



CHANGING PATTERNS OF MIGRATION ... Taking the Health of Women and Girl Migrants Forward

1. Introduction

1.1 At a time when progress toward the UN Millennium Development Goals is faltering in many parts of the world, improving access to healthcare, especially reproductive healthcare, is becoming more of a challenge than ever. The challenge is especially evident in resource poor countries where there is not only a shortage of trained medical staff, but also a poor distribution of the staff that does exist. The problem is not unique to poor countries, however. In many of the richer countries, pockets of people with limited access to healthcare services exist as well, and today there is reason to believe that the number and size of these pockets is growing.

1.2 The number of people on the move is increasing everywhere. More people are moving and doing so faster and further than at any other time. The phenomenon is no longer limited to people moving from so-called developing to so-called developed countries; migration between developing countries is also growing, and within countries rural to urban migration is now attaining previously unforeseen numbers.

1.3 Historically migration for purposes of work has been the domain of men but in 2005, the number of women on the move for the first time approximated that of men, and there is now good reason to believe that women will gradually outpace men as a migrant work force in many if not most parts of the world. For as the demands of the economic workplace change away from heavy industry, construction and mining, and more to service industries, women will become the major mobile workforce.

2. Implications

2.1 The implications of this changing demographic profile of migration will be far-reaching. Migration is never a simple process and the health, especially reproductive health. Not only do people move with their acquired health profiles that reflect their social and economic backgrounds and the health problems they have previously confronted, but they also move with a body of culturally and socially determined attitudes and beliefs about health and health care. Migrants also move with a complex body of health care seeking experience (or lack of it) that can easily color their response to health problems they encounter after they move into new societies.



2.2 The other reality is that in many parts of the world to which women are moving, the status of women is not high and the conditions under which women are moving often fail to provide them with the type of legal and moral protection that would be ideally required to ensure their health and welfare. Women on the move are often exposed to sexual abuse and exploitation in and outside the workplace, and in many instances do not have the type of occupational or socio-legal security that would allow them to complain nor seek help. For many women migrants, the conditions of work are not too different from those of trafficked women, whose number is also thought to be increasing rapidly in many parts of the world.

2.3 The reproductive health challenges confronted by women migrants (and indeed women in general) are still poorly understood by many people, and even when they are understood, are often politically and socially neglected. Yet throughout developed as well as developing countries, migrant women continue to have significantly worse pregnancy experiences than other women. Their use of family planning services tends to be lower than by local women and their rates of unwanted pregnancies (many as a result of forced sex) and consequent abortion seeking are higher. Poor pregnancy outcomes and poor neonatal health, as well as late stage presentation for diagnosis of gynecological problems are other problems that have come to characterize migrant women everywhere.

2.4 In an era of HIV it also migrant women who are beginning to carry a heavy burden. In many parts of Europe migrants in general constitute the majority of new cases of HIV, and within this picture of infection, it is migrant women in countries such as Italy, Portugal and Spain who are being most exposed to HIV as well as to other sexually transmitted infections and poor access to treatment.

2.5 The health of migrants is very much a function of the way in which they move, what they had to do in order to move and what the modality of their movement was. But their health is also a reflection of the social, political and economic context into which they are expected to insert themselves and work in. Poor housing, overcrowding, job insecurity and poor socio-legal standing and protection as well as limited access to healthcare information and services still characterize the condition of migrants in the 21st century. For many of them, national and local regulations concerning medical insurance also constitute a barrier to better health and in the case of the many undocumented migrants who have become a mainstay of local economies, the situation is especially poor.

3. Need for a Global Response

3.1 As we move into the 21st century and an era of growing mobility within and between countries, the question of how the reproductive health and welfare of migrants, especially women migrants, can be strengthened, calls for improved attention. National policy makers, healthcare providers, the public at large and migrants themselves all need to become more conversant and committed to responding constructively to the challenge. Everyone, be they migrants or not, stands to gain from equitable access to quality reproductive care. By the same token, everyone will be able to contribute more constructively to the socioeconomic, as well as health development of countries.



4. The Global Forum on Migration and Development

4.1 The Global Forum on Migration and Development that will take place in Manila, 27-28 October 2008 will bring together more than 500 people from all over the world to discuss how civil society and governments can and should respond to the opportunities (as well as the challenges) of contemporary migration patterns. In preparation for the Forum, a one-day workshop entitled "Taking the health of women forward: reproductive health of women migrants" is being organized on 25 October.

5. Taking the health of women forward: reproductive health of women migrants

5.1 The workshop on "Taking the health of women forward: reproductive health of women migrants" will be co-organized by The Hague Process on Refugees and Migration (The Netherlands) and IDEALS (Philippines). The workshop continues the discussion initiated earlier by UNFPA and brings together new data and knowledge on the subject of female migration, reproductive health, HIV and other challenges facing women migrants.

5.2 Approximately 40 people from all regions will attend the workshop which will consist of key speakers, panel discussions and working groups. The workshop will produce a report including key recommendations for policy and action that will be submitted to the civil society and government sessions of the Global Forum on Migration and Development on the 27 and 28 October. It will also be distributed electronically and through hard copy to an international audience.

6. Anticipated outcomes

The workshop is expected to:

- provide a visible and identifiable continuity to previous UNFPA actions in this area
- establish an agenda on reproductive health and HIV for the Forum
- produce a consensus statement reflecting interested parties from many countries
- produce a specific set of recommendations that can be presented to the Forum
- stimulate a sensitivity in the Forum to the reproductive health of migrant women
- prompt a response by civil society and governments at the Forum
- provide a basis for action by governments and civil society at the Forum.

7. Partners

ICMHD is inviting contributions to help cover this event, including transportation, hotels, core support, and printing costs. Contributions will secure major visibility for donors; they will be invited to the workshop and all materials and outputs will carry their names and clear acknowledgements.