



MIGRANT WOMENS' HEALTH



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Migration brings big benefits

Personal growth

Autonomy

Independence

Migration is sometimes used as a way out from domestic violence



Migrant Women

- Flows are changing
- Family flows – indigenous people
- Types of work:
 - Domestic Services
 - Care of children and the elderly
 - Factories, packing companies



Migration is not always a risk to the health of migrant women, but it is always a determinant of health

Greater impact due to being a woman

Stigma – myths

- Child abandonment
- Seen as irresponsible for migrating with their children
- Seen as failers if they return

Greater difficulties to reintegrate

- Inequity
- Violence



Impact to their health

Impact to their family's health



Limited access to information

Being sick is PROHIBITED

Existencia de políticas restrictivas y/o discriminatorias
-Servicios de salud poco "amigables" a la persona migrante

-Edad
-Sexo
-Enfermedades hereditarias

Factores estructurales y políticos

Factores biológicos

-Situación administrativa irregular
-Trabajos duros y riesgosos
-Exposición a agentes químicos
-Malas condiciones de vivienda
-Pobreza

Condiciones de vida y trabajo

Estilos de vida

-Alimentación desequilibrada
-Abuso de alcohol y drogas
-Actividades de riesgo

Factores determinantes de la Salud

Determinantes personales

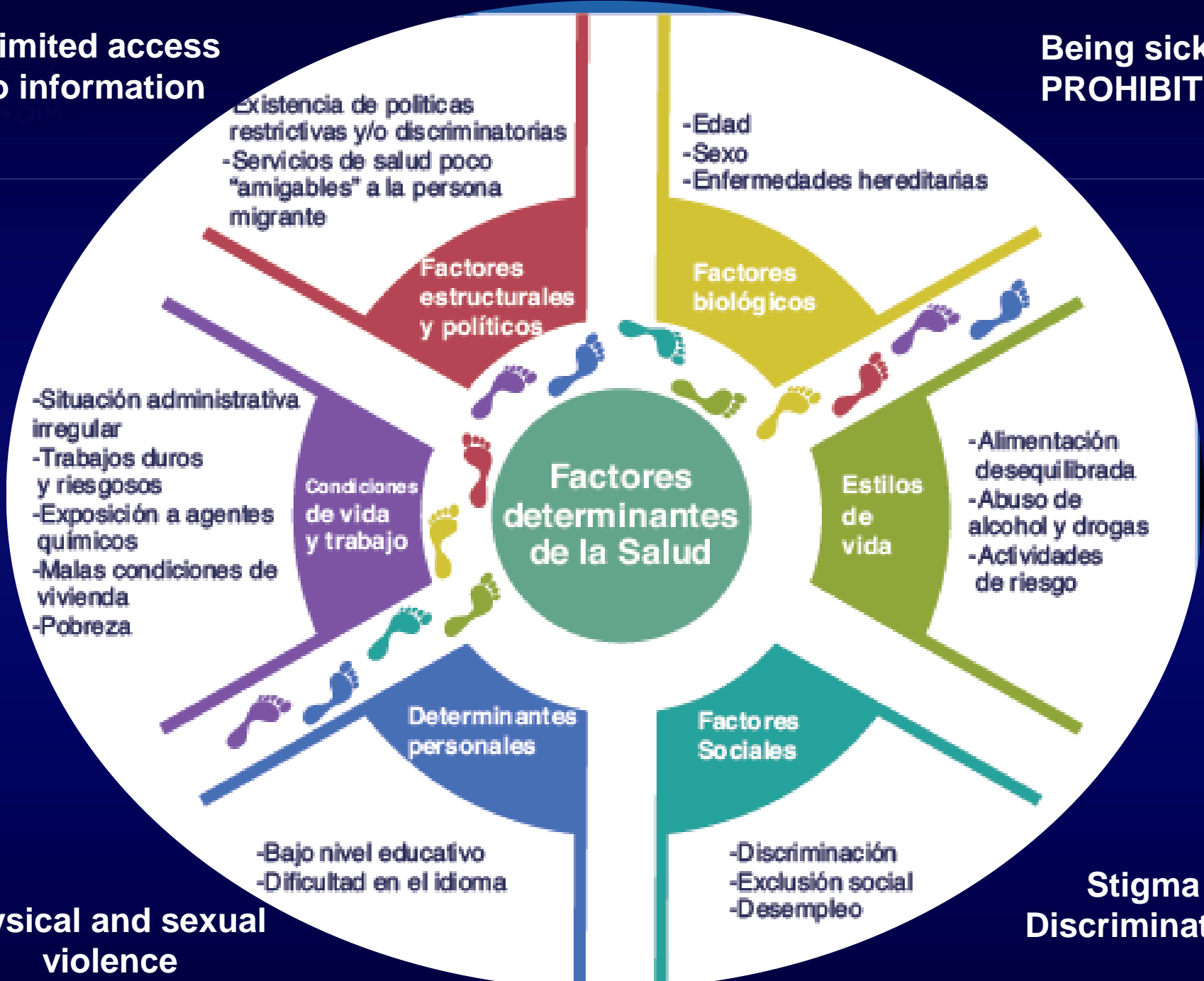
Factores Sociales

-Bajo nivel educativo
-Dificultad en el idioma

-Discriminación
-Exclusión social
-Desempleo

Physical and sexual violence

Stigma Discrimination





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Community of Origin

Transit



COMMUNITY OF ORIGIN

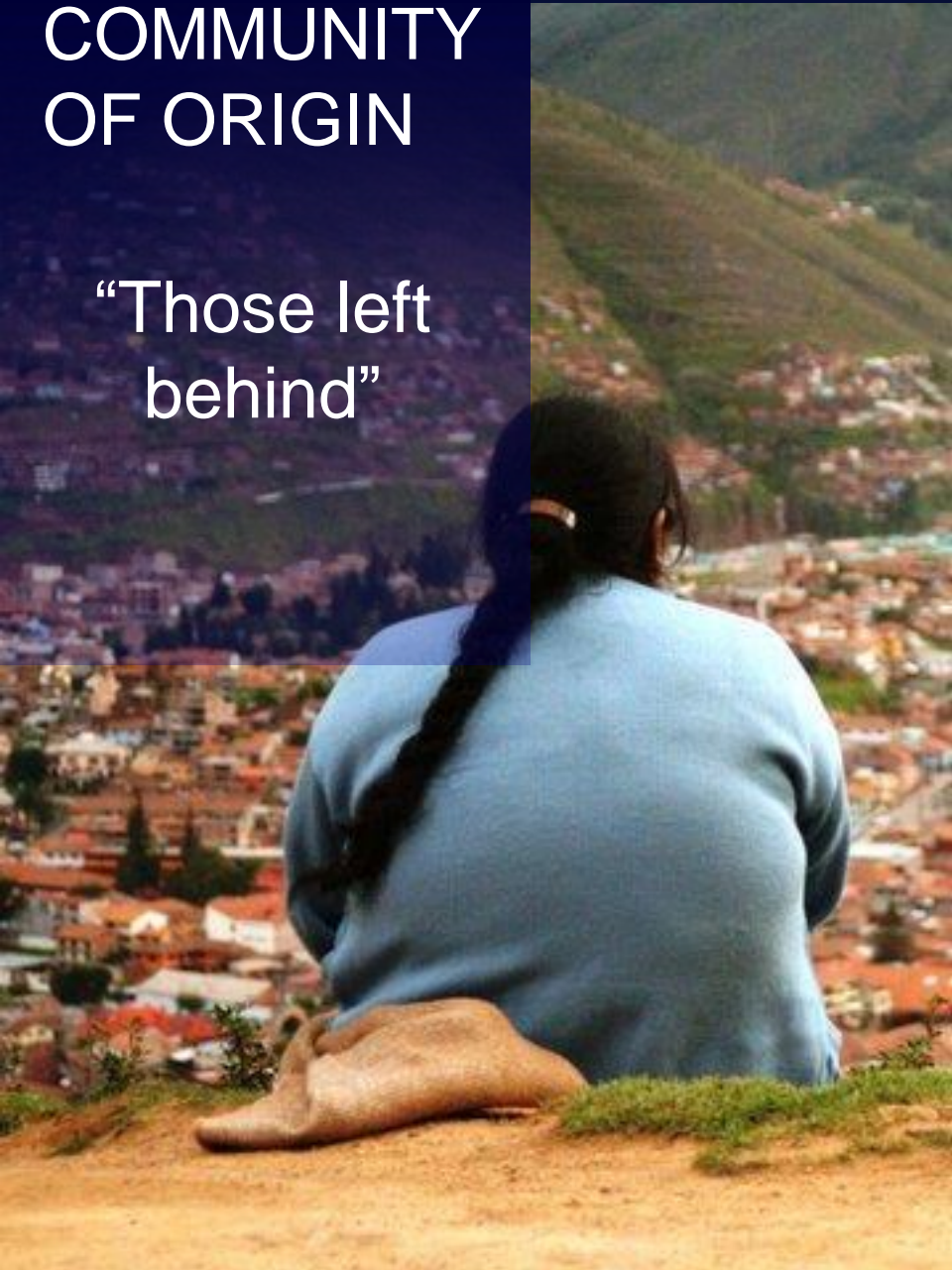
“Those left behind”



- Change on roles
- Grandmothers are responsible of child care
- Depression - Frustration

COMMUNITY OF ORIGIN

“Those left
behind”



“Since he left I live in anguish, I get really nervous and think that something could happen to him (...) My blood pressure has altered, and I have been admitted to the hospital, then I stabilize. I think a lot about him, I don't know where he is (...) and that is affecting my health. I cry a lot, and have become violent with the children. Sometimes I don't want to eat, I get sick with the flu; the boy is doing poorly in school and is rebel.”

*(Woman, grandmother of a migrant,
Chinandega Focus Group)*

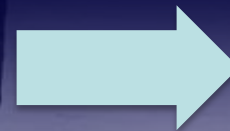
“Those who want to migrate”

Pre-departure



COMMUNITY OF
ORIGIN

- Reasons
- Routes
- Destination
- Economic conditions



Determined by
gender

¿Multisectoral strategy for health?

COMMUNITY OF TRANSIT

“Those who are on their way”



- High risk perception
- Minimum Access to information
- Neglect at detention centers.
- Sexual violence
 - 50% risk of rape
 - Transactional sex / Debt
 - Minimum condom use
 - 70% of migrant women are in reproductive age.



migrantes

ACCESO a la SALUD
SEXUAL Y REPRODUCTIVA




Es tu DERECHO.



DNM Dirección Nacional de Migraciones
Ministerio del Interior



Migrants: Acces to sexual and reproductive health. It is your right.



Tú tienes derecho a:

- **Recibir atención e información clara y completa**, sobre tu salud sexual y reproductiva.
- A realizarte **controles ginecológicos**:
 - **PAP (Papanicolau)**: para prevenir el cáncer de cuello de útero.
 - **Mamografía**: para prevenir el cáncer de mama.
- **Elegir y recibir el método anticonceptivo** que más se adapte a tu cuerpo, respetando tus valores.
- Recibir medicamentos para la prevención y **tratamiento gratuito para VIH-SIDA**, y otras infecciones de transmisión sexual.
- Que sea respetada **tu intimidad**.
Con igualdad y sin discriminación en la atención de tu salud sexual y reproductiva.

Recuerda que en el Hospital, Centro de Salud y la Salita de tu barrio:

- **Puedes recibir atención en salud sexual y reproductiva aunque no tengas documentos.**
- **Esta atención es igual para todos y todas; es gratuita.**

**Es importante
que cuides tu vida
y la de tu familia.**

LEY 25871 - POLÍTICA MIGRATORIA ARGENTINA(2004)
"No podrá negársele o restringírsele en ningún caso, el acceso al derecho a la salud, la asistencia social o atención sanitaria a todos los extranjeros que lo requieran, cualquiera sea su situación migratoria."

DESTINATION COMMUNITY

“Those who
already migrated”



- Lower income or pay to “head of household”
- According to type of work: greater risk to labour and sexual exploitation.
Limited access to health services: prevention
- Psychological consequences due to family fragmentation

THE RETURN

“THOSE WHO RETURN”



- Great stigma and discrimination
- Limited Access to health services
- Health promotion – prevention
- Depression – Anxiety – Frustration
- Change of roles: family fragmentation

HIV/AIDS, Sexual and Reproductive Health Northern Triangle Returned Migrants



56,325

Total of migrants returned to the northern triangle. (Jan-May 2017)



Distribution according to age group and sex (Jan-May 2017)

HIV/AIDS, Health and Reproductive Health

- Local health surveillance systems on HIV/AIDS do not include migration indicators
- Evidence of increased risk towards HIV/AIDS during Migration Cycle
- Evidence of sexual violence and transaccional sex during transit
- High risk perception, minimum prevention capacity.
- Unaccompanied minors are at higher risk

RETURNED	Sex		Total	
	Female	Male		
¿Did you use any contraceptive method while migrating?	yes	15.1%	17.5%	16.8%
	No	84.9%	82.5%	83.2%
Total	53	143	196	

What are we aiming for?



“Migration is not a problem to be solved, but a reality to be managed”

W.L. Swing





HEALTH OF MIGRANTS – THE WAY FORWARD

Report of a global consultation

Madrid, Spain, 3–5 March 2010



Operational Framework on the Health of Migrants :



**Monitoring
migrant
health**



**Networks
and
alliances**



**Policies
and legal
frameworks**

**Health
systems
sensitive to
Migrants'
health**

Priority actions in terms of migrants' health monitoring

- Improve quality of disaggregated information, by gender.
- Improve socio-demographic and epidemiological profiles, specific to migrant women.
- Migrant women's participation on communication and information strategies.
- Development of norm procedures and instruments to sistematize sexual and reproductive healthcare for migrant women.
- Improve complaint systems: sensitize migrant women.

Priority actions in terms of health systems sensitive to migrant's health

- Sensitize health and migration staff in topics such as Sexual and Reproductive Health and Gender-based Violence
- Bring comprehensive health services to the migration route.
- Improve the social response to prevent and provide care effectively to migrant women who are victims of sexual violence.
- Universal Health Coverage
Comprehensive care during pregnancy
- Psychosocial care during reintegration

Key role of the Consular System

Priority Actions in terms of Sensitive Services with a Gender-based approach at shelters and detention centers.

- Gender: Spatial separation
 - Well-lit areas / Private areas
- Sanitation: provide basic supplies
- Cultural Adequacy
 - Language
 - Areas for prayer
- Psychosocial care: Avoid family fragmentation
- Voluntary access to health services:
 - Health promotion and education

QUESTIONS / COMMENTS



Healthy migrant
women in healthy
communities

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