

## Technical Brief: Gender equality in addressing the causes and consequences of the health of migrant women

*To comprehend the concrete ways in which women are affected, requires an examination of the process of women's migration from a gender inequalities perspective ...<sup>1</sup>*

Migration – voluntary and forced – is a historical process in the world. Multiple factors drive migratory flows – work and economic opportunities, social and gender-based violence, armed conflict, political and economic crisis, or climatic events and disasters.

In the Region of the Americas, most countries have been, at some point, countries of origin, transit, destination and return. Nonetheless, sudden mass migration which abruptly interrupts the functioning of the health systems and infrastructure, is a new and growing reality, which has been identified as an urgent priority in the national agendas of Member States.

The intensification of two concomitant mass migration phenomena has recently been observed in the Americas: migration from Mesoamerica towards Mexico, the United States and Canada, and the migration from Venezuela to South American and Caribbean neighboring countries. These new migratory flows have placed the issue of migration at the center of the attention of the countries of the Western Hemisphere. Migration northward by Central American countries continues as a predominant trend, and Mexico and territories within the Northern Triangle of Central America (NTCA) are key transit territories. On the other hand, as of 31 October 2018, three million Venezuelans were living outside their country of origin and 2,4 million of them were hosted by countries in Latin America and the Caribbean. Colombia, Peru and Ecuador bear the heaviest burden of migration, with over 1.7 million Venezuelan migrants (70%) currently being hosted by these three countries.

In all these cases the risks, vulnerabilities and specific needs of migrants (women and men), are different, in the countries of origin, transit, destination and return. The vulnerabilities are exacerbated for non-voluntary migrants or when migration is associated with other exclusion and discrimination determinants, or when migrants fall outside the legislation or procedures of the country of origin, transit and destination.<sup>2</sup> In the specific case of migrant women and girls, the gender associated risks and vulnerabilities are magnified during the migration journey, putting their health and safety at risk.

The following table shows examples of the risks and vulnerabilities for Central American migrant women in the different phases of the migration cycle, where social violence, sexual violence, stigma, exclusion and, difficulties to access health services, are underscored.

<sup>1</sup> CEDAW. General recommendation No. 26 on female migrant workers. Paragraph 5

<sup>2</sup> ECLAC. 2018. Social protection and migration. A look at the vulnerabilities and the life of the persons during the migration process.



## Migration cycle and the main risks associated : examples from Central American migrant women

Origin	Transit	Destination	Return
Disinformation	Irregular condition	Disinformation	Social exclusion
Difficulties to obtain official permits and at the family level	Limited access to social protection	Stigma	Persistent risks and needs in country of origin
Limited access to travel documents	Limited access to health services  Disinformation	Obstacles to migratory control  Scouting by trafficking networks, exploitation and kidnapping	Discrimination  Stigma
Social violence	Scouting by trafficking networks, exploitation and kidnapping	Precarious entry into the work force with indecent conditions	Lack of social networks and opportunities for productive work
Sexual violence	Inhumane transportation conditions  Social violence  Sexual violence	Inhumane transportation conditions  Social violence  Sexual violence	Difficulties and obstacles for status change  Difficulties to access basic social protection services Persistent social and sexual violence

Source: ECLAC. 2018. *Social Protection and migration. A Perspective on the vulnerabilities through the cycle of migration and the lives of migrants.* Table 2.

Migration is consolidating a new global demand of sex division of labor for a migrant female work force in destination countries, especially with regard to domestic work and care, in the service industry and in sex work; migration then, can also reinforce gender stereotypes which limit women's autonomy, their lack of power in decision making, their increased exposure to gender based violence and, their vulnerability to systemic abuse of their human rights.<sup>3</sup> Violence, including gender based violence, is a public health problem that should be considered throughout the migration process.

Gender considerations should be given special attention in the debate on the causes and consequences of – voluntary and forced migration and forced displacement – especially, in the definition of integrated responses to migration and the health of migrants. It is crucial to consider that the sex, gender identity and sexual orientation of migrants impact on each stage of the migration experience. The expectations, the dynamics and power relations associated with being a man or woman, boy or girl, and having a LGBT identity, may considerably impact on all aspects and experiences related to the migration process.<sup>4</sup>

### Access to health services: implications for the health of migrant women

Migrant women may have different health seeking behavior from that of the communities in the destination countries, due to the differences in social norms, culture, language and the organization of the health systems in the countries of origin and destination. Additionally, restrictive policies or laws, high costs, stigma and discrimination are barriers which impede access to health services. Granted that information on migrant women is sparse, a study

<sup>3</sup> UN Women. México 2015. Human rights of female migrant workers <http://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2016/women-migrant-workers-human-rights-es.pdf?la=es&vs=4402>

<sup>4</sup> IOM. Gender and migration. <https://www.iom.int/es/genero-y-migracion>



conducted in a shelter with migrants mainly from Central America, in Monterrey (Mexico), shows that migrants avoid seeking health services due to the need to work for survival and, the constant fear of being deported. Another study with Haitian migrants in the Dominican Republic shows that discrimination and humiliating experiences have contributed to poor mental health and limited access to health services.<sup>5,6</sup>

The relation between migration and adverse health outcomes varies by subgroups of migrants and situation of vulnerability, ethnicity, gender and the region of the origin and destination countries. These factors expose migrants, and more so migrant women, to increased risks for work injuries, sexual abuse, violence - especially gender based violence, drug abuse and psychological disorders, as well as to contract infectious diseases, like sexually transmitted infections, HIV/aids infection, tuberculosis and hepatitis.<sup>7</sup> Migrant women who do care work face, in addition to the above stated, increased risk for abuse, deplorable work conditions with reduced wages, especially related to their legal status in destination countries.<sup>8</sup>

Migrant women face diverse barriers to access health services. The reasons are multiple and simultaneous, particularly, lack of health insurance resulting in out of pocket expenditure, especially with regard to irregular migration status; time to attend a health clinic, which could mean leaving work and losing income; not knowing the language and cultural differences between the country of origin and the destination country which makes women fearful of exposing themselves to more stigma and discrimination. These situations are exacerbated depending on their specific health needs and that of their children if they are present.

Though information on migrant women's access and use of health services is limited, some studies show the situation of migrant versus non-migrant persons. For example, according to a study conducted by the Secretary of Health of Mexico and the Pan American Health Organization in 2015, on migrants seen at primary health care centers in Chiapas (primarily in transit from Guatemala and Honduras), 79% were seen for respiratory diseases, 75% for digestive tract diseases, 48% for dermatitis, 42% for insolation, 64% for trauma related to accidents, 42% for violence and 33% for mental health trauma, including addictions. According to a similar study conducted by the International Organization on Migration (IOM) and the Latin-American Faculty for Social Sciences (FLACSO) in Guatemala, the principal health complaints of deported migrants were, sadness, lack of appetite, depression and anxiety. Disasters may intensify the health risks of migrant populations.<sup>9</sup>

Subsequently, human migration is one of the most challenging public health priorities and as a result, the health risks of migrants, especially women, are increasing on the political agenda in the Region of the Americas. Integrated responses must consider gender equality when addressing work and life conditions; migratory status; access to health; lack of social networks or even disempowerment and exclusion. It is necessary to recognize that medical attention and access to health services for migrants, and especially women, is a regional and also specific phenomena according to the destination countries capacities and regulations to respond.

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<sup>5</sup> CEPAL. 2018. Social protection and migration. A look at the vulnerabilities and the life of the persons during the migration process.

<sup>6</sup> CEPAL. 2018. Social protection and migration. A look at the vulnerabilities and the life of the persons during the migration process.

<sup>7</sup> PAHO. 2016. Health of Migrants. CD55/11, Rev. 1

<sup>8</sup> WHO. 2017. *Women on the move. Migration care work and health.*

<sup>9</sup> PAHO. 2016. Health of Migrants. CD55/11, Rev. 1



Concomitantly, a protection factor or platform for all countries is the adoption of the strategy for universal health, where gender equality is an explicit necessary condition.

### **Actions necessary to ensure access to health for migrant women :**

Another way to ensure an integrated and coherent approach to gender inequalities combined with other barriers to access to health for migrant women, fundamentally is to have, a regional response with national responsibilities. Addressing the specific and differentiated needs of migrant women should be a key component in the context of country advances towards quality, progressively universal, gender sensitive and intercultural, integrated health services.

To address the vulnerabilities and risks that migrant women face, worldwide and nationally, strategies and policies designed to respond to the consequences of migration on health, should include gender equality and social determinants approaches. It is also necessary to conduct quantitative and qualitative research on the health and wellbeing of migrant women during the complete process of migration and within the framework of gender inequality and human rights. One of the principal challenges is the availability of data on migration patterns, migration flow and the characteristics of migrant population, among other factors.<sup>10</sup>

Thus, effective intersectoral coordination should be strengthened with strategies and plans for the social inclusion of migrant women with respect for their rights; as well as, defining spaces for collaboration and complementarity between sectors and with civil society to respond, ensuring their participation.

### **PAHO's commitments and responses:**

PAHO's technical cooperation on migration and health is framed within commitments established in its Resolution CD55.R13 Health of Migrants<sup>11</sup> adopted in September 2016 by Member States in consonance with the commitment to promote and protect the enjoyment of the maximum fulfillment of health possible as a fundamental right of every human, which is the value expressed in the PAHO *Strategy on Universal Access to Health and Universal Health Coverage*<sup>12</sup>. Said Resolution calls on Member States, according to their context, priorities and institutional frameworks, and taking into account the cross-cutting theme of gender equality, according to the Gender Equality Policy<sup>13</sup>- to:

- Generate health programs and policies to address health inequities which affect men and women migrants in a differentiated way, and to develop interventions to reduce health risks, by strengthening programs and services which are sensitive to their different conditions and needs;
- Lead initiatives to modify or improve the normative and legal frameworks which address the specific health needs of migrants and their families, with special attention to women;
- Advance toward the access to quality, integrated and progressively universal health services which, are enjoyed by others who live in the same territory, despite migratory status, and safeguarding financial protection; and
- Promote bilateral, multilateral and national actions to generate coordinated proposals for gender sensitive health programs and policies of common interest in border areas.

<sup>10</sup> CELADE. 2018. Demography Observatory. International Migration

<sup>11</sup> PAHO (2016). Resolution CD55.R13 on the Health of Migrants

<sup>12</sup> PAHO (2014). Resolution CD53.R14. Strategy for Universal Access to Health and Universal Health Coverage

<sup>13</sup> PAHO (2005). Resolution CD46.R16. Gender Equality Policy.



To address the differentiated health needs of men and women migrants, with a gender equality and human rights framework, PAHO is developing a guidance document to orient countries in their efforts to achieve the protection of the health and wellbeing of all persons - migrants or hosts - in the Region of the Americas. The document is comprised of the following strategic lines of action:

1. Strengthening health surveillance, information management and monitoring: taking into account the contexts, situation and health outcomes of men and women migrants in the migration process.
2. Improvement in access to health services for men and women migrants and host countries: eliminating the specific gender and other social determinants barriers to access.
3. Improving communication, exchange of information and experiences to eliminate xenophobia, stigma and discrimination.
4. Strengthening partnerships, networks and multicountry frameworks to understand the status, and promote and protect the health of migrant persons.
5. Adaptation of policies, programs and legal frameworks to promote and protect the health and wellbeing of migrants; with special attention to migrant women and girls due to their increased risk and vulnerabilities to gender-based violence.

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