3. ACCESS TO HEALTH SERVICES FOR MIGRANT AND REFUGEE WOMEN IN VENEZUELA

As of 5 November 2020, there were 4,6 million refugees and migrants from the Bolivarian Republic of Venezuela (Venezuela) living in Latin America and the Caribbean.[1] Since 2017, the International Organization for Migration (IOM) has conducted surveys in 16 host countries and inside Venezuela with mobile and stationary populations, at border crossings, along migratory routes, and in those areas with a high concentration of refugees and migrants from Venezuela. Although this data is not representative,[2] it is possible to conduct a gender analysis of human mobility from Venezuela. To respond in a dignified, appropriate and safe manner to the human mobility crisis, the needs, skills and opportunities of various affected groups, such as women, must be analysed.[3] In 2020, the COVID-19 pandemic aggravated the conditions of access to services and the guarantee of women's rights,[4] which is why it is essential to have a disaggregated analysis of data collected through the Displacement Tracking Matrix (DTM).

This paper, which is the third in a series of four,[5] presents and analyses information collected by DTM in 2019, focusing on women's access to health services.

Key points:

- Forty-one per cent of Venezuelan migrant and refugee women reported having no access to health services.
- Twenty-nine percent of the women interviewed who had access to health services went to a social security hospital compared to 24 per cent of the men. Of this group of women, 37 per cent were refugees or asylum seekers, 34 per cent were residents and six per cent had no regular migration status.
- Twelve per cent of the women interviewed reported that they had not sought health assistance. Of this group, 54 per cent had no regular migration status and 84 per cent worked in the informal sector.
- Sixty-nine per cent of the women interviewed reported experiencing stress that prevented them from carrying out their daily work during the previous year. Among these, 56 per cent did not have a regular migration status, 74 per cent worked in the informal sector and 14 per cent reported getting paid less than what was agreed by their employer.

THE IMPORTANCE OF ACCESS TO HEALTH SERVICES FOR MIGRANT AND REFUGEE WOMEN

Fifty-nine per cent of the women interviewed responded that they had access to health services in comparison to 53 per cent of men.[6] While it is positive that more than half of the women surveyed reported some form of access to health care, the fact that 41 per cent reported no access is worrying. Health is a fundamental right and migrant and refugee women from Venezuela have special and urgent needs in relation to this right, such as contraception, prenatal and maternal health, care for gender-based violence (GBV), mosquito-borne diseases and infections, malnutrition, dehydration, sexually transmitted diseases, and other health risks that occur in the context of displacement, such as mental health problems.[7] If not addressed in a timely and adequate manner, these health problems have a clear negative impact on women's lives. In addition, COVID-19 poses additional health risks for this population.[8]

MOST OF THOSE WHO SEEK HEALTH SERVICES HAVE A REGULAR MIGRATION STATUS

Twenty-nine per cent of women and 24 per cent of men who have access to health services have been to a social security hospital. Of the group of women who reported that they have been to the hospital, 37 per cent are refugees or asylum seekers, 34 per cent are residents and six per cent have no regular migration status (Graph 1). This last figure indicates that, for the most part, those who feel confident to seek health

1 See: https://r4v.info/es/situations/platform

2 The sample is not representative, i.e. it does not necessarily have the same characteristics as the entire Venezuelan population; this does not mean that it does not allow for a solid analysis of gender characteristics.

3 The DTM does not collect data from girls and young women under the age of 18, only the questions about respondents' relatives.

4 See: IOM, UNHCR, UN WOMEN (2020) Migrant and Refugee Women in the Context of COVID-19. p.1.

5 The other three documents have information on demographics, education, protection, and gender-based violence (GBV).

6 For the question "do you have access to health services", no information was collected in Argentina, Colombia, Ecuador and Uruguay. In addition, this question had 71% of missing responses; 56% of these missing responses were from Peru as it only includes information from Rounds 5 and 6, not Round 7.

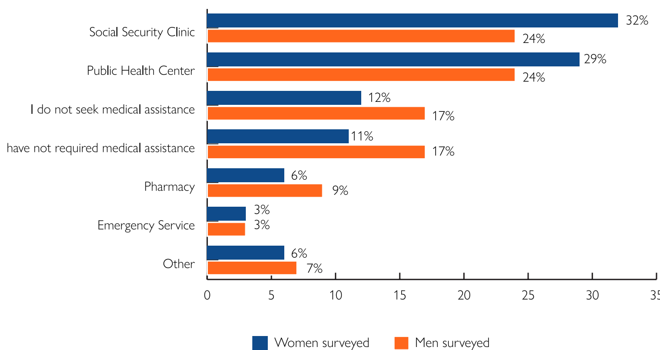
7 See: http://empresaspazddhh.ideaspaz.org/mujeres-migracion-y-covid-riesgos-y-desafios-en-la-salud-y-la-economia

8 Op. Cit. n. 4, p. 1

services when they need them are those with migration status stability, while only a low percentage of those with irregular status seek assistance. This can be linked to the fear of being harassed, not being properly attended to, or because they are unaware of their rights.

GRAPH 1

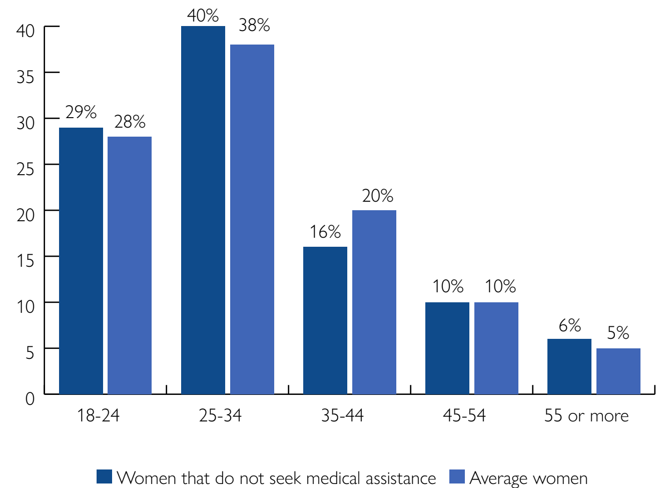
Place where migrants and refugees seek health assistance when in a medical emergency by gender[9]



combined with the lack of income to support themselves and their families, leaves them in conditions of extreme vulnerability and additional mental distress.

GRAPH 2

Women not seeking health care by age group[11]

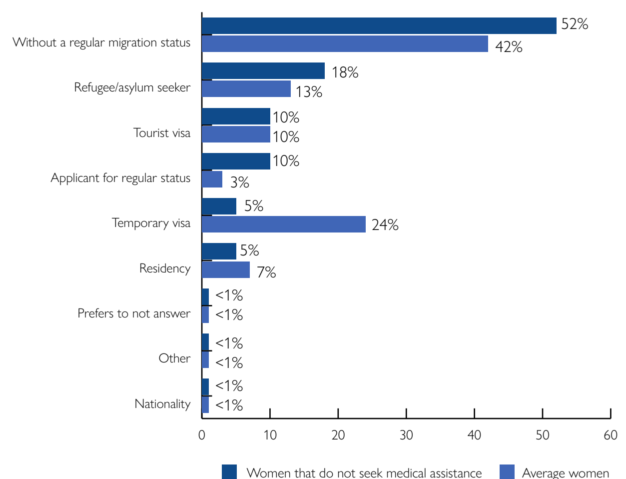


WOMEN WHO HAVE NOT SOUGHT HEALTH CARE ARE MOSTLY YOUNG AND DO NOT HAVE A REGULAR MIGRATION STATUS

Twelve per cent of women have not sought health care. Most of this group, 69 per cent, are aged 18-34 (Graph 2). Fifty-two percent of the women who did not seek health care did not have a regular migration status (Graph 3) and 84 percent worked in the informal sector (Graph 4). The fact that these figures show that young women are not seeking health care is worrying because many of their immediate health needs, including sexual and reproductive health, are not being met. In addition, many of these women have precarious working conditions in the informal sector and many of them, as recent research has shown,[10] are working as domestic caretakers outside their homes. In this sense, it is possible that a significant proportion of young migrant and refugee women from Venezuela feel insecure when trying to access health services because they have no regular migration status and no employment benefits in the precarious jobs they have access to for gender reasons, such as domestic work. As described above, the health risks faced by women on the move are multiple, and

GRAPH 3

Women who do not seek health care by migration status



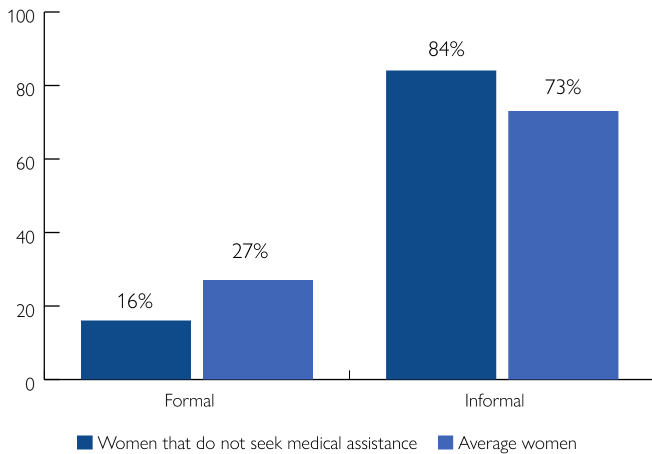
9 In all the figures we are always referring to the Venezuelan migrants and refugees interviewed. At the same time, the variable "other" in this graph refers to private health insurance, private health center, family or friend, alternative medicine, mobile clinic for migrants and other.

10 UNDP and R4V, "Reinventarse sobre la marcha: Mujeres refugiadas y migrantes de Venezuela. Un estudio sobre condiciones y acceso a medios de vida en Colombia, Ecuador y Perú", 2020, p. 51.

11 The use of the word "average women" refers to the average of the responses given by Venezuelan migrant and refugee women.

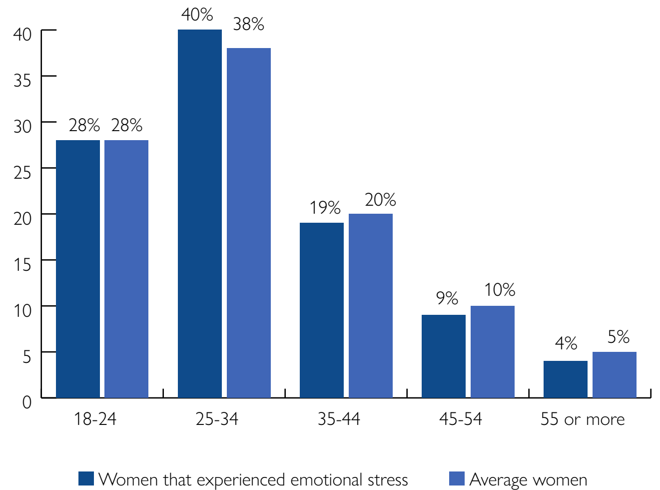
GRAPH 4

Women who do not seek health care by work sector



GRAPH 5

Women who experienced emotional stress in the past year that prevented them from working by age group

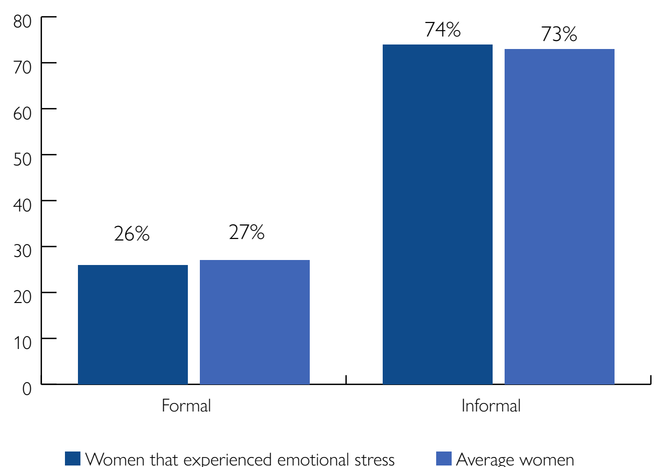


MOST MIGRANT AND REFUGEE WOMEN SUFFER HIGH LEVELS OF STRESS

In relation to mental health, 69 percent of women reported experiencing stress that prevented them from carrying out their daily work during the previous year. Most of these women, 68 per cent, were between 18 and 34 years old (Graph 5). Seventy-four per cent of these women worked in the informal sector (Graph 6). In addition, 14 per cent reported receiving less than the agreed payment and 5 per cent reported that they had not received a payment from their employer (Graph 7). Finally, 56 per cent of these women had no regular migration status (Graph 8). Interpreting these figures from a gender perspective reveals the significant mental and emotional burdens that young women take on as part of migratory movements. These mental health effects have to do, among other factors, with the constant insecurity, fear for themselves and their families, the fact that they assume the tasks of emotional support for the family due to deeply rooted gender roles where men do not share these tasks, precarious work situations, exposure to sexual harassment, xenophobia and labour exploitation that they experience on a daily basis.[12] These figures illustrate a real need for psychological support, decent working conditions and access to health care and GBV prevention for migrant and refugee women in Venezuela.

GRAPH 6

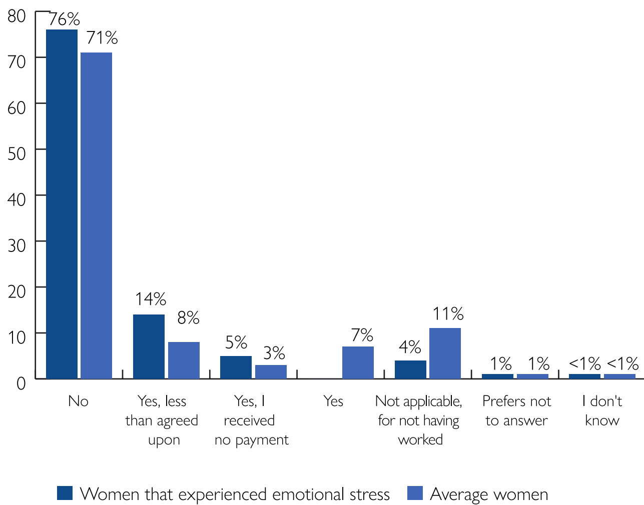
Women who experienced emotional stress in the past year that prevented them from working by work sector



12 According to recent research, "[t]he unsatisfied basic needs, family disintegration and discrimination have caused a large proportion of Venezuelan migrants to develop mental illnesses such as depression, anxiety, sleep disturbances, sadness, anger, as well as the feeling of losing control of their lives". Profamilia, Estudio "Desigualdades en salud de la población migrante y refugiada venezolana en Colombia" with the support of the United States Office of Foreign Disaster Assistance (OFDA) and the United States Agency for International Development (USAID), 2020, p. 102.

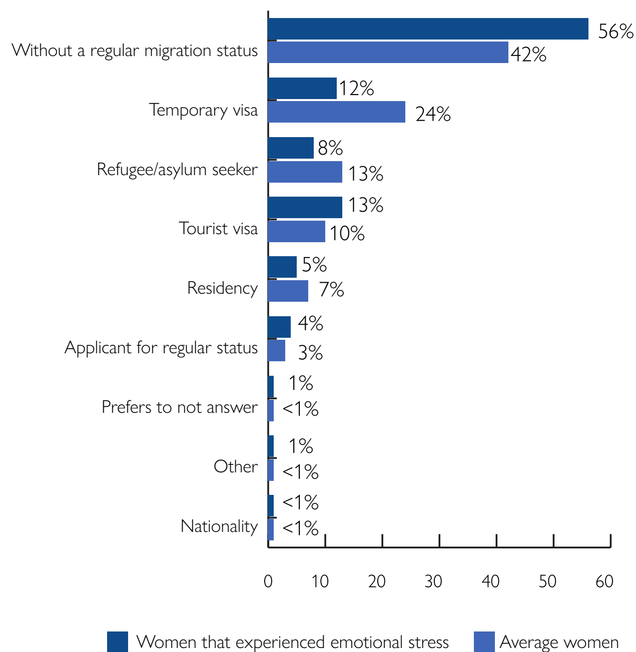
GRAPH 7

Women who have experienced emotional stress in the past year that prevented them from working and who have received a different amount than the agreed upon for their work



GRAPH 8

Women who experienced emotional stress in the past year that prevented them from working by migration status



METHODOLOGY

The database used in this report was compiled by IOM DTM teams in 11 countries that host refugees and migrants from Venezuela in Latin America and the Caribbean to better understand their movements, profiles and needs. Assessments were conducted in Argentina, Brazil, Chile, Colombia, Costa Rica, Ecuador, Guyana, Paraguay, Peru, Trinidad and Tobago and Uruguay. The teams conducted surveys with moving and stationary populations both at border crossings and along migratory routes as well as locations with a high concentration of refugees and migrants from Venezuela, collecting disaggregated information including: demographics, education, labour profile and livelihoods, monitoring of mobility and routes, assessment of location, protection, health, needs and vulnerabilities. The surveys have a common and harmonised methodology, which allows the information to be used at the country level, to inform response and operations, but also gives a sub-regional view of the Venezuelan migration phenomenon. In most of the sample countries, IOM teams collected data through convenience sampling and surveys were administered face-to-face by trained enumerators.