

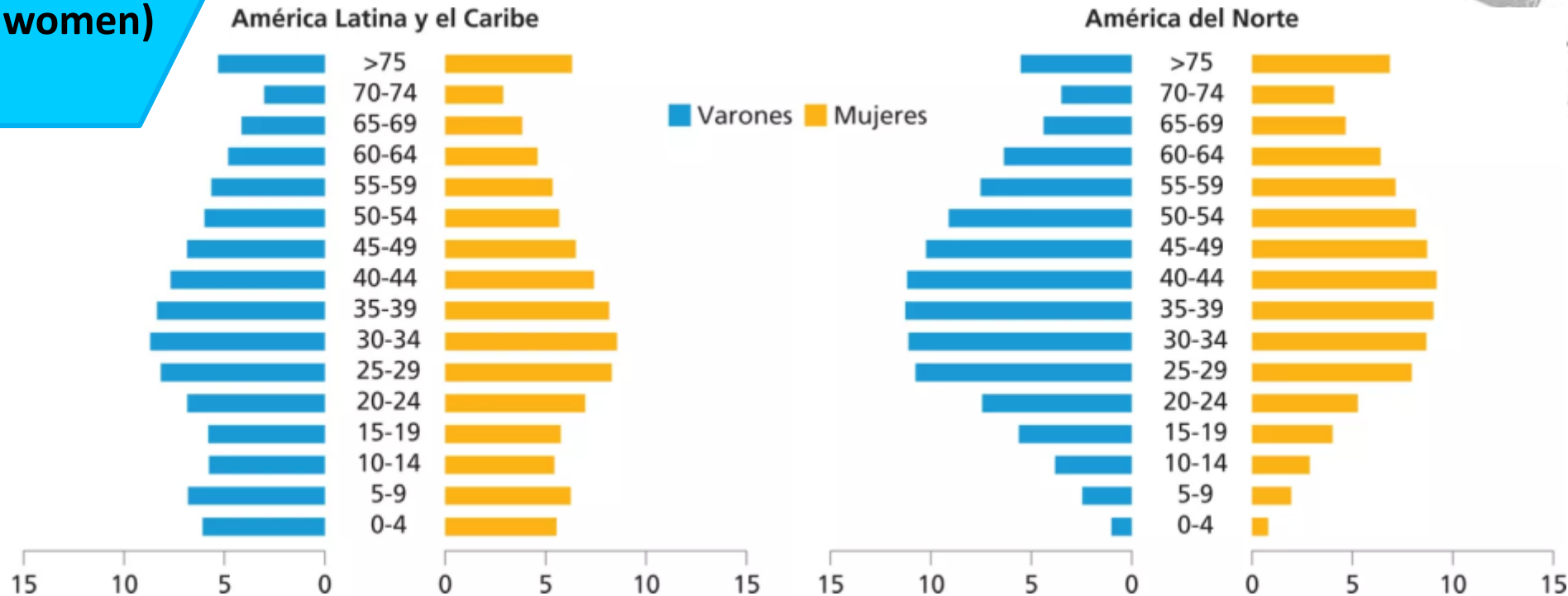
The Health of Migrant Women in the Americas



El Salvador
November 2017

SITUATION IN THE REGION OF THE AMERICAS (2015)

63.7
 Million
 international
 migrants
(51% women)



THE IMPLICATIONS OF BEING A WOMAN

Feminization of Migration

Changes in the role of women in migration flows: from being wives and dependent daughters to being **active subjects** in migration flows and heads of households and main providers for their families.

The Transnational Family

A family whose members live separated from each other some or most of the time.

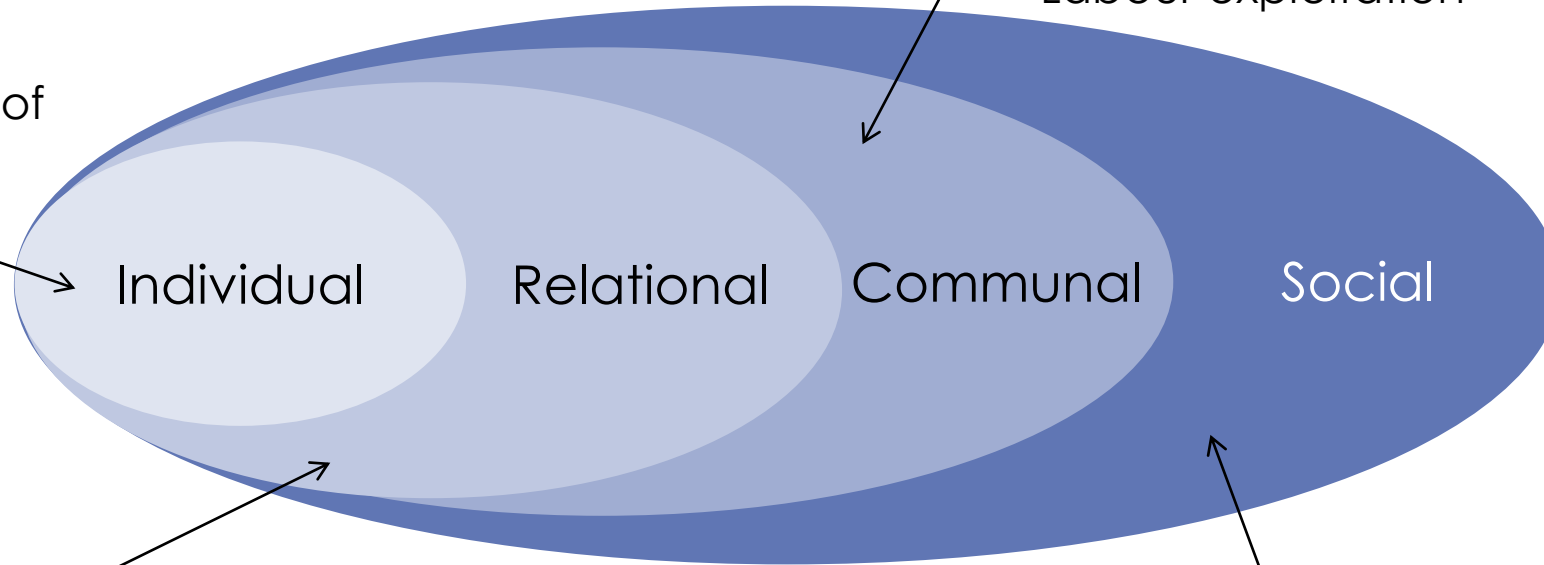
Transnational Motherhood

A form of relationship between mothers and their children which is marked by a space-time separation.

RISK FACTORS OF MIGRATION FOR WOMEN

Low educational level
Irregular migration status
Low economic level
Different social norms
Cultural isolation
Lack of knowledge of the language

Social exclusion
Sexual violence
Trafficking in persons
Xenophobia, discrimination, stigmatization
Labour exploitation



Separation from family, friends, neighbours
Migration status dependent upon the spouse
Partner violence

Discriminatory policies
Limited access to health care and social services

STANDARDIZATION OF VIOLENCE AGAINST WOMEN

29.1% of the women in transit at the border between Mexico and Guatemala stated that they had suffered contempt and public humiliations; 20.4% had been threatened to be hurt; and 11.7% reported that other persons controlled their activities, money and time.

In addition, 16% of the migrant women reported that they had been hurt, injured and had bones broken; while 9.2% stated that they had been victims of groping; 8.3% that they had been forced to have sexual relations; and 28.2% said that they had offered sex in exchange for something else (money, protection, accommodation...).



Source: INSP. Survey on Migration and Sexual and Reproductive Health of Migrants in Transit at the Mexico-Guatemala Border 2009-2010.

THE CASE OF PERU

María is an Argentinian citizen who married a Peruvian man and had two children. One was born in Argentina and the other one in Peru. Upon her arrival in Peru and after three years of marriage the couple divorced. This left María with an irregular migration status. Since her ex-husband did not pay alimony, María filed a complaint. Her ex-husband, in turn, reported the irregular migration status of María to the immigration authorities. In addition, he initiated a guardianship proceeding and thus, separated the under-age child from his mother. Since then María has been forced to live in hiding for fear of being expelled from Peru.

Source: Luchando por el sueño peruano. Extranjeros víctimas de la Ley Migratoria (2014) <http://www.panamericana.pe/panorama/locales/161091-luchando-sueno-peruano-extranjeros-victimas-ley-migratoria>



THE CASE OF ARGENTINA

“...Victim “M”, originally from a district at the edge of Lima, travelled to Argentina accepting the offer of a neighbour to clean offices in Buenos Aires. Upon her arrival she was detained against her will, together with other girls, in a house where she was forced into prostitution. When she refused, she was locked up in a room for three days without any water or food and was subjected to constant violence until she agreed to engage in prostitution. During her captivity she was the victim of violence and threats as a form of coercion...”



Source: IOM-Movimiento El Pozo, Trata de mujeres para fines sexuales comerciales en el Perú.

HEALTH CHALLENGES OF MIGRANT WOMEN

SEXUAL AND REPRODUCTIVE HEALTH

- Limited access to health care;
- Sexually transmitted infections/HIV;
- Female genital mutilation.

MATERNAL AND CHILD HEALTH

- Limited access to antenatal care;
- Complications during pregnancy, child birth and post-partum;
- Breastfeeding in emergencies.

MENTAL HEALTH

- Limited access to mental health services;
- Psychosocial stress;
- Mental health disorders (psychosis, post-traumatic stress, depression and suicidal acts).



RESOLUTION CD55.R13: MIGRANT HEALTH

- To develop health policies and programmes to address the health inequalities which affect migrants and to strengthen the health systems to enable countries to address the health needs of migrant populations;
- To advance toward being able to progressively provide access for migrants to the same level of financial protection and comprehensive high-quality health care as other persons living in the same territory, regardless of their migration status;
- To promote actions at a bilateral, multilateral, national and local level to develop proposals for coordination of programmes and policies relating health issues of common interest in border regions.



RESULTS FROM THE MINISTERIAL MEETING ON MIGRATION AND HEALTH IN MESOAMERICA

➤ *Mesoamerica Declaration on Migration and Health*

➤ The Declaration establishes eight commitments:

- Exchanging experiences and best practices through a group of national experts;
- Promoting the analysis of the social determinants of health and migration and generating evidence;
- Promoting changes and improvements in relevant regulatory frameworks;
- Establishing cooperation mechanisms to enable the transition from humanitarian and emergency aid to effective, stable and safe access to health care;
- Exchanging experiences to strengthen the information system and promote research;
- Strengthening migration and health policies at the national and regional level;
- Strengthening the public health surveillance system for populations in transit;
- Sharing the experience of Mesoamerica in various forums that address the topic of migration and health.

Declaración de Mesoamérica sobre salud y migración

Ciudad de México a 25 de abril de 2017

Los Estados participantes del Foro Ministerial sobre salud y migración, reunidos con el propósito del diálogo e intercambio de buenas prácticas entre los países de Mesoamérica, orientado a desarrollar estrategias e iniciativas conjuntas bajo el principio de responsabilidad compartida, que buscan mejorar la atención a la salud de las personas migrantes y reduce los riesgos a la salud pública regional y local.

Reconocen que existe un conjunto de compromisos hechos como Estados Miembros del Sistema de Naciones Unidas y del Sistema Interamericano para mejorar la salud de los migrantes y en particular:

- a) Reafirman los principios emanados de la Constitución de la Organización Mundial de la Salud, en particular el reconocimiento "al goce del grado máximo de salud que se pueda lograr es uno de los derechos fundamentales de todo ser humano sin distinción de raza, religión, ideología política o condición económica o social".
- b) Toman en consideración la resolución WHA61.17 "Salud de los migrantes" así como la decisión EB140(9) que actualiza los contenidos de la citada resolución, fortaleciendo los principios rectores para promover la mejor salud de los refugiados y migrantes.
- c) Recuerdan las resoluciones AG/Res. 2141(XXXV-0/05) de la Organización de Estados Americanos en la que se adopta el "Programa Interamericano para la Promoción y la Protección de los Derechos Humanos de los Migrantes, incluyendo los Trabajadores Migrantes y sus Familias"; las resoluciones AG/RES. 2738 (XLII-O/12) "Fortalecimiento del Tema Migratorio en la OEA" y AG/RES. 2790 (XLIII-O/13) "Los derechos humanos de las personas migrantes, incluidos los trabajadores migratorios y sus familias", y los compromisos emanados de la AG/Res. 2883 (XLVI-O/16) mediante el cual se aprueba el Programa Iberoamericano para la Promoción y Protección de los Derechos Humanos de los Migrantes, incluyendo los trabajadores Migratorios y sus familias.
- d) Consideran la resolución de la Asamblea General de las Naciones Unidas A/RES/71/1 "Declaración de Nueva York para los refugiados y los migrantes" de septiembre de 2016, que reconoce la importancia de practicar una migración segura, velando por la protección de la seguridad, la dignidad y, los derechos humanos y las libertades fundamentales de todos los migrantes y de nuestros pueblos.

PROPOSED STRATEGIC DIRECTIONS FOR HEALTH

- **To effectively implement the existing international human rights instruments** (Universal Declaration of Human Rights; International Convention on the Protection of the Rights of all Migrant Workers and Members of their Families; Convention on the Status of Refugees; Convention on the Elimination of All Forms of Discrimination against Women; Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women; Resolution of PAHO on Health and Human Rights);
- **To effectively implement international instruments on health related to migrant women** (policies of PAHO in regard to gender equality, ethnicity, sexual and reproductive health, maternal and child health, violence against women,...);
- **Capacity-building in the health sector**
 - Identifying, referring and providing comprehensive protection to victims of violence, trafficking in persons, other forms of slavery and abduction, addressing the physical and emotional consequences of trafficking in women;
 - Providing financial protection and comprehensive appropriate health care for migrant women throughout every phase of the migration cycle;
- **To strengthen intersectoral coordination and multi-disciplinary actions** to address the determinants of the health of migrant women throughout every phase of the migration cycle.

PROPOSED HEALTH ACTIONS

- To promote the analysis and generation of evidence of the social determinants of the health of migrant populations, **with a gender- and ethnicity-based approach**, throughout every phase of the migration cycle;
- To foster the development of **equitable policies and programmes** relating to the health of migrants, **with a gender- and ethnicity-based approach**;
- To establish mechanisms to enable the transition from humanitarian aid for migrant women to **effective, stable and safe access** to comprehensive health care, with a focus on maternal and child health, sexual and reproductive health, mental health and assistance for victims of violence;
- To exchange experiences to strengthen the information and surveillance systems of the health of migrant populations throughout every phase of the migration cycle, **with a gender- and ethnicity-based approach**.

Thank you



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