

## EDITORIAL

# Feminization of Migration: A Global Health Challenge

移民女性化：全球健康挑战

La feminización de la emigración: un reto sanitario mundial

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Demographers are slowly bringing the migration of women to the forefront as women become the majority of migrants worldwide. Migration can provide new opportunities for women on their own or jointly with their spouses to improve their lives, escape oppressive social relations, and support children and other family members who are left behind. It also can expose women to new vulnerabilities resulting from their precarious legal status, abusive working conditions, and health risks.<sup>1</sup> Migrant women are triply disadvantaged by race/ethnicity, their status as nonnationals, and gender inequalities.<sup>2</sup>

Multiple push-and-pull factors result in the migration of women. These include complex interactions among economic, social, familial, and political factors as well as denial of access to education, employment, and healthcare and the lack of respect for basic human rights. Because in many societies, women are marginalized from such rights, migration to more economically and educationally open societies often can help improve their personal situations and employment opportunities.

Since the 1960s, the number of migrant women has been increasing steadily, reaching 51% of all migrants of the developed world and approximately 46% of all migrants in developing countries as of 2000.<sup>3</sup> The number of female migrants has nearly reached that of migrating males globally. Women account for almost 47 out of every 100 migrants living outside their countries of origin. The increasing flow of migrating women has become as significant as their economic contribution to their families and communities. It is becoming increasingly obvious that migration is no longer gender neutral, with women entering migration as the main economic providers for their families.

These global trends illustrate the scale of international migration and entry of women into migration streams once dominated by men.<sup>4</sup> However, statistics concerning international migration by gender remain uneven across countries. Most surveys underestimate the undocumented as well as those entering countries in an irregular manner. The undervaluing of women's labor and restrictions of their right to work makes many migrating women invisible.

Thus, women who migrate have been overlooked in studies on migration. Their socioeconomic contributions and unique experiences have been ignored. Based on the assumption of male dominance in migration

patterns with women accompanying in the traditional roles of wife, daughter, and dependent of male migrants, their experiences have not been considered.

The traditional status of migrating women has been linked to their role and status within the family as children and is defined in relationship to their male partners as adults in many home countries. Thus, migration can place women in situations where they experience stress and anxiety due to the loss and separation from their established home, social, and cultural environments. Their social integration in new host settings may be equally limited by their initial lack of education, occupational, and social experiences.

Limited research exists concerning gender, health and well-being among migrant women around the globe. Gender disparities are deeply rooted in the values of the home culture, especially those cultures in which males are valued more highly than females.<sup>5</sup> From birth, the meaning of being born female shapes the remainder of a girl's life, depending on the culture and country of birth.

Data suggest that typical female biological advantage may be eroded by the social disadvantage of being female in resource-poor countries. Poverty may thus be associated with gender preference before birth.<sup>6</sup> A girl's health may be further shaped by gender role socialization as her value as a woman for reproduction, pleasure, or caregiving in her culture is reflected in role expectations. The societal status of women establishes the basis for the health status of girls and later women, shaping their health and overall development.<sup>5</sup> The health of girls and women is not only affected by their home culture, social status, education, socioeconomic level, reproductive roles, and marital status but also employment opportunities, ownership privileges, economic power, exposure to violence, environmental factors, and access to quality health services in their home and host countries. Each of these determinants is shaped in part by the cultural image of the girl and woman.

## MIGRATION AND HEALTH: THEORETICAL PERSPECTIVES

Limited knowledge exists concerning the migration and health of women as children, adults, and elders.<sup>7</sup> Existing models of women's health and care fail to consider in their simplicity the cultural values, norms, structural facilitators, and constraints. Such

models overlook the needs, responses, and experiences of girls and women who migrate from childhood to old age. For example, the biomedical model is based on assumptions that advances in biomedicine that integrate the multiple factors of health and disease are all that is needed to cure women of disease. While reducing morbidity and mortality rates, this model overlooks gender differences, gender-specific issues, and the social, historical, and cultural aspects of health and illness and places responsibility for managing health and illness on the healthcare provider.

Internationally, healthcare systems tend to focus primarily on a reproductive/maternal model of healthcare. The maternal health model has helped to decrease maternal mortality and morbidity as well as women's morbidity and mortality in general. However, it has minimized a life span view of women's health issues to those relating only to pregnancy and reproductive health. It has made women in nonreproductive life stages invisible in healthcare systems, ignoring the needs of girls and elderly women. This model also overlooks many other needs of migrating women including their work, caregiving, spousal/partner, and community roles. It supports a limited notion of women's spheres of functioning and influence as only maternal.

Cultural models view females throughout the life span and within their cultural contexts but fail to recognize women's individuality and diversity in how they conform to traditional values and norms. In this model, women's responses and explanatory frameworks of health and illness are products of the norms and values of their society. Cultural models may stereotype women based on their culture and may immobilize providers who attempt to change adverse healthcare conditions.<sup>8</sup>

A more integrative view is needed to help healthcare providers and researchers to more fully understand the multidimensional experiences and challenges that impact the health of women who migrate. Such a view must consider the diversity that exists among every subgroup of migrant women. The transition experience from home to sometimes very different host locations cannot be overlooked. A life span perspective and the experiences perceived to be related to age of migration should span from infancy to old age. Work experience and work environment must be considered as well as the marginalization that can occur in the new settings in which migrant females find themselves. Each component provides a unique insight into the understanding of women's response to health and illness and to the healthcare system providing a more holistic approach.

#### **CHALLENGES OF HEALTHCARE FOR MIGRATING WOMEN**

The impact of migration on health is complex, affecting those who migrate as well as spouses and/or children who are left behind. The effect of migration involves broader issues of access to healthcare services and availability of linguistically and culturally appro-

priate care. Impact on health also includes types of illnesses that women are exposed to which is directly related to the types of jobs they have. Unskilled migrants often are exposed to occupational health problems and prone to accidents. They may not qualify for healthcare benefits. Their precarious legal status may compel them to continue to work while ill because they fear losing their employment and income. Though most host countries offer medical services to them, migrants usually must bear the cost.

In general, the health status of migrant women depends a lot on their health education, occupation, access to services, and what is known about them in their host countries. Healthcare provider knowledge of language, culture, and levels of discrimination and racism also impacts their health. Migrant women often come from the countries where poor health is a fact of life. Many possess little information regarding health in general. Health status may be further compromised by the stress of adjusting to a new country and experiencing violence and sexual exploitation.

A migrant woman's mental and physical health may be affected by certain working environments, abusive employers, and domestic violence. The greater vulnerability of women to sexual abuse and violence also places them at risk for sexually transmitted diseases, including HIV, and posttraumatic stress disorder associated with sexual violence. Their reproductive health needs often go unnoticed and unprotected even in well-organized refugee and migrant situations, and the insensitivity of health staff to the needs of immigrant women from other cultures that differ from that of the host country often is more pronounced in refugee and migrant contexts than it is in general.

Research also has suggested that women experience higher levels of stress than men because they receive less assistance with personal and job-related problems than do men. Ethnic/racial differences also exist, with Asian women in the United States and Canada reporting the highest level of depression compared to women from other ethnic groups due to increased social pressures and conflicting gender roles.<sup>9</sup> Racism and discrimination contribute to marginalization and feelings of sadness and depression.<sup>10</sup>

#### **CONCLUSION**

Though migration in and of itself is not a risk to health in a world defined by profound disparities, it is a part of society, and governments must face the challenge of integrating the health needs of female migrants into national plans, policies, and strategies, taking into account their human rights, including their right to health. Concern for the impact of migration on women's health must become a growing international concern in the 21st century as it affects the well-being of future generations worldwide. The impact of migration on women's health is a significant public health challenge that current governments and societies must face. Health promotion and disease prevention have

not kept pace with the volume, speed, diversity, and disparity of current migration patterns, especially among women across the life span.

Health monitoring of women in all migration-related situations has to be given greater priority with a renewed consideration that includes females from infancy through adult stages. Similarly, much more attention at a health policy level is called for if the rights of female refugees and migrants are to be protected and their contribution to the health and social development of future generations is to be acknowledged and promoted worldwide.

Nations' healthcare systems and policies must acknowledge and adapt to the feminization of the migrant population and its diversity and multicultural needs, promote gender health equity, and extinguish barriers to accessible healthcare. Failure to do so will continue to marginalize migrant women in society, infringe on their rights, and contribute to poor public health practice. Addressing the health needs of migrant women will improve their health status, prevent stigma, reduce long-term health and social costs, protect global public health, facilitate integration, and contribute to the social and economic development of future generations.

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