

Women on the Move: Migration, Pregnancy, & Care

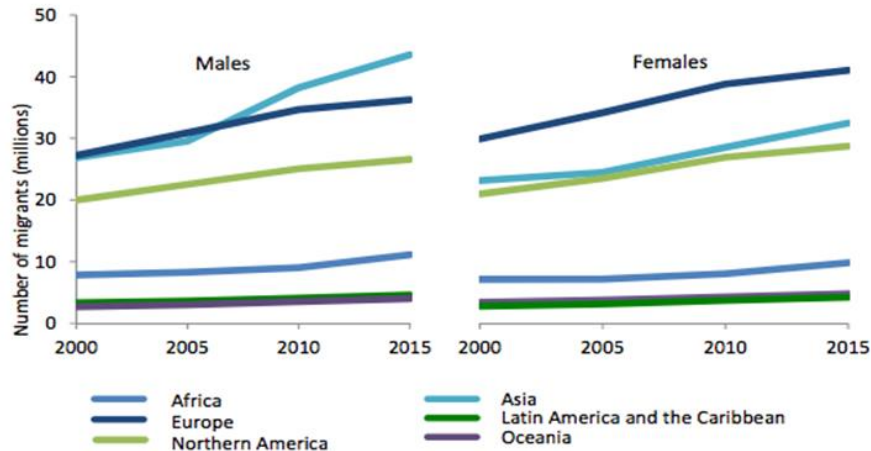


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13th International Inter-Ministerial Conference on Population & Development
November 28, 2016
Dakar, Senegal

Migration Flows

Figure 5
Number of international migrants by sex and major area of destination, 2000 to 2015



- 1 Billion Migrants
- Patterns are less linear, time limited
- Labour migrants predominate
- Destination Countries
 - Asia
 - No America
 - Europe

The Complexities of Care...

*“The complexity of access to quality of care goes beyond a health and development issue and requires **a broader human rights approach, thinking beyond the practicalities of health systems to include human relationships, desires and values, roles and norms, and power structures.**”*

Filby et al 2016, 2 (emphasis added)



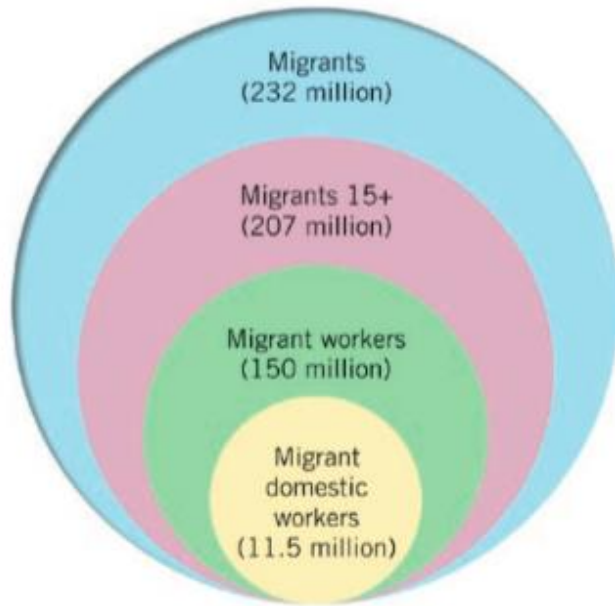
Women on the Move...



Carers / Care Recipients: A False Divide

FIGURE 2.1

Global estimates of the stock of migrants, migrant workers and migrant domestic workers, 2013



(ILO 2015)

Transnational care work includes:

- Domestic workers
- Family carers
- Health workers
- Social and educational service providers
- Community 'carers'

Migration, Pregnancy & Care: What do we know?

SDG 3: Select Targets	The intersections of migration specific vulnerabilities and health outcomes
3.1 Reduce the global maternal mortality ratio to <70 per 100,000 live births	<ol style="list-style-type: none"><li data-bbox="463 512 1889 871">1. Migrants tend to experience higher maternal mortality and morbidity.<ul style="list-style-type: none"><li data-bbox="560 671 1889 871">• vulnerable to high blood pressure, poor nutrition, pre-eclampsia, premature or complicated delivery, fatigue and maternal suicide.<li data-bbox="463 871 1889 1242">2. Substandard or lack of services put expecting migrant mothers at risk.

Table 1: Migration, health and SDG 3 targets - individual and national outcomes
(Reproduced from: Tulloch et al., 2016, p. 4).

Migration, Pregnancy & Care: What do we know?

SDG 3: Select Targets

The intersections of migration specific vulnerabilities and health outcomes

3.2 End preventable deaths of newborns and children under 5 years of age.

1. Difficulty accessing obstetric, antenatal and maternal health-care services.
2. Poor health outcomes and higher mortality for migrant newborns and children under 5
 - overcrowding in low-quality housing,
 - poor sanitation,
 - inadequate diets,
 - the mother's educational attainment, and
 - the migration process.

Table 1: Migration, health and SDG 3 targets - individual and national outcomes
(Reproduced from: Tulloch et al., 2016, p. 4).

Migration, Pregnancy & Care: What do we NEED to know?

*“The women had experiences of **different barriers in contact with healthcare or in society**. These barriers were **institutional or structural** in their nature such as:*

• telephone booking to get an appointment (involving uncertainty about being understood)... • the availability of translators, • being met with ignorance or lack of response, • distrust and (or) • as a stranger in individual encounters with caregivers, • ethnic prejudices, and • being treated as a child or legally incompetent.”

(Robertson et al 2015)

*Migration, Pregnancy & Care: What do we **NEED** to know?*

CAPABILITIES

*“Thinking in terms of capability gives us a benchmark as we think about **what it is really to secure a right to someone.**”*



(Nussbaum, 2003, 38)

Case Example 1: Domestic Care, Policies, & Pregnancy

“Pregnancy can become relevant when there is a law that restricts migrant women from being pregnant”

(Lee & Piper 2013, 7)



Case Example 2: Midwives, Health, & Quality Care

ADDRESSING
GENDERED
POWER DYNAMICS

- *“the vital role of midwifery is not recognized”*
- *“harassment – verbal bullying and, at times, physical and sexual abuse”*
- *“moral distress”*
- *“feelings of self-worth” and “ability to provide care”*

AND

ENSURING VOICE
AND CAPABILITIES

- *“being listened to”*
- *“should be policy makers”*

From Filby et al. (2016, 15)

Case Example 3:

Teen refugee mothers & resilience


*Positive experiences of motherhood were associated with “**good social support** which contributed to feelings of acceptance and optimism... For some, teen pregnancy brought them **closer to their families** and they valued having a child whom they loved and who loved them back... Pregnancy and motherhood can **strengthen relationships**...*

*In some societies, particularly when political instability is common, women become bearers of nationhood. Thus, **society, culture and the context** within which motherhood occurs shapes and influences the motherhood experiences.”*

(Watts et al. 2015, 8)

Migration, Pregnancy & Care: Next Steps



- ❑ A Multi-Sector Approach
- ❑ Care work  global public health
- ❑ Better data to capture complexities

“To date, research on barriers to quality of care for women and newborns has not given due attention to the care provider’s perspective.” (Filby et al 2016)

- ❑ Health Systems Strengthening towards Universal Health Coverage
- ❑ Reframing “vulnerability”