



Migrants' social determinants of health: Living conditions, exposure to violence, access to healthcare.

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« While crossing the Sahara (up to 8 days on foot)
young people die. You see the corpses lying there. »



Why we conducted a survey

- We wanted to make objective what migration does to people and how it impacts their health
- We were able to determine
 - The general health status of migrants met in our projects (Niger, Tunisia, Morocco)
 - Social determinants of migrants' health directly related to migration
- We further want to develop a set of arguments to inform and alert about the health situation of people during migration



« When you arrive, they put you in a house and force you to work to reimburse the airplane ticket. They confiscate your passport. The passport is taken away by the family you work for. »



Survey - Methods

- Multi-centric survey (Niger, Morocco, Tunisia) about migration journey, violence, living conditions, access to healthcare and migrants' health status.
- Quantitative data collection based on (461) questionnaires and qualitative data collected through discussion groups.
 - Agadez, Niger (n=100); Tunis, Tunisia (n=181); Rabat, Morocco (n=100); Oujda, Morocco (n=80)
 - Focus Groups: Agadez 9, Tunis 2, Rabat 4, Oujda 4



Survey - Results

🌐 Socio-demographic profile :

🌐 59% women - 41% men (selection bias due to one SRH project with a focus on care to pregnant women)

🌐 Median age 28 year

🌐 98.5% sub-Saharan Africa origin (Ivory Coast (40%), Nigeria, Guinea Conakry, Cameroon, Others)

🌐 63% with no legal documents

🌐 Long duration of migration journey :

🌐 46% travelled for more than 6 months

🌐 47% stayed in the country of interview for more than 12 months (even if it was not the final destination for most of them)



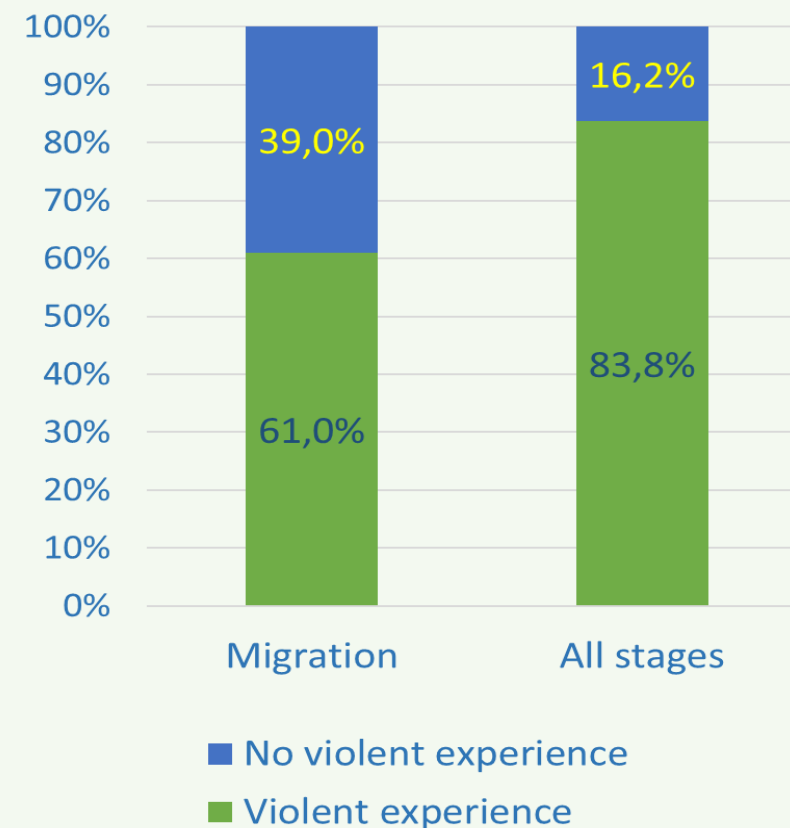
« I have been subjected to an enormous number of psychological and physical acts of violence, not only in Cameroon,... Where I live also, there are too many aggressions, too many deaths... (...). »



Results : violence

The journey is a risk in itself
But also in the environment migrants
live in, violence is highly prevalent

Figure 1 : % of people who had experienced violence, n=413





« The price of the rent is higher than for Moroccans. »

« On the road, policemen operate road blocks at the control points. Policemen say to us that the authorities tell them to impeded youth from migrating... »



Types of violence : differences according to gender

Institutional violence

- Confiscation of money/documents
- Prison
- Violence by officials

Physical violence

- Torture
- Domestic assault and injuries
- Other

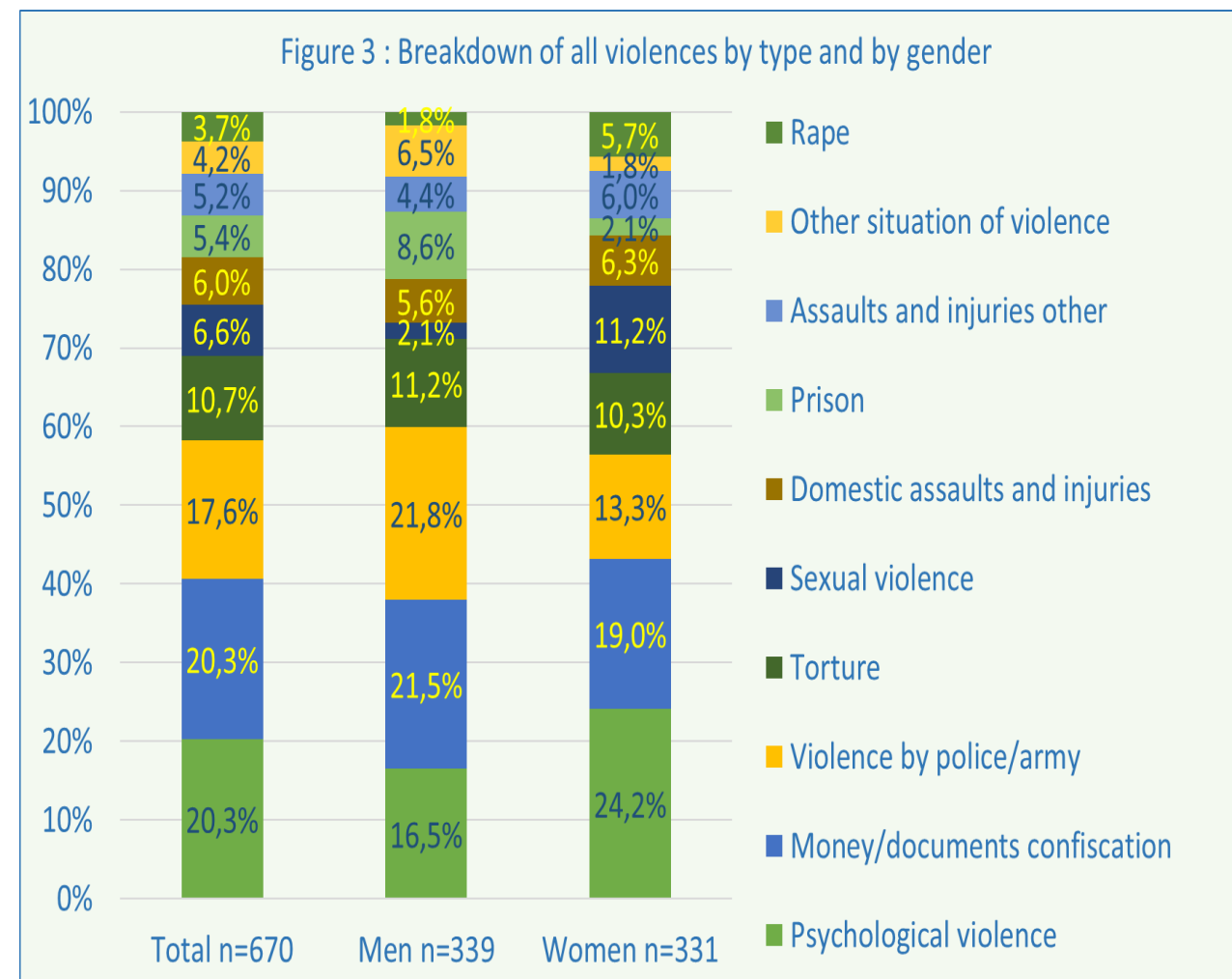
Sexual violence

- Rape
- Other sexual violence

Psychological violence

Other types of violence

Different profile by gender





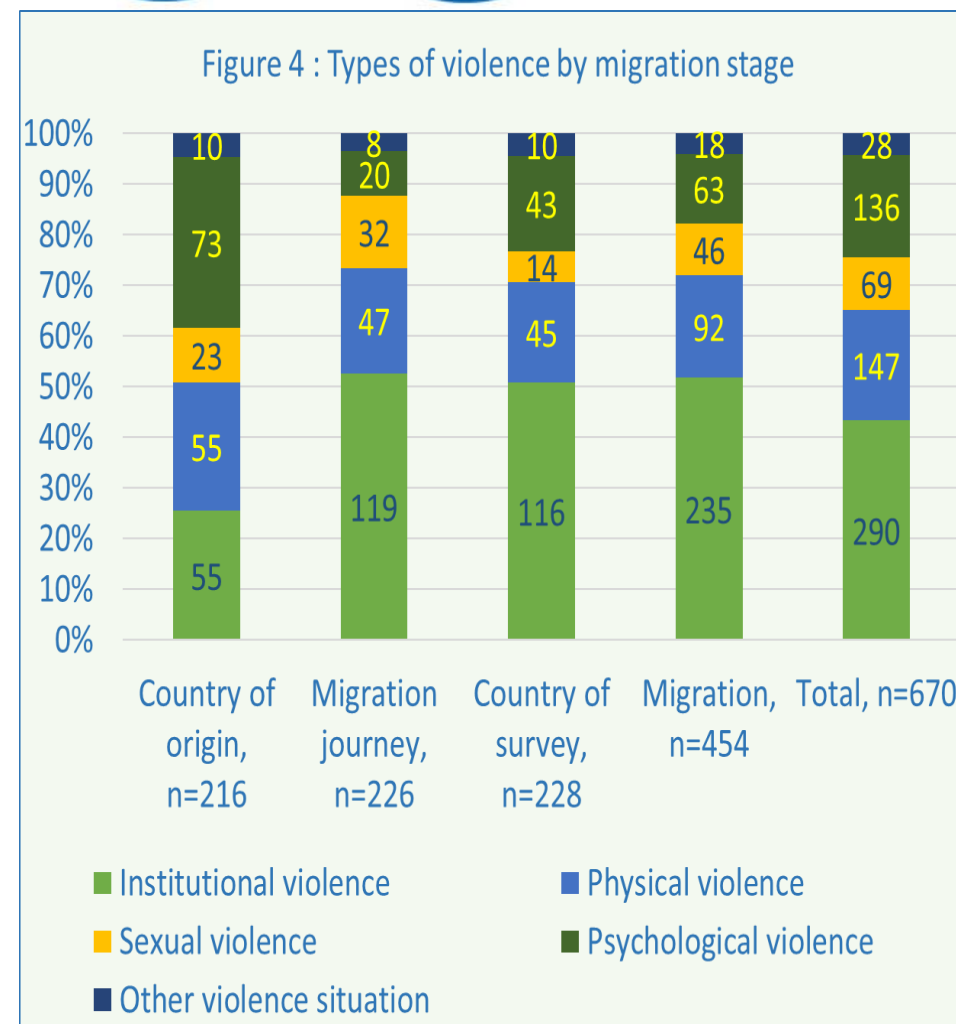
« At the border between Nigeria and Niger, although we have papers, policemen harrass us and take money. »

« - He slept with me in exchange for a place to stay.
- And were you agreeing with that?
- Not in the beginning, but after, I had no choice. »



Types of violence : differences according to location

- Crossing borders creates opportunities for institutional violence
- Staying somewhere seems to increase the frequency of psychological violence
- Being on the road increases the risk of sexual violence
- Although only two types of violence were registered, more than one type was registered on the average per migrant.





« When you get sick, you wait until you get better naturally, because you have no money to go and see a doctor. »

« I don't know if it is because we cannot speak well, ... Actually, I don't speak arabic,... (...) She [the caretaker], for her to stop, if only to listen, often it is a problem. »



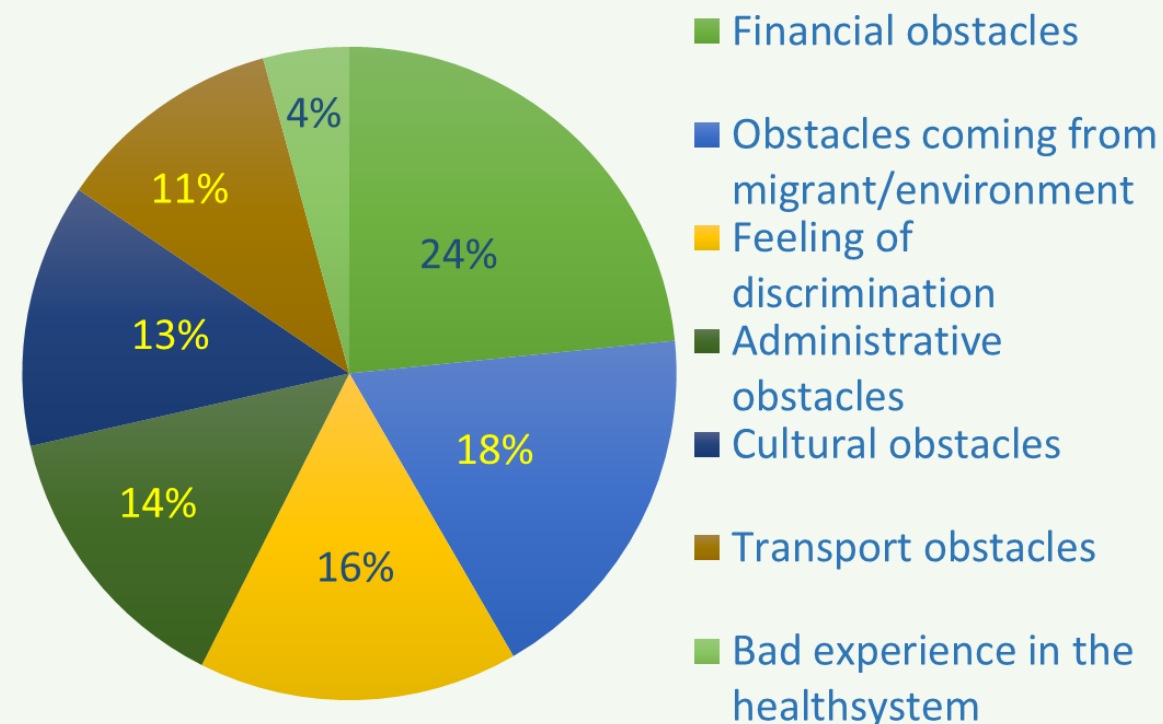
Results : access to healthcare

61% of migrants faced barriers to access healthcare

Half of those are linked to resources (finances, administrative, transport)

Another half comes from social barriers (environment, discrimination, cultural)

Figure 5 : Breakdown of barriers to access to healthcare by type, n=329

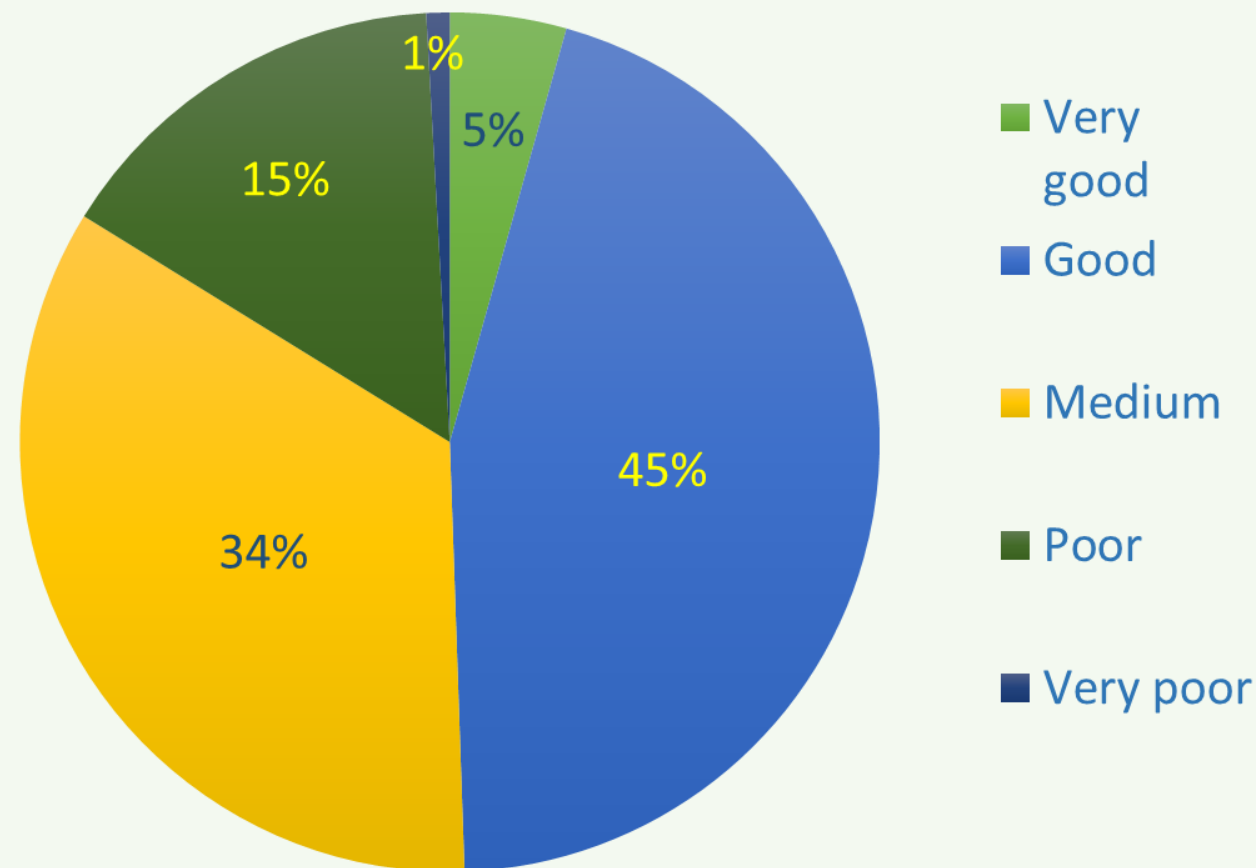




Health status

Health status of 50% of migrants does not correlate with such a young population - Need for further differentiation between physical and mental health

Figure 6 : Health status, % of people by category, n=457





A vision of the future

« We have information about the risks of the journey through our friends who returned from Libya. (...) But that does not deter us, because we prepare ourselves financially and psychologically to go further on our migration trajectory. »

« We know through social media that people are killed in Libya. Libya is a dangerous country for foreigners. We also have concrete proof through the people who come back. That's why we stay here in Niger. »



Differences among locations

Different routes of migration

 Transportation by plane for labour
(Tunisia)

 Returnees on the migration route
(Niger)

Different stays

 Longer in capital cities as Tunis or
Rabat

Different epidemiology of violence

 More men than women

 In Tunis more women than men



Recommendations

Policy

- Human rights
- Access to basic services, including health services

Operational

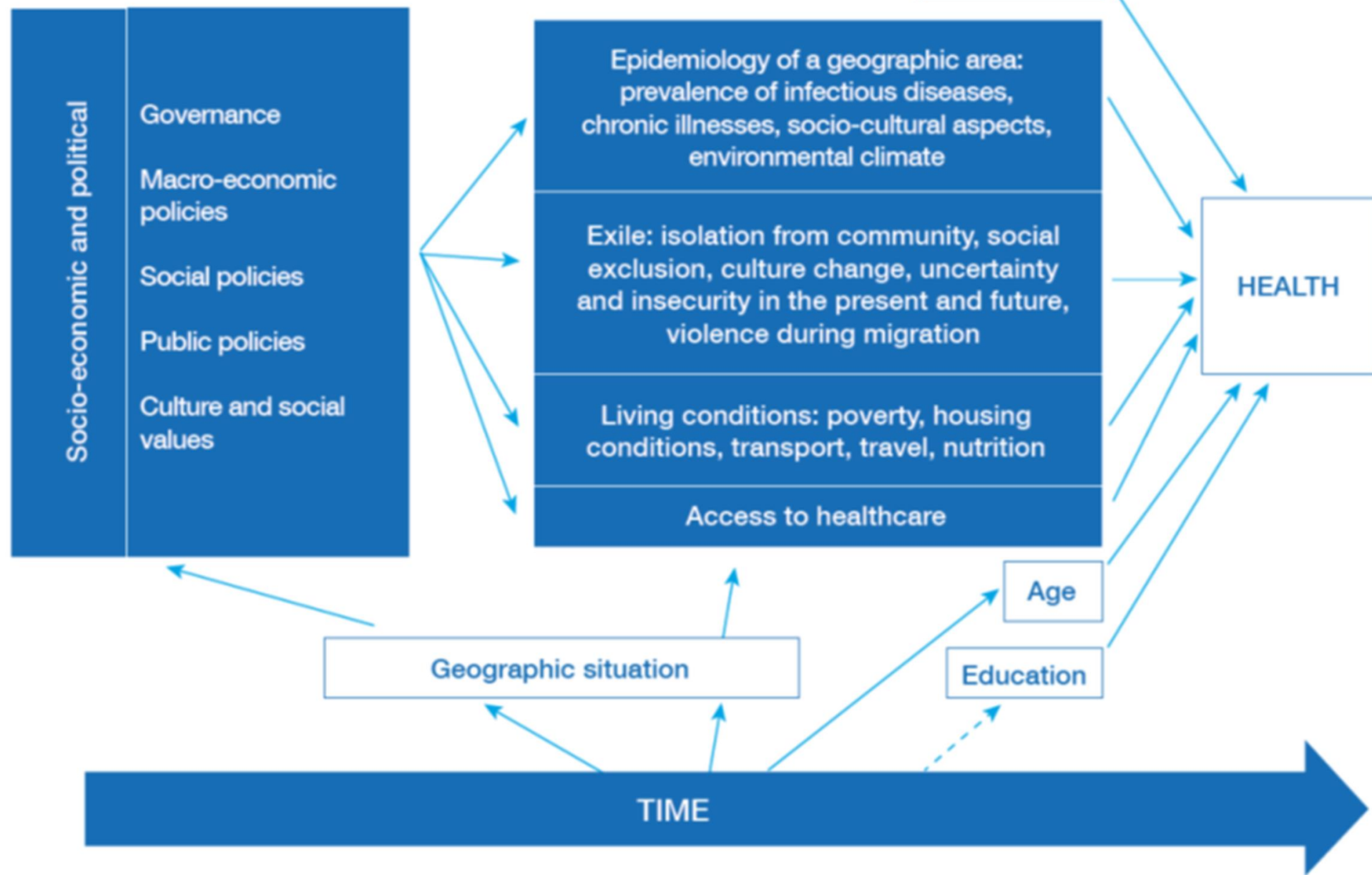
- Capacity building of healthcare systems and workers to provide holistic care to migrants
 - Especially reinforce mental health care
 - Awareness of epidemiology of countries migrants come from

Social

- Community support building
- Contribution to « Ending Violence Against Migrants » initiative (<http://evam.global/>)

Research

- Study the link between exposure to violence and health status of migrants
- Study the impact of the set of social determinants proposed in the next slide



Migration = social determinant of health, made of different factors that should be taken into account at governance level and operational health system level



The report (in French)

<https://medecinsdumonde.be/actualites-publications/publications/migration-et-sante-enquete-quali-quantitative-faite-au-niger>



What about Belgium?

- No detailed overall survey but Report on police violence against migrants
- Survey conducted along the lines of the Istanbul protocol
- <https://medecinsdumonde.be/actualites-publications/publications/violences-policieres-envers-les-migrants-et-les-refugies-en>
- 25% of 440 transmigrants reported police violence
- 59 accepted and 51 realised a valid in depth interview
- 101 violent events were reported
 - 40 acts of physical violence reported by 33 people
 - 61 acts of psychological violence reported by 39 people



Recommendations

- ➊ Reinforce the implementation of basic human rights and of legislation for arrested migrants
 - ➋ No deprivation or physical violence
 - ➌ No psychological or racist violence
 - ➍ No berievement (cell phones especially)
- ➎ Train police force to implement these norms (= planned in collaboration with MDM team)
- ➏ Install a collaboration platform between the police and humanitarian actors in charge of the care of (trans)migrant people
 - ➐ Some meetings already

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 Thank you for your
attention

 Any questions?