

**Capacity Building for Networks and Alliances on Reproductive
Health, Gender and Sexuality for Mobile and Cross-Border
Populations in the Mekong Region**

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**Reproductive Health of Migrants, Mobile & Cross-Border
Populations and Host Communities
- Why Worry?**

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Basic Figures

- 1 out of 35 persons is an international migrant (IOM, 2003)
- Annual flow of migrants- between 5 – 10 million people (including undocumented migrants)
- Feminization of migration (50% of all migrants are women (IOM, 2003)
- 80-97 million migrant workers/dependents in countries outside their own; no less than 15% are irregular (ILO,2002)
- > 2.5 M migrants in Thailand (1.5 M registered); 80% from Myanmar, rest from Cambodia, Laos, others
- ~ no reliable statistics on human trafficking; 800,000 to 1 M trafficked per year?

> 2 million migrants are working in Thailand

80 % from Myanmar

Infectious Disease Control

Environmental Health
and Sanitation

Major Concerns of MOPH

Reproductive Health

Burden on
Public Health Service



AIMS OF THE PRESENTATION

- To highlight linkage between migration health and population mobility
- To illustrate significant reproductive health implications of migration
- To outline existing approaches in addressing reproductive health concerns among migrants, mobile and cross-border populations

Changes in Migration Patterns

→ **PACE** - faster migration movement

→ move **DIVERSE** types of migrants

Globalization → ethnically diverse societies

MIGRATION HEALTH

WHO definition: ‘a state of physical, mental and social well-being, and not merely the absence of a disease or infirmity’

In the migration context,

“ physical, mental and social well-being of migrants and mobile populations’



MIGRATION HEALTH

= Specialized field within the medical science

= focuses on the WELL-BEING of all types of migrants and mobile populations (immigrants, internally displaced, refugees, returnees, labour migrants, trafficked populations, irregular migrants, etc)

= through all phases of the migration PROCESS:

→ Pre-departure

→ Transit

→ Upon arrival

→ Upon return

MIGRATION HEALTH

Health and Migration are interdependent, linked and continue to evolve

- Health of migrant workers/dependents
- Potential risks unhealthy migrants may bring to host communities
- Burden on the public health system

a challenge for decision makers and service providers to plan and provide effective and culturally appropriate, responsive, rights-based health services

MIGRATION HEALTH AND POPULATION MOBILITY

→ Traditional medical assessments : for a certain fraction of permanent resettlers

[focus on infectious diseases at time of exams]

→ Migrant and Mobile populations = health issues go **beyond infectious diseases**; think about reproductive health, non-infectious (ex: trauma, chronic diseases) and psychosocial illnesses

[pre-departure, transit, arrival and upon return]



MIGRATION HEALTH

- **Ill-adapted migration policies increase the vulnerabilities and sexual and reproductive health risks of migrants.**
 - ➔ **Policies encouraging labor migration of single people force them to migrate without their partners; this may increase their recourse to casual sex and thus the risk of HIV/STI infection.**
 - ➔ **Registered migrants have certain level of health care and protection**
 - ➔ **Undocumented migrants will not want to access health care services for fear of being caught by immigration**
 - ➔ **In some cases, even if have legal status, they might not be aware of existence of health services, etc**

REPRODUCTIVE HEALTH IMPLICATIONS – Why Worry?

Migrants – usually fall outside the ‘radar’ screen

Population mobility and sexual/reproductive health is now increasing being recognized,

BUT health care systems and policies of host countries may not recognize health needs of migrants as well as their personal health history and beliefs about health

(INTEGRATION CONCERNS)

REPRODUCTIVE HEALTH IMPLICATIONS - Why Worry?

- Limited access to health services (language-culturally –gender appropriate, affordable, accessible, aware that services are available)
- other health risk factors related to travel conditions (trafficked or smuggled persons)
- Rights-based approach/considerations

REPRODUCTIVE / SEXUAL HEALTH

- = **higher vulnerability of women/children with increased feminization of migration**
- = **victims of trafficking and other forms of exploitation**
- = **women's rights need to take prominent place in advocacy and policy strategies**
- = **women have lack of power to negotiate**

REPRODUCTIVE / SEXUAL HEALTH

- **Exposure to STIs, HIV and AIDS**
- **Sexual abuse/violence,**
- **Unwanted pregnancies/unsafe motherhood, complications associated with teenage pregnancies, unsafe abortion, etc**

Not only do most migrant women come from poor backgrounds, they continue to live and work in conditions that impose behavioural risk to reproductive health, they lack information on how to protect their sexual lives. The question is whether information was available to migrants, whether it reached the migrant population and whether it was culturally adapted to the migrants. (Carballo 2001)

IOM Ukraine Medical Recovery Center (Feb 2002 – June 2006)

- 1% - have more than 1 STIs**
- 63% - Pelvic Inflammatory Disease**
- 57% - Bacterial Vaginosis**
- 41% - Chlamydia trachomatis**
- 4 % - Syphilis**
- 3 % - HIV positive (voluntary)**
- 2.4 % - Hepatitis C/ 2.3 % Hepatitis B**
- 4.8% - Pregnancy during while trafficked**

APPROACHES, STRATEGIES, SERVICES (1)

- **Migration Health Assessments : protection of public health and safety; reduction of burden on publicly funded health and social services**
(medical history/physical exams; chest x-ray, blood, urine exams, specialist referrals, medical records)
- **Developing Integration and Prevention Strategies**
 - = decrease stigmatization and discrimination between migrants/host communities
 - = language appropriate services (interpreters)
 - = multilingual information technology
 - = gender/cultural awareness between health providers and migrants
 - = **COMMUNITY** participation in design/planning etc

APPROACHES, STRATEGIES, SERVICES (2)

→ Improving Access to Health Care

= equal access, availability

= affordable?

= are you reaching out to more marginalized groups

→ Strengthening Information and Surveillance Systems

= health authorities between sending/transit and destination countries

APPROACHES, STRATEGIES, SERVICES (3)

→ Capacity Building and Changes in Education

= within on countries (early warning systems, control of infectious diseases)

= health education for care providers, health planners, policy makers, medical educators on health care issues associated with migration

→ Supporting Public and Reproductive Health Research

evidence-based tools/instruments to support changes in policies and strategies

CHALLENGES

- How can policy makers/health authorities and practitioners plan and design more effective and inclusive reproductive health interventions for migrants, mobile and cross-border populations and host communities?
- Prioritize strengthening of reproductive/public health policies at the national level and incorporated into the broader framework of migration policies
- Strong political will to include migration health issues into regional and international agreements to ensure equal access to health and social services for migrants and host communities.



Thank you!