

Problems Facing Internal Migrants Accessing Sexual
and Reproductive Health Services

Introduction

SRH (sexual and reproductive health) services are urgently needed by migrant workers, yet few SRH programs recognise migrants as a distinct group and even fewer design services with migrant needs in mind.

People move for many different reasons and their circumstances vary widely, yet whilst most countries distinguish between a number of migration categories in their migration policies and statistics, there is no objective definition of the term migrant and many migrants without migratory worker status remain undocumented and vulnerable to human rights violations. Identifying invisible migrant populations is key to tailoring services to address their needs. Access to high quality family planning and SRH services and information empowers individuals and couples to make informed choices about family size and birth spacing, choices critical to poverty reduction.

Female Migrants

Internal migration within countries is on the rise as people move in response to inequitable distribution of resources, services and opportunities, or to escape violence or natural disaster. Between 1990 and 2000, the number of migrants in the world increased by 14 per cent and the 175 million migrants in the world are projected to reach 230 million by 2050¹.

Once considered passive players who accompanied or joined migrating husbands or other family members, women are playing an increasing role in international migration and now constitute more than half of the migrant population worldwide². Female migrants frequently end up in low-status, low-wage production and service jobs and often work in gender-segregated and unregulated sectors of the economy, such as domestic work and are exposed to a much higher risk of exploitation, violence and abuse. Female migrants are particularly vulnerable to human trafficking exposing them to sexual violence and sexually transmitted infections, including HIV, with little access to medical or legal services. Such realities too often lead to poor migration outcomes for women, and seriously endanger women's reproductive health.

¹ UN Department of Economic and Social Affairs/Population Division. International Migration Report 2002 (New York, US, 2002): pp9-16. Figures cited are for period 1990-2000).

² <http://www.unfpa.org/news/news.cfm?ID=512&Language=1>

Male Migrants

It is important to note that peer and social networks often draw male migrants to seek work in urban areas. They tend to have fewer responsibilities to their families (when compared to female workers) and less financial obligation to support families, freeing up their income to support themselves. In designing SRH services for migrants it is also important to recognise that men are often the primary reproductive decision-makers and their sexual behaviour affects not only their own health but also that of their partners and families. For reproductive health initiatives amongst migrant populations to succeed, it is vital that they have the support and participation of men.

Diversity of Migrant Groups

Considering migrants as a homogenous group masks crucial distinctions related to the process of adaptation, differences in age and family status. When people first migrate from rural to urban areas, their fertility and family planning behaviour is likely to differ from that of long-term urban residents. On average, long-term migrants are older and more likely to be married or to have been married. They have had more time to learn about and use contraception, whereas recent migrants are often unaware of family planning as an option, do not know about reproductive health services or are unable to access them.

Recent migrants are less likely than other urban residents to use family planning services. Whilst attitudes may explain part of the difference, access is often a major problem. Amongst contraceptive users, rural-to-urban migrants are more likely than urban non-migrants to travel at least an hour to reach the nearest source of modern contraception³. The disruption of family and community life during moves, especially in situations of poverty and crisis, increases risky sexual behaviour and exposure to STIs (sexually transmitted infections). Whilst migrants often adopt urban fertility norms within a few years, family planning programs need to reach out to the most recent migrants, those who are least likely to have adapted to urban life.

Challenges Faced By Migrants

Temporary Workers: SRH programs must also acknowledge the threats facing temporary migrants and their communities. The fact that temporary migrants do not settle in any one place for a long period of time represents a challenge for health service providers, who must develop programs to reach this population. Marie Stope international Vietnam (MSIVN) works closely with migrant communities, and has found that the lack of stability within the lives of migrant workers (in regards to residence, working hours and location), has made it extremely difficult to gather information, communicate with them and manage them generally. Temporary migrants including truck drivers, sex workers, and seasonal agricultural workers, move frequently and have a high risk of HIV infection.

To reach one such group Marie Stopes International China has implemented an HIV/AIDS & STI prevention project to coincide with the construction of the Baolong Highway, passing through Yunnan Province in China, near the border of Myanmar

³ People Who Move: New Focus for Reproductive Health Care <http://www.infoforhealth.org/pr/j45edsum.shtml>

and Laos. The project works with construction workers, commercial sex workers, truck drivers, and local resident communities to educate at-risk groups about the transmission of HIV and other STIs. Targeting temporary and transient migrants is essential to reducing the spread of disease.

Education

Educational status is an important component in understanding the reproductive health status of migrant women. Many adult migrants grow up in the countryside, where there are fewer secondary schools than in the cities and where few women have an opportunity to obtain more than a primary education. The more educated a person, the more likely they are to marry later, to know about reproductive health choices and to use contraception. Denied an education, rural migrants who move to the cities are less likely to know about available reproductive health choices than their urban counterparts⁴.

Cost

Rural-to-urban migrants typically hold lower-status, lower-paid jobs than other city residents and cannot afford to pay for reproductive health care themselves. Migrant workers are more likely to experience a lack of permanent work, low wages, small or non-existent worker benefits and a greater exposure to unsafe working conditions. In Vietnam, a survey on migrant workers living conditions was conducted with a sample of 95 migrant workers. It was found that migrants spent only 50 – 70% of their income on daily living expenses, the rest is sent home to their families. As such migrants have even less money to spend on basic healthcare.

Opportunities Provided by Clustering

MSC Projects

Many migrants cluster in certain neighbourhoods of large cities, primarily in squatter settlements at the edges of the cities. Other migrants live together at their places of work such as in factory dormitories. In 2002 MSC developed a project to assess the SRH needs of construction workers. Supported by Ford Foundation and working with the Ministry of Railways and China Railway Construction Company, this project aimed to understand the SRH needs of the vulnerable migrant workers on railway construction sites. The project was implemented in Wu Shao Ling workplace, and intervention strategies developed included a series of IEC materials and peer education activities. Funded by World AIDS Foundation, MSC then worked with China Railway Construction Company to respond to the needs of construction workers with the Awareness amongst Railway Construction Workers project. The project sought to encourage positive behaviour change and improve the SRH of construction workers through IEC material distribution, condom promotion and training of groups of peer educators in different construction sites.

⁴ People Who Move: New Focus for Reproductive Health Care http://www.infoforhealth.org/pr/J45/j45chap4_2.shtml#top

Whilst clustering offers an opportunity for RH care providers to focus information and services on migrant communities, often migrant workers are unable to leave their jobs to access these services.

Work Place Initiatives

An MSI VN survey of migrant workers in Vietnam found that on average, migrants worked 12 hours per day and most surveyed spent their free time sleeping because they were tired from long working days. Workers would not visit any healthcare service unless they had a very serious condition or disease because of the time and money it took them, and in general did not care about their health as long as they were still be able to work. Thus, time and priorities were seen to be a serious barrier to migrants accessing SRH services.

Employment based reproductive health care projects can be a successful means of improving migrant access the SRH services. Marie Stopes International has run employment-based reproductive health care projects for migrants in Bangladesh, Malawi, Madagascar, and elsewhere which have proved so successful that in some cases employers have begun to help pay their costs.

80% of people who migrate to Viet Nam's larger urban centres are under 30 years of age, with almost all rural-urban migration being undertaken by people of reproductive age. MSIVN has formed a successful working relationship with Adidas, a company currently employing an estimated 40,000 migrant workers. Adidas and MSI initiated a needs assessment in two factories to identify the level of workers understanding in RH and family planning. Findings revealed that in general factory workers' understanding about sexual reproductive health was limited, insufficient and inaccurate. Almost all interviewed workers including male and female, married and unmarried, felt embarrassed and awkward when discussing sexual and reproductive health. In the two selected factories, there were no programs or activities that provided information and services on SRH. MSI Viet Nam clinics have now developed long-term relationships with factories and organisations to provide on-work-site health education in addition to mobile reproductive health services. Both Adidas factories have now signed contracts with a Hospital for patient referrals.

Working with four of the Nike supplied factories in Qingdao, Shandong Province China, the "My Body, My Health" project was implemented in 2004 to increase the awareness of 30,000 factory migrant workers on SRH and to enhance workers' life skills and social capitals through positive peer influence. Key project activities included peer education and a worker poster design competition. MSC has also worked with Adidas, to conduct a needs assessment in Guangdong Adidas supplied factories, with the aim of better understanding the SRH of the factory migrant workers in Guangdong and their access to both SRH information and services. It is essential that SRH programs collect and analyse data themselves to learn more about the people who have arrived in their service areas.

The Need for Cultural Sensitivity

In order to remove barriers to SRH services, services must be tailored to the specific cultural sensitivities of migrant communities. Mass-media messages about family

planning, STIs, and other health care may not reach or mean much to migrants whose language and culture differ from those of the surrounding population. Language barriers may also mean those seeking services find it difficult or embarrassing to communicate and may be unable to express their needs or to fully understand what providers are asking or telling them. Interpreters may be necessary to improve access to SRH information and where migrants are illiterate, radio broadcasts, videos, or small-group discussions in addition to illustrated pamphlets and other printed materials may be required. Furthermore contraceptive instructions must be in the clients' language.

In Shanxi, China, MSC undertook the project HIV/AIDS Awareness for People on the Move from March 2002 until February 2003. Supported by DFID and Population Services International (PSI) and working with the Ministry of Railways, this project aimed to increase HIV/AIDS awareness of the migrant population using existing channels of communication within the regions railway systems. Through posters and radio programmes on trains, messages on electronic screens and exhibition boards in waiting rooms, migrant populations who used these systems were encouraged to adopt safe and healthy sexual practices. At the same time, broadening channels of condom distribution in railway stations and inside the trains, improved their access to quality and affordable condoms. Based on the success of this project, the experiences were extended to Yunnan and Henan provinces. The project was supported by the ministry of railways, the Canadian International Development Agency (CIDA) and UNFPA.

Cultural differences can represent very real barriers for many migrants attempting to access SRH services. The sex of doctors, clinic staff, and other health care providers can cause problems, as in many cultures it may not be appropriate for women to consult male doctors. Pregnancy and childbirth can be extremely difficult for a woman living in a new region, who may be lacking the support of her extended family, unable to speak the local language and assisted by male doctors in an unfamiliar setting. Successful SRH programs must have enough female staff members to serve female clients whose beliefs prohibit seeing male health care providers.

There are many ways to help bridge cultural gaps between clients and providers. Refresher courses and additional training for providers can encourage their sensitivity and build their interpersonal communication skills. In designing education and resource material for migrant workers MSIVN found that the varied levels of knowledge on SRH meant that simple and practical training methodologies rather than theoretical ones were more appropriate and beneficial. Tailoring materials to the needs of clients has proved more attractive to participants and more successful and useful for them in the long run.

Illegality

People who have migrated without proper authorisation account for one third to one half of new entrants into developed countries, according to the International Organisation for Migration⁵. Undocumented migrants often face dangerous journeys, exploitation by criminal smuggling networks and difficult working and living conditions and intolerance when they arrive. On 19 December 2001, the General

⁵ IOM <http://www.iom.int/documents/officialtxt/en/pp%5Fshifting%5Fmaloney.pdf>

Assembly adopted resolution 56/170 on the protection of migrants, paragraph 5 of which reiterates “the need for all States parties to protect fully the universally recognized human rights of migrants, especially women and children, regardless of their legal status, and to treat them humanely, in particular with regard to assistance and protection”. However, lack of recognition by national governments force many migrants to remain unregistered, live in unstable situations, subject to deportation and harassment, and do without vital health services.

Laws in some countries prevent international migrants, especially those who are undocumented, from using publicly funded health services and threaten them with deportation if they seek health care. In Viet Nam the government has used the registration of migrants to attempt to control the influx of migration to urban areas, and thereby relieve the stress on existing urban infrastructure. However many migrants who move to urban areas face considerable disadvantage because of the financial barriers to obtaining registration (either as a short term or permanent resident) and official recognition by the government. Not receiving registration can impact on the ability of migrant populations to seek appropriate accommodation and access to essential health services. Many migrants who reside in the urban areas of Viet Nam remain unregistered and are not recognised in government, census or official healthcare statistics, and a lack of acknowledgement in these records suggest that the activities and needs of this group may be more difficult to define and therefore less likely to be recognised by services and policies. Thus migrant’s access to local health systems are limited by their legal status as well their poverty. Beyond drawing attention of potential migrant women to the perils of uninformed migration, origin and destination countries need to define clear measures to promote and protect the human rights and dignity of migrants. These measures should allow migrant women to choose their employer, ensure proper monitoring and regulation of recruitment agency practices and provide advice on the employment systems in the country of destination⁶.

Importance of Community Involvement

Problems of language and other cultural differences between service providers and clients can be reduced if field staff can be recruited from trained members of the community, who can be trained to explain family planning, distribute contraceptives, make referrals to clinics, and help clients make informed choices. The better service providers understand the cultures of their clients the better they can meet their needs. Lack of community support and opposition from community leaders discourages people from using services. To serve migrant populations new approaches are needed that emphasise community involvement and participation. To be effective, programs must find out what the people in the community want. Active participation of community leaders is essential in planning and providing reproductive health care information and services. Community participation gives clients a sense of ownership and helps ensure services are acceptable, appropriate and sustainable.

Photovoice was used by Marie Stopes International Viet Nam in order to reach marginalised groups and ensure that their needs were communicated to government officials, policy makers and the wider population through the mass media. Moreover,

⁶ http://www.iom.int/jahia/webdav/site/myjahiasite/shared/shared/mainsite/about_iom/gender/NY-CSW_March_2005-E.pdf

Photovoice gave this group a direct opportunity to decide how the SRH needs of the group were defined and presented. The two Photovoice exhibitions presented nearly 100 photos selected from more than 1000 taken during the project. They were accompanied by narratives written by the participants themselves explaining the thoughts, ideas and situations behind the images. The exhibitions proved to be very popular and were a wonderful opportunity for migrant communities to reveal their lives and stories to local communities, mass media, government bodies, NGOs, INGOs and foreign visitors who in turn expressed their support and sympathy to the participants.

“Having seen the pictures at this exhibition, I am really moved about lives of the migrants. I get a better understanding about their hardships in life. Their stories have given me unforgettable impression. I wish them a lot of good luck and a better life, one day”.

Anonymous

Conclusion

Migrants face many barriers to accessing SRH services, including contraception, safe abortion and safe motherhood. The risk of sexual violence, HIV and other sexually transmitted infections is also markedly higher within migrant populations than non migrant populations. Despite facing many common challenges, migrants are not a homogenous group and the risks they encounter vary for each person depending on their age, sex, employment status, the industry and trade in which they are engaged, as well as the wider social, economic and political context in which they live and work. As long as governments and service providers fail to identify migrant needs, migrant communities will remain invisible and reproductive health services will remain inaccessible to them. Denied their right to access such services, migrants will remain a silent and vulnerable population.