, gynecologist, etc.).

Reference centers are available from the GAMS website [6].

Identifying female genital mutilation in mothers is also an effective way to prevent it in their daughters. Practitioners can assess the risk of female genital mutilation for daughters before departure to the country. The main risk factor is that the mother is herself circumcised. In this case she may be under strong social pressure. Practitioners should then assess the risk, give advice to the mother to protect her daughter (not to leave her alone in the country, involve the father, find a family member in the country to support her, postpone the trip); if practitioners feel that the mother is

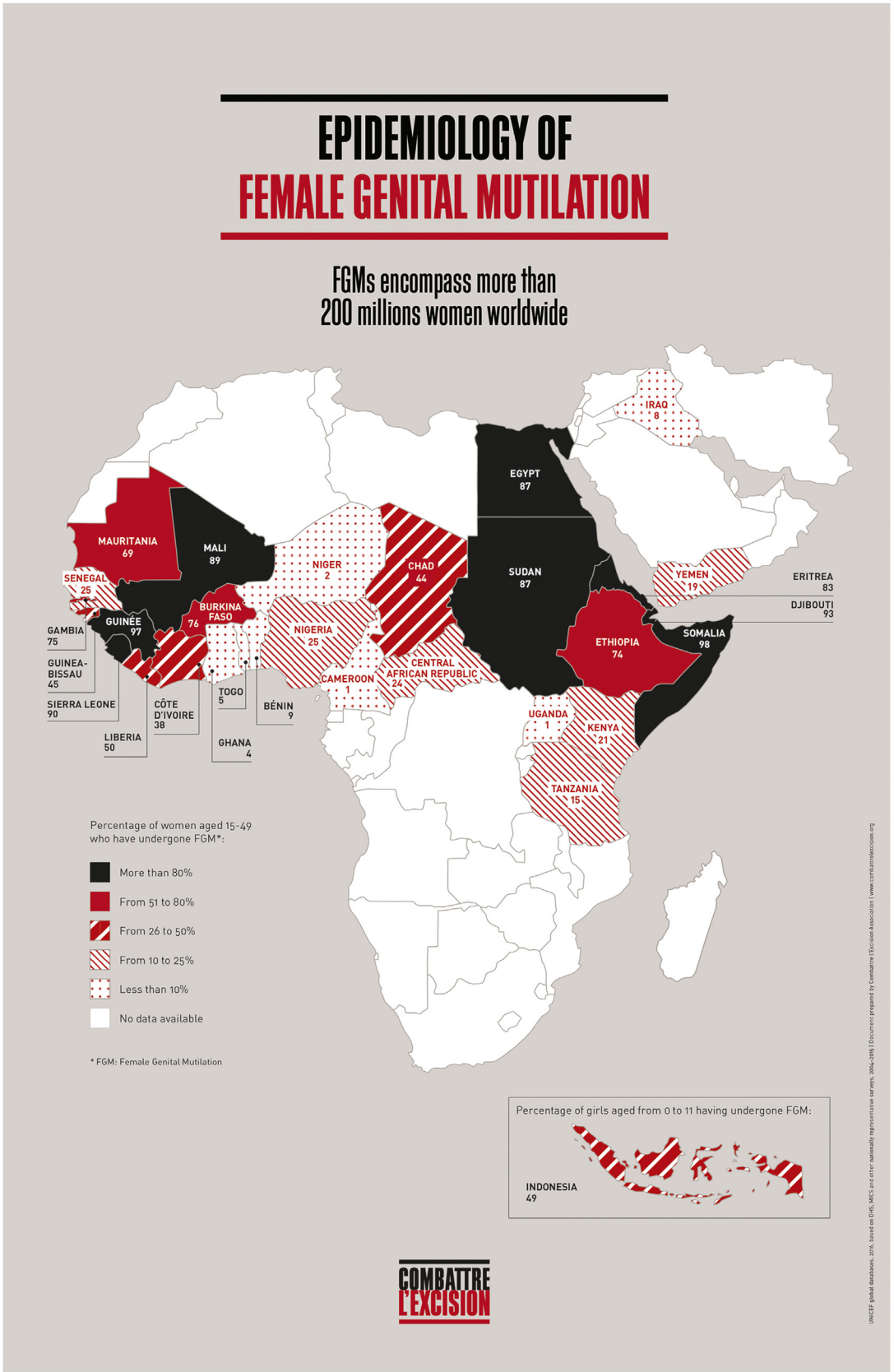

Fig. 1. Prevalence of female genital mutilation by country in Africa and Indonesia [17,18]. UNICEF data, 2016, document prepared by Claire Tantet, graphic communication Clémentine Tantet.

at risk of not being able to protect her family, they should provide support and make a report to the public prosecutor.

Legislative point. In France, the law condemns and sanctions all mutilation practices. Female genital mutilation is a crime in France. Any professional confronted with female genital mutilation that has taken place in France or elsewhere on behalf of a French national is obliged to report it to the courts (derogation from professional secrecy).

For more information, the French National Authority for Health (French acronym HAS) issued recommendations in February 2020 on the "Management of female genital mutilation by primary care health professionals" [7] and the general public website "Question Sexualité" of SPF also has a specific webpage [8].

3.8. How to explore current or past sexual and/or physical abuse?

Be alert to risk factors and signs suggestive of physical and/or sexual violence. It is recommended that the assessment be based on objective evidence and that no assumption be made.

It is therefore important to identify certain elements and to provide the best possible guidance to victims of violence.

To detect violence, open a dialogue with a few questions:

- are you or have you ever been married? If so, was it your decision or the family's?
- have you ever felt forced to have sex?
- have you ever been a victim of physical or sexual violence?
- have you always chosen your sexual partners or has this ever been forced upon you?

When situations of violence are reported in the country of origin, on the migration route, or in the host country, it is important to take the time to listen and provide psychological support. Ideally, physicians will suggest that the person be referred to specialized structures in order to benefit from psychological care and social support (EMPP, Medical and Psychological Centers [CMP], social workers, associations specializing in violence against women or support for migrants). Sexual violence can affect both women and men.

It is important to remind migrant victims of two points:

- everyone has the right to lodge a complaint, even in an irregular situation, with the police or at a police station;
- a child witnessing domestic violence is considered a victim of violence.

To find out more, the HAS issued recommendations in December 2020 on "Identifying women victims of domestic violence" [9]. Two tool sheets have been developed to provide practical information for professionals.

HCWs should never trivialize a patient's talk of sexual violence.

The telephone number for women victims of violence is 3919. It listens, informs, and guides women victims of violence, as well as witnesses of violence against women.

It is also important to mention the special case of sexual relations in exchange for housing. HCWs should be aware that these practices sometimes exist. Again, only objective evidence should be analyzed. In these situations, it is useful to remember that these practices are illegal and that it is possible to prosecute the aggressor. For asylum seekers, it is possible to fill in a vulnerability certificate to have access to a reception center for asylum seekers (French acronym (CADA).

Steps to be taken if sexual and/or physical violence is observed on the French territory: medical certificate and report.

3.8.1. Medical certificate

- Templates of medical certificates are available for victims of violence on the HAS website [10]. The writing of the certificate attesting to physical injuries or psychological disorders does not replace the reporting.
- The document should be faxed to the departmental prosecutor and the latter should be informed by telephone [11].

When a situation of violence on the national territory is reported and the person agrees to follow it up, the victim and/or the professional can be helped by calling the emergency number 3919. The police can also be contacted, depending on the context, on 17 or 112, especially when the victim wishes to file a complaint.

3.8.2. Reporting by HCWs

- The physician must do the reporting of physical and sexual violence (sexual assault and rape) [1]:
  - this is a legal derogation from professional secrecy (Article 226-14 of the Penal Code) and a deontological obligation (Article R 4127-44 of the Public Health Code);
  - report to the public prosecutor can only be made with the victim's consent, except in the case of a minor or a person who is unable to protect himself/herself due to age or physical or mental incapacity;
  - if violence or injury to a minor or vulnerable person is observed, the physician must act in the interest of the victim and may report the matter to the administrative or judicial authorities.
- In the event of "proven danger", the matter should be referred to the public prosecutor.
- In the event of "worrying information", it is necessary to contact the Departmental Council, and more specifically the Collection, processing, and evaluation of worrying information unit (French acronym CRIP).
- In case of doubt, prefer the Public Prosecutor, who will judge whether or not it is necessary to inform CRIP.

3.9. Point of attention: How to advise transgender people?

Transgender people may face discrimination and medical, social, economic and psychological difficulties. In collaboration with associations, it is important to receive them adequately without questioning gender, in order to promote comprehensive and integrated gender health care. It may be necessary to refer them to endocrinologists, dermatologists, gynecologists, urologists, and mental health professionals to improve compliance and to better identify risk behaviors in relation to STIs/HIV and self-medication to promote combined prevention measures such as PrEP. A list of the main associations that transgender people or people in transition can contact can be found in Annex 1.

3.10. Homophobia and health risks

Some migrants leave their countries of origin because of their sexual orientation, which often leads to violence in the country of origin and/or on the migration route. In addition to the comprehensive care described in this document, consider homophobia consequences on psychological health (poor quality of life, mood disorders, suicidal thoughts, etc.), that can be the cause of addictions.

3.11. Mental health care needs

Several events may be the cause of psychological suffering: migratory journey, reason for leaving the country, separation from relatives (children often remain in the country of origin), administrative difficulties, reception conditions, etc. Physical and/or sexual

violence should be looked for given their repercussions on mental health. Anxiety, mood disorders, sleep disorders, somatization, and post-traumatic stress disorder can be observed and can impact the daily life and ability to conduct administrative procedures. Practitioners must be familiar with competent professionals to whom they can refer patients. In all departments, there are Mobile Psychiatry Precariousness Teams (French acronym EMPP) that can act as a link between precarious migrants and psychiatric care such as Medical and Psychological Centers (French acronym CMP), non-governmental organizations and reference centers for the treatment of psycho-trauma in particular. The waiting period is often long. It is then useful for HCWs to be trained in the management of these disorders and to know when and how to prescribe mental health drugs when indicated, while awaiting reassessment by a specialized team. Useful information and contacts are provided in the Mental Health chapter on pages 84-91 of the bilingual health booklets of SPF.

3.12. Addictions

The vulnerability of some migrants, which causes psychological suffering, can lead to excessive consumption of psychoactive substances, such as benzodiazepines, alcohol, and opioids.

Chemsex consists of using psychoactive products such as new synthetic products (cathinones, GHB, methamphetamines, ketamine, etc.), cocaine, or crack in a sexual context. Addictions must be questioned, and clinical signs of impregnation or withdrawal sought. A history of hospitalization for overdose is a warning sign. Consumers can be referred to the Centers for Addiction Care, Support and Prevention (French acronym CSAPA) or Centers for the Support and Reduction of Harm for Drug Users (French acronym CAARUD).

3.13. Screening of sexually transmitted infections

In addition to clinical evaluation, full STI screening is an integral part of the health checkup that should be systematically offered to migrants in vulnerable situations, as recommended by the High council for public health (French acronym HCSP) and the Ministry of Health [12]. During outreach activities, HIV or combined HIV-syphilis, HbS-Ag and HCV rapid screening tests can be offered to allow rapid diagnostic orientation.

The STI tests to be prescribed are as follows:

HIV serology
HBsAg, anti-HBsAb, anti-HBcAb
Hepatitis C serology
Syphilis serology
Hepatitis A serology for MSM
PCR Chlamydia/Gonococcus urine or vaginal, throat, anus (depending on sexual practices and risks)

Self-sampling is preferred for endocervical (vaginal self-sampling is more sensitive than urine sampling in women) and anal sampling.

This screening should ideally be extended to the rest of the health checkup, which should be adapted to each individual: CBC, creatinine, fasting glycemia (≥45 years), ASAT, ALAT, bilharzia serology (if from sub-Saharan Africa), urine dipstick, chest X-ray, interferon gamma detection test (IGRA) for people under 18 years of age and young adults in contact with children in particular. It could usefully be completed with post-vaccination serologies in the context of catch-up vaccination for people whose vaccination status is unknown: anti-tetanus antibodies, anti-HBs antibodies and varicella serology could be performed in the absence of history.

3.14. Pre-exposure prophylaxis for HIV (PrEP) and post-exposure prophylaxis (PEP) for migrants?

PrEP has been authorized in France since 2016, and is recommended for people at risk of acquiring HIV, including migrants in vulnerable sexual situations. PrEP is not reserved for MSM; it should be considered as a possible option for heterosexuals who are identified as being at risk of exposure, regardless of their social situation. Prescribed to a woman, it is a means of empowering her in the face of a partner or partners who may not wish to use a condom. PrEP is 100% covered by the health insurance system even in the absence of supplementary health insurance (and can be provided free of charge in CeGIDD for people without health insurance). It consists in prescribing antiretroviral drugs active against HIV (emtricitabine + tenofovir 200/245 mg) to uninfected people to greatly reduce their risk of acquiring HIV.

Patterns of PrEP are as follows:

Women	Men
Continuous treatment (1 tablet per day)	Continuous (1 tablet per day) or intermittent (2 tablets 24 to 2 hours before intercourse, then 1 tablet at 24 hours and 1 tablet at 48 hours)
Delayed protection after 7 days of treatment	Protection after taking 2 tablets at once, at least 2 hours before exposure

The initial prescription of drugs currently used for HIV PrEP is now open to all physicians, including family physicians. It requires follow-up with consultations every three months.

FormaPrEP is a free e-learning platform dedicated to PrEP, recommended for all PrEP prescribers [13].

The prescription of PrEP is part of a diversified/combined HIV prevention approach that includes the promotion of personal and partner screening, male/external condoms (which can now be prescribed and covered by the social security) and female/internal condoms, the fight against violence and non-consensual sex, PEP, and Treatment as Prevention (TASP).

It is important to remind women that PrEP is compatible with contraception and breastfeeding.

In view of the social difficulties encountered by certain people who may be offered PrEP, medical, psychological, and social support – if possible with the help of health mediators/facilitators and/or specialized associations – seems to be necessary for the development of a sexual health pathway including PrEP in the long term.

In case of sex without condom, all migrants have to be informed about the opportunity of using PEP in an emergency department or CeGIDD. Emergency contraception and the right to voluntary termination of pregnancy should be mentioned to women.

3.15. Vaccination catch-up

Migrants are most often not up to date with their vaccinations according to the French vaccination calendar. Vaccination catch-up must be systematically offered, even if information on their previous vaccinations is lacking (see HAS/SPILF recommendations for implementation methods [14]).

In a sexual health approach, particular attention will be paid to the proposal and completion of vaccination against hepatitis B for those who test negative and are not immune, against papillomavirus (HPV) for young women and men up to the age of 19, and against hepatitis A and HPV for MSM (up to the age of 26 for HPV).

You will find a reminder of the recommendations and resources in the space for professionals on the Vaccination Info Service website [15]. A 4-page leaflet entitled “Vaccines at all ages: 2021 calendar” presents the 2021 calendar of vaccines to be given throughout life in an educational and visual way. This document

is available in five languages: English, Arabic, Spanish, Russian, and Turkish.

3.16. Cancer screening

General screening for cervical, breast and anal cancer will be systematically offered to people in the target group regardless of their social situation. Particular attention will be paid to cervical cancer (and its prevention through vaccination for younger people) in view of the increased risk among migrant women.

3.17. Going further: resources for practice

The Comede guide, developed in partnership with SPF, is intended for professionals working with migrants/foreigners in vulnerable situations. Designed to encourage a multidisciplinary approach, this guide provides reference points and knowledge on rights and support, access to care, care and prevention, with complementary theoretical and practical information [16].

QuestionSexualite.fr is the reference website for the general public, supported by SPF. Thanks to simple and detailed content validated by experts, it provides answers to all questions you may have about anatomy, practices, pregnancy, STIs, and discrimination related to sexuality.

Contribution of authors

HC and NV coordinated the working group. HC, CT, TS, EB, EM, FH, SF, DL, AF-M, HCL, MA, FL, MP, AS, and NV participated in the working group, developed the guidelines, and contributed to drafting the recommendations. LA, EH, ELL, and NL reviewed the draft recommendations, made recommendations for harmonization with existing interventions, and contributed to disseminating the recommendations via Santé publique France. All authors reviewed and approved the recommendations

Ethical statement

The authors have no conflicts of interest to declare in relation to the manuscript. The work has received institutional support from the Société de Pathologie Infectieuse de Langue Française and the Société Française de Lutte contre le Sida.

Disclosure of interest

The authors declare that they have no competing interest.

Annex 1. Associations providing information to transgender people

STS (Support Transgender Strasbourg): www.sts67.org
ACCEPTESS -T: www.facebook.com/acceptess.transgenres
Inter -LGBT: www.inter-lgbt.org
PARI T: www.pari-t.com
OUTrans: www.outrans.org
ORTrans (Objectif Respect Trans): www.ortrans.org
PASTT: www.pastt.fr
Chrysalis: www.chrysalidelyon.free.fr
ODT: www.observatoire-des-transidentites.com
Transgender and Transidentitarian Community: www.txy.fr
ANT (National Transgender Association): www.ant-france.eu
Association Beaumont Continental (ABC): www.abc-transidentite.fr
SoFECT: www.transsexualisme.info
ARCAT: www.arcat-sante.org
GEsT: www.transidentite.fr

References

[1] SPILF, S.F.L.S., S.P.F. Aborder la sexualité et la santé sexuelle avec les personnes migrantes [Internet]. Santé Publique France; 2021 [cité 10 janv 2022]. Disponible sur: https://www.santepubliquefrance.fr/determinants-de-sante/sante-sexuelle/documents/depliant-flyer/aborder-la-sexualite-et-la-sante-sexuelle-avec-les-personnes-migrantes.
[2] W.H.O. Constitution of the world health organization. In: Basic documents. Forty-fifth edition. Supplement. [Internet]. WHO; 2006 [cité 10 janv 2022]. Disponible sur: https://www.who.int/governance/eb/who_constitution_en.pdf.
[3] Les guides de santé sexuelle multilingues du CPEF Colliard [Internet]. [cité 10 janv 2022]. Disponible sur: http://www.fsef.net/index.php/etablissements/centre-colliard/cpef-centre-colliard.
[4] Livret de santé bilingue | Comede [Internet]; 2016 [cité 10 janv 2022]. Disponible sur: https://www.comede.org/livret-de-sante/.
[5] Haute Autorité de Santé Contraception chez la femme adulte et de l'adolescente en âge de procréer (hors post-partum et post-IVG) [Internet]. [cité 10 janv 2022]. Disponible sur: https://www.has-sante.fr/jcms/c_1752542/fr/contraception-chez-la-femme-adulte-et-de-l-adolescente-en-age-de-procreer-hors-post-partum-et-post-ivg.
[6] Ressources complémentaires [Internet]. Fédération GAMS. [cité 10 janv 2022]. Disponible sur: https://federationgams.org/ressources-complementaires/.
[7] Prise en charge des mutilations sexuelles féminines par les professionnels de santé de premier recours [Internet]. Haute Autorité de Santé. [cité 10 janv 2022]. Disponible sur: https://www.has-sante.fr/jcms/p_3150640/fr/prise-en-charge-des-mutilations-sexuelles-feminines-par-les-professionnels-de-sante-de-premier-recours.
[8] Les mutilations sexuelles [Internet]. [cité 10 janv 2022]. Disponible sur: https://questionsexualite.fr/lutter-contre-les-violences-et-discriminations/les-violences-sexistes-et-sexuelles/mutilations-sexuelles-feminines-qu-est-ce-que-c-est.
[9] Haute Autorité de Santé - Repérage des femmes victimes de violences au sein du couple [Internet]. [cité 10 janv 2022]. Disponible sur: https://www.has-sante.fr/jcms/p_3104867/fr/reperage-des-femmes-victimes-de-violences-au-sein-du-couple.
[10] Certificat médical initial concernant une personne victime de violences [Internet]. Haute Autorité de Santé. [cité 10 janv 2022]. Disponible sur: https://www.has-sante.fr/jcms/c_1120330/fr/certificat-medical-initial-concernant-une-personne-victime-de-violences.
[11] Enfant en danger: comment le signaler? [Internet]. [cité 17 janv 2022]. Disponible sur: https://www.service-public.fr/particuliers/vosdroits/F781.
[12] Visite médicale des étrangers primo-arrivants [Internet]. [cité 10 janv 2022]. Disponible sur: https://www.hcsp.fr/explore.cgi/avisrapportsdomaine?clefr=672.
[13] FormaPrEP - Plateforme d'apprentissage en ligne FormaPrEP [Internet]. [cité 10 janv 2022]. Disponible sur: https://www.formaprep.org/.
[14] Haute Autorité de Santé - Rattrapage vaccinal en situation de statut vaccinal incomplet, inconnu, ou incomplètement connu - En population générale et chez les migrants primo-arrivants [Internet]. [cité 5 oct 2021]. Disponible sur: https://www.has-sante.fr/jcms/c_2867210/fr/rattrapage-vaccinal-en-situation-de-statut-vaccinal-incomplet-inconnu-ou-incompletement-connu-en-population-generale-et-chez-les-migrants-primo-arrivants.
[15] Accueil PRO | Vaccination Info Service [Internet]. [cité 10 janv 2022]. Disponible sur: https://professionnels.vaccination-info-service.fr/.
[16] Guide Comede. Comede [Internet]; 2016 [cité 10 janv 2022]. Disponible sur: https://www.comede.org/guide-comede/.
[17] Tantet C, Tantet C. Epidémiologie des mutilisations sexuelles féminines [Internet]. [cité 10 janv 2022]. Disponible sur: http://combattrelexcision.org/wp-content/uploads/2021/10/CMBTRE-EXCISION_Carte_220(340_180906.jpg.
[18] Tantet C, Tantet C. Prévalence des mutiliations sexuelles féminines dans le monde [Internet]. [cité 10 janv 2022]. Disponible sur: http://combattrelexcision.org/wp-content/uploads/2021/10/GAMS-carteFR.jpg.