

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 Aspects of Migration Affecting Mobile and Cross-Border Populations and Host Communities – Why Worry?

If all international migrants lived in the same place, it would be the planet's fifth biggest country. **1 out of 35 persons is an international migrant**

- 5 to 10 million international migrants (including undocumented) every year
- Over 2.5 million migrants in Thailand (1.5 M registered, 1 M non-registered); 80% are Burmese, the rest from Cambodia, Laos and others
- Increased feminization of migration, ~ 50% are women (IOM, 2003)
- 80-97 million migrant workers/dependents in countries outside their own; no less than 15% have an irregular status (ILO, 2002)
- No reliable statistics on human trafficking, ~800,000 - 1 M trafficked per year?

This presentation aims to briefly a) highlight linkage between migration health and population mobility, b) illustrate significant reproductive health implications of migration and c) outline ongoing IOM approaches addressing reproductive health concerns of migrants, mobile/cross border population and host communities.

Health and migration are **linked and interdependent**, are **dynamic** processes and continue to **evolve** in today's globalized world. Recent migration trends have showed some **important changes**: a) **PACE**: migration is much faster than ever and is available to more people. Modern travel allows moving to any place in the world in a matter of a couple of days maximum; and b) more **DIVERSITY** than ever before: Diversity in types of migrants and where they come from and go to.

Migration health is a specialized field within the field of medical science. It focuses on the well being of all types of mobile populations, including immigrants, internally displaced, refugees, returnees, trafficked populations, irregular migrants and labour migrants, and throughout all phases of the migration process : pre-departure, during transit, upon arrival in the host communities and upon return.¹

A) Migration - Reproductive Health and Population Mobility

Though the reasons for people's mobility differ, the risks and vulnerabilities that they encounter to their sexual and reproductive health are similar, as are the approaches to deal with them. Risk factors such as poverty, powerlessness, social pressure, cultural naiveté, marginalization, exploitation and lack of respect for human rights and more immediate priorities increase migrants' vulnerability to sexual and reproductive ill health.

¹ IOM Council Document MC/INF275 88th Session: "Migrant Health for the Benefit of All", 08 November 2004

The **traditional pre-departure health interventions** (such as refugee/immigrant health assessments) are only relevant to a small fraction of the population. In comparison, there is more recognition that health of migrants and mobile populations go **beyond infectious diseases and includes reproductive, non-communicable conditions and psychosocial illnesses**.

Ill-adapted migration policies are behind many of the social factors that increase the vulnerabilities and sexual and reproductive health risks of migrants. Such policies may, in fact, seriously undermine public health policies. For example, policies encouraging labour 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. These policies affect not only the sexual health of the mobile people but also that of their partners and spouses, children, other family members left behind, and even entire communities.²

Documented migrants may have the advantage of having access to health care services of the host country; will allow them certain level of health protection as well as their receiving communities. People with no legal status become more disadvantaged to accessing social and health services. But as we know, even if they do have legal status, they may not necessary use available health services if they do not know about them, if they do not understand, or if the services offered to them are 'foreign' to their cultural and religious beliefs.

B) Reproductive Health Implications of Migration

While the relationship between **population mobility and sexual/reproductive health** is now increasing being recognized, **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**. Language, religion, rituals can influence if the migrant may want to avail of health services in his/her new community or to comply with preventive health measures of the country.

Other **health risk factors are related to travel conditions**. The planned movement of a migrant facilitated by the host country will be safer than the journey of a smuggled or a trafficked person or of a person fleeing natural or man-made disasters.

Human rights issues are highly relevant to migration health policy particularly when trauma, rape, torture or other inhuman or degrading experiences are part of a migrant's background. Major adjustments to his/her new environment to ensure that appropriate health/mental health interventions must be in place.

SOME PRINCIPAL EXAMPLES

- **Reproductive/sexual health and women's health**

Facing difficult socio-economic conditions and massive unemployment, an increasing number of women seek unskilled, low wage employment abroad and are highly vulnerable of being trafficked. The vulnerability of women and children cannot be more emphasized with the increased feminization of migration in the past decade.

² M. Haour Knipe, D.Grondin, '*Sexual Health of Migrant and Mobile Populations*', Sexual Health Exchange, 2003.

They may be exposed to HIV & AIDS, sexually transmitted infections, sexual abuse/violence, unwanted pregnancies/unsafe motherhood, complications associated with teenage pregnancies, unsafe abortion, among others.

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)

Women's lack of decision making power in all spheres of life undermines efforts to strengthen women's health and rights. Women's rights need to take a more prominent place in advocacy and policy strategies.

IOM Ukraine Medical Rehabilitation Center (Feb 2002- June 2006)

81% - have more than 1 STIs
63% - Pelvic Inflammatory Disease
57% - Bacterial Vaginosis
41% - Chlamydia trachomatis
4 % - Syphilis
3 % - HIV positive (voluntary testing with pre/post test counseling)
2.4 % - Hepatitis C/ 2.3 % Hepatitis B
4.8% - Pregnancy during while trafficked

C) What are some strategies and services to enhance reproductive health challenges?

While there are a number of international and national legal instruments and policies that link migration and reproductive health, they may be not specifically designed to offer equitable, culturally sensitive and appropriate health services to migrant and mobile populations.

• **Migration Health Assessments**

Pre-departure migration health assessments³ are one process to address population health mobility and public health concerns. Two main reasons are: **protection of public health and safety and reduction of burden on publicly funded health and social services.**

• **Developing Integration and Prevention Strategies**

This will contribute to **decreasing stigmatization and discrimination between migrant and host country communities** such as, improving communication and removing language barriers in health care (use of bilingual health care providers, multilingual information technology) , improving cross-cultural awareness between native born health professions and migrants, use of culturally appropriate media information strategies, etc

³ IOM performed over 96,000 health assessments for refugees and migrants globally in 2005 going to the United States, Canada, Australia, New Zealand, United Kingdom, others. Health assessments include: detailed history and physical examination, clinical or laboratory investigations, blood examinations (syphilis, voluntary HIV testing), chest x-ray, tests for urine, specialist referrals, HIV pre- and post-test counselling, providing immunization and treatment for some medical conditions before departure (tuberculosis, parasitic infestation, syphilis, leprosy, malaria), completion of medical documentation and immigration health forms, transmission of relevant medical information/document to appropriate immigration and/or public health institutions taking into account confidentiality of medical data.

Above all, effective strategies must ensure to facilitate ethnic **community participation in policy design, program planning and evaluation to ensure that services are appropriate and migrants will make use of the reproductive and other health services.**

- **Improving Access to Health Care**

Governments must ensure that all migrants will have equal **access** to the same health care services as the host communities regardless of their immigration or residence status. Specific attention and care will be given to the already marginalized or vulnerable groups who for various reasons may not readily have nor want to get adequate health care.

- **Strengthening of Information and Surveillance Systems**

Enhance and strengthen existing public and reproductive health surveillance systems within countries, regions and implementing an international surveillance and information exchange system between sending, transit and destination countries.

- **Capacity Building and changes in education**

Building capacities within public health systems of source, transit and destination countries. But also for **health education care providers, social scientists, health planners, policy makers and medical educators** need to address health care issues associated with moving masses and disparities in health between locations

- **Supporting Reproductive Health Research**

This will ensure the availability of evidence-based information and advocacy tools in addressing reproductive health concerns among immigration and health policy makers, as well as guide in program design and implementation.

In conclusion, it is envisioned that this presentation will positively contribute to our discussions in the next 3 days, and will underline the importance of **more effective and inclusive** reproductive health interventions for migrants, mobile and cross-border populations as well as host communities.

Thank you.

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IOM AND REPRODUCTIVE HEALTH SERVICES

The International Organization for Migration (IOM) encounters reproductive health issues of mobile populations that include availability and access to basic reproductive services. Since the Glen Cove meetings, the IOM has made significant progress in its efforts to respond to the reproductive and sexual health needs of migrants and mobile populations, such as the internally displaced persons (IDPs), third country nationals (TCNs), stranded migrants, irregular migrants, asylum seekers and refugees. The most important recent steps that highlight the Organization response are the growing focus on HIV/AIDS and mobility in addition to increasing recognition of the unique reproductive health challenges face by irregular migrants and displaced persons living in post-natural disaster and conflict/post-conflict situations around the world.

Assistance to Crisis Affected Population

In crisis situations whether man-made or caused by natural disasters, existing health system's capacity to respond to increased health needs of affected population is reduced. Consequently, population displacements increase public health risks particularly for the most vulnerable women, children, elderly and people with disabilities. To address health needs of displaced population in a crises situation, IOM integrates mental health and psychosocial interventions with reproductive health services which includes prevention and direct health assistance for victims of sexual violence, domestic violence and female genital mutilation. An example is IOM response to gender violence and HIV vulnerability for displaced urban population in Zimbabwe.

Capacity building of existing Health Service Providers and Services

Capacity building for primary health care workers on maternal health particularly on problematic pregnancies and child births has been provided by IOM in communities affected by natural disasters and/or during post-conflict situations where access to basic health services including reproductive health services have been disrupted or weakened as a result of years of conflict.

Coordination of Reproductive Health Service provision such as construction of an inter-sectoral response to sexual and reproductive health in Colombia.

Reproductive health during all phases of the migration process

During IOM assisted **transportation** of migrant populations, reproductive health issues are paramount, especially in the case of rapid mass movements following conflict situations. Special attention is provided to the needs of women particularly those who are pregnant, including protection against any form of violence and difficulties associated with long and uncomfortable journeys.

In the context of mandatory pre departure health assessments for the purpose of **resettlement**, IOM ensures proper STI testing and treatment procedures. IOM promotes voluntary HIV testing and counseling. MHD wrote best practices guidelines for HIV counseling in the context of immigration health assessments, a test required by a number of migrant- receiving countries.

For **stranded** migrants, particularly those living in asylum camps - IOM ensures access to reproductive health services including health education, child clinics, ante and post natal care, family planning and protection against sexual violence.

Specialized programs for trafficked women and children

It has been estimated that some 700,000 women or children are smuggled across international borders every year. Women and girls are particularly vulnerable to the misleading tactics of traffickers, often ending up in forced prostitution. Trafficked women are exposed to high risks of HIV transmission and STIs and other reproductive and sexual health problems due to the nature of their controlled and illegitimate situation and vulnerability to abuse including violent rape.

Voluntary HIV testing and counseling services are offered as well as pregnancy testing, access to birth control, mental health and psychosocial services, and information on referral facilities. Anti-trafficking information campaigns are one of the strategies used to prevent women and girls to become victims of trafficking.

Population Mobility and HIV and AIDS

While being a migrant, in and of itself is not a risk factor for contracting HIV, the process of migration and population displacement may place migrants in situations where they are at increased risk of contracting the disease. Following the growing recognition that many of the same inequalities that drive the spread of HIV also drive migration, IOM has increased its efforts to combat the disease through advocacy and policy development, capacity building, mainstreaming, research and information dissemination.

In 1999, IOM and UNAIDS signed a cooperation framework with respect to migration and HIV and AIDS.

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