UNFPA state of world population 2006

A Passage to Hope
Women and International Migration

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United Nations Population Fund
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On the cover

Bangladeshi women carrying candles participate in a demonstration to protest against trafficking of women and violence against women in Dhaka on 11 August 2003. More than 1,000 women, including some 200 delegates from Afghanistan, Bhutan, India, Nepal, Pakistan, Sri Lanka and the Philippines participated in the demonstration.

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Background image:
*Truck loaded with about 150 migrants
travelling between Agadez and the
border, bound for Libya or Algeria.
Young men from all over West Africa
travel by truck through the Sahara
desert to the North African coast,
trying to get to Europe. The crossing
takes about a week.*
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Introduction

Today, women constitute almost half of all international migrants worldwide—95 million. Yet, despite contributions to poverty reduction and struggling economies, it is only recently that the international community has begun to grasp the significance of what migrant women have to offer. And it is only recently that policymakers are acknowledging the particular challenges and risks women confront when venturing into new lands.

Every year millions of women working millions of jobs overseas send hundreds of millions of dollars in remittance funds back to their homes and communities. These funds go to fill hungry bellies, clothe and educate children, provide health care and generally improve living standards for loved ones left behind. For host countries, the labour of migrant women is so embedded into the very fabric of society that it goes virtually unnoticed. Migrant women toil in the households of working families, soothe the sick and comfort the elderly. They contribute their technical and professional expertise, pay taxes and quietly support a quality of life that many take for granted.

For a long time, the issue of women migrants has been low on the international policy agenda. Today, the world has a unique opportunity to change this: For the first time, government representatives from around the globe will be attending a United Nations session specifically devoted to migration. The 2006 High-Level Dialogue on International Migration and Development offers a critical opportunity to ensure that the voices of migrant women are heard. The explicit recognition of the human rights of women and the need for gender equality is a basic prerequisite of any sound, equitable and effective policy framework that seeks to manage migration in an orderly and humane manner.

Benefits cut both ways. For many women, migration opens doors to a new world of greater equality, relief from oppression and the discrimination that limits freedom and stunts potential. For origin and receiving countries, the contribution of women migrants can quite literally transform quality of life. This dedication, however, comes at a cost—for migration also has its dark side.

Young girls play in a building in Kabul, Afghanistan. It is home to 105 Pakistani refugee families, who struggle daily to find money for food.
© Lana Slezic/Panos Pictures

From the modern-day enslavement of trafficking victims to the exploitation of domestic workers, millions of female migrants face hazards that testify to a lack of adequate opportunities to migrate safely and legally. Trafficking is not only one of most horrific manifestations of migration "gone bad"; it also undermines national security and stability.[1] Weak multilateral cooperation and the failure to establish, implement and enforce policies and measures designed to protect migrant women from exploitation and abuse means it is the most vulnerable who will pay—and sometimes with their lives.

The demand for women migrants is at an all-time high and growing. Unnecessary and discriminatory barriers, coupled with inadequate human and labour rights protections, are beneficial neither to families or to countries—nor to the hundreds of thousands of women exposed to insufferable conditions and abuses.

Since the 1990s, governments have addressed international migration at various UN conferences. The 1994 International Conference on Population and Development (ICPD) stands out among them.[2] By the time the tenth anniversary of the ICPD rolled around

in 2004, the Programme of Action still constituted one of the leading and most comprehensive global governmental agreements ever established on international migration and development.[3] Among key commitments, governments agreed to "address the root causes of migration, especially those related to poverty",[4] and to "seek to make the option of remaining in one's country viable for all people".[5] Since then, the global community has rallied around the Millennium Development Goals. In 2000, heads of state and government unanimously made a pledge to "make poverty history"[6] and to end gender discrimination.

Global communications and transportation have made it possible for people to enjoy more freedom of movement than ever before. But people should not be compelled to migrate because of inequality, exclusion and limited alternatives in their home countries. While governments and experts discuss how best to manage migration, at the centre is the fact that migrants are first and foremost human beings vested with human rights.[7] The equitable management of migration means that measures adopted should not further penalize the most

vulnerable, who already face systemic inequality. Chief among these are lower-income and female migrants. Increasingly, migration is following an unsavory course that is hewing toward the negative side of globalization, and exacerbating existing inequalities. While an elite of highly skilled individuals increasingly enjoy the benefits of migration, barriers to poorer migrants are increasing.

Immigration and development go hand in hand. Stepped-up investments in poverty reduction, gender equality and development—including the fulfilment of donor country commitments to overseas development assistance (ODA)—are part and parcel of efforts to achieve a more orderly migration system. These are necessary to reduce the gaps between rich and poor and to expand opportunities for all—including women, who in too many countries lack equal access to livelihood opportunities. Sound immigration policies that respond to economic interests while safeguarding human rights and gender equality are critical. At the same time, they help remove unnecessary obstacles to mobility that can, and do, result both in the loss of human dignity and of human lives.

Sovereign countries have the right to control immigration and deter illegal entry. This, however, constitutes only one aspect of any comprehensive policy framework and should not be the only major focus.[8] One positive development is that more countries today acknowledge the need to manage migration rather than restrict it.[9]

Women are migrating and will continue to do so. Their needs are urgent and deserve priority attention. Only then will the benefits of international migration be maximized and the risks minimized. Women migrants are among the most vulnerable to human rights abuses— both as migrants and as females. Their hard work deserves recognition, and their human rights, protection. Their voices must be heard. Vision and leadership can help steer public debates away from reactionary sensationalism and an emphasis on "otherness" to a recognition of our common humanity, which binds us together in a world increasingly without borders.

1 The Good, The Bad, The Promising:
Migration in the 21st Century

Since the very dawn of humanity, people have migrated. Exoduses and migratory flows have always been an integral part, as well as a major determinant, of human history. Yet large intercontinental movements only began in the 16th century, with the expansion of Europe and the settlement of colonies.[1] Over the last two centuries, migration rose to an unprecedented level, primarily owing to the globalization of economic activity and its effect on labour migration.[2] While the great majority of those who move are still internal migrants (individuals or families who migrate within their own country), the number of international migrants[3] is substantial.

A World on the Move

International migration is a vital part of today's globalized existence. It can play a key role in development and poverty reduction. It has clear benefits that could be enhanced and disadvantages that could be minimized. Despite this, many of the issues surrounding migration are complex and sensitive. The introduction of peoples from one culture into another tends to generate suspicion, fear and even downright xenophobia. High profile incidents involving migrants and heated debates have both underscored the stories of "migration gone bad". The millions of stories of "migration gone good"—of women, men and youth who leave their country and contribute to both their adopted and home countries through their skills, labour and taxes—tend to go largely untold.

Recent decades have witnessed a dramatic change in the migration landscape as transport and communications have improved within an increasingly globalized world. All nations are now involved with the movement of people—whether as origin, transit or receiving countries. The number of people counted as living outside their country of birth has almost doubled during the last 50 years—increasing to 191 million in 2005.[4] Women now constitute almost half of all migrants and dominate in migration streams to developed countries (see Chapter 2).

Migration can be voluntary or forced, although the actual experience may contain elements of both. Most people migrate for labour, family reunification or marriage. The demand for labour migrants (i.e., those searching for better

◄ *Each year, en route to the United States, thousands of migrants like this Honduran boy stow away through Mexico on the tops and sides of freight trains.*
© Don Bartletti/Los Angeles Times

economic opportunities abroad) has been a major factor in rising levels of migration to developed countries.[5] It is with respect to this group that experts invoke the potential role of migration in development and poverty reduction—especially given the significant impact that financial remittances and other benefits can have on countries of origin. Forced migration and trafficking, on the other hand, encompass the more poignant vulnerabilities associated with international movements— particularly where it involves women and children (see Chapters 3 and 4).

Despite perceptions to the contrary, the proportion of international migrants worldwide has remained relatively low, growing only from 2.5 per cent of the total global population in 1960 to 2.9 per cent in 2000.[6] Nevertheless, net migration accounts for a growing and major share of population growth in developed regions—three quarters in 2000-2005.[7] While in developing regions, emigration has not led to significant decreases in population growth, in 48 countries—mostly small or island states—it has resulted in reductions of more than 15 per cent.[8]

Today, the number of people living outside their country of birth is larger than at any other time in history. International migrants would now constitute the world's fifth most populous country if they all lived in the same place—after China, India, the United States and Indonesia.[9] Nevertheless, migration has actually slowed: that is, the absolute number of new international migrants has decreased from 41 million between 1975 and 1990 to 36 million between 1990 and 2005.[10] Part of the decline can be attributed to the drop in the number of refugees.

Developing countries are experiencing a sharp reduction in the immigrant growth rate, while in developed countries (excluding the former Soviet Union), growth continues to expand: Of the 36 million who migrated between 1990 and 2005, 33 million wound-up in industrialized countries.[11] These trends reveal that 75 per cent of all international migrants now live in

Figure 1: Status of ratification of international legal instruments related to international migration

Instrument	Year entered into force	Parties to United Nations instruments	
		Number of countries	Percentage of countries
Migrant workers			
1949 ILO Convention Migration for Employment (Revised 1949) (No. 97)	1952	45	23
1975 ILO Convention concerning Migration in Abusive Conditions and the Promotion of Equality of Opportunity and the Treatment of Migrant Workers (Supplementary Provisions) (No. 143)	1978	19	10
1990 International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families	2003	34	17
Smuggling and trafficking			
2000 Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children	2003	97	50
2000 Protocol against the Smuggling of Migrants by Land, Sea and Air	2004	89	46
Refugees			
1951 Convention relating to the Status of Refugees	1954	143	73
1967 Protocol relating to the Status of Refugees	1967	143	73

Note: Status as at 19 April 2006.

Source: United Nations. 2006. *International Migration and Development: Report of the Secretary-General* (A/60/871).

only 28 countries.[12] Between 1990 and 2005, 75 per cent of the increase occurred in only 17 countries, while migration actually decreased in 72 countries.[13] In sum, migration is concentrated in a relatively small number of countries: One out of every four migrants lives in North America and one of every three in Europe.[14]

Unequal Opportunities in a Globalizing World

Growing interdependence between countries, coupled with widening inequalities, will probably lead to the further intensification of international movements. In the "worldwide scramble for skills",[15] advanced countries are increasingly tapping a larger pool of highly mobile labour.[16] At the same time, if their economies are to continue to grow, developed countries will require more migrants to undertake low-paying work that their native counterparts are unable or unwilling to do—particularly at the low wages and working conditions offered.

These jobs—known as the four Ds: dirty, difficult, demeaning and dangerous[17]—include garbage collection, street cleaning, construction, mining, sex work, etc.[18] Other occupations, which local workers may or may not shun, are seasonal and require a complement of foreign workers.[19] At the other end of the scale, the demand for highly skilled professionals in technological, scientific, managerial or administrative activities is also increasing.[20] Most rich countries are open to, and indeed encourage, immigration at the top end of the skill range but are ambiguous or negative about their needs at the lower range.

NEITHER THE POOREST, NOR THE LEAST EDUCATED

Migrants tend to possess certain demographic and socio-economic characteristics in terms of age, sex, education, occupational category or willingness to face risks. These factors differentiate them from the rest of the population in their communities of origin.[21] Two trends stand out: on the receiving side, the demand for labour at both ends of the occupational spectrum (i.e., highly skilled and low-skilled)[22] and, despite the dearth of age-disaggregated data, the fact that a significant proportion of migrants are aged 15 to 30 years.[23] Migrant selectivity, in turn, has a direct impact on who benefits and what those benefits will be, both in origin and destination communities.

It is widely believed that most migrants come from the poorest populations. This is incorrect.[24] In fact, emigrants are usually better educated than those left behind.[25] The vast majority en route to the Organization for Economic Co-operation and Development (OECD) countries, for example, possess a secondary (high school) education or higher.[26] With the exception of short-distance movements across borders (i.e., people migrating from Mexico and Central America to the US, or Turks to Western Europe), migrants generally need access to information and some sort of bankroll (as much as US$60,000 for Chinese migrants[27]) in order to cross borders—whether legally or illegally.

BRAIN DRAIN, BRAIN WASTE AND BRAIN GAIN

The demand for skilled workers can result in the emigration of a substantial number of skilled workers from source countries. This fact is at the root of one of the major debates surrounding international migration and can represent a significant loss for developing countries. Countries spend considerable resources training highly skilled professionals: When they leave, the sending country loses both emigrant skills as well as its initial investment.

Concern with skills depletion is nothing new, but global competition is driving countries to recruit more highly skilled migrant workers in order to maintain and increase their economic edge. As a result, researchers estimate that between a third and half of the developing world's science and technology personnel now live in the developed world.[28] However, a World Bank study concludes that for "22 of the 33 countries in which educational attainment data can be estimated, less than 10 percent of the best educated (tertiary-educated) population of labour-exporting countries has migrated."[29]

What is a godsend for the developed world, however, can be devastating for more impoverished countries. Perhaps nowhere is the effect of "brain drain" more acutely felt than in the already fragile health systems of developing countries.[30] While sub-Saharan Africa is now staggering under the highest infectious disease burden in the world (25 per cent), it retains only 1.3 per cent of the world's health-care practitioners (see Figure 3).[31] In

some countries, the supply of nurses and doctors has been severely depleted.[32] Aggressive recruitment policies on the part of developed countries seeking to address skills shortages in their own health workforces are partly responsible.[33]

Recent World Health Organization (WHO) surveys show that the intention to migrate is especially high among health workers living in regions hit hardest with HIV/AIDS—68 per cent in Zimbabwe and 26 per cent in Uganda.[34] The Global Commission on International Migration (GCIM) reports that more Malawian doctors are currently practicing in the northern English city of Manchester than in the whole of Malawi. Only 50 out of the 600 doctors trained since independence are still practicing in Zambia.[35]

Although worrying, these types of situations do not tell the whole story. Some researchers argue that in order for the brain drain to be detrimental, two conditions must prevail: the loss of a high proportion of a country's total educated population and adverse economic consequences. Researchers observe that small, less-developed countries, particularly in Africa and in the Caribbean, are most likely to suffer the effects of brain drain.[36] For example, in 2000, over 70 per cent of the highly educated population of Guyana, Haiti, Jamaica and Trinidad and Tobago were living in OECD countries.[37]

Direct and indirect impacts (feedback effects) also need to be separated out in order to judge the overall effect of emigration. Direct economic impacts are likely to be adverse: The loss of human capital and lower levels of education in the remaining population can retard economic growth and stall efforts to reduce poverty. However, several positive indirect impacts have also been identified.[38] Indeed, the World Bank maintains that, despite the fact that developing countries are increasingly concerned about "brain drain", losses may be more than offset by remittances and increased trade and investment.[39] Put more simply, remittance income can spur consumption in the home country and can be used to invest in businesses.

TO PLUG OR NOT TO PLUG

Available research does not lead to a simple conclusion: Benefits can only be determined according to each

Figure 2: The 20 countries or areas with the highest numbers of international migrants, 2005

Y-axis: (as percentage of total international migrants)

Countries (left to right): United States of America, Russian Federation, Germany, Ukraine, France, Saudi Arabia, Canada, India, United Kingdom, Spain, Australia, Pakistan, United Arab Emirates, Hong Kong (SAR)[a], Israel, Italy, Kazakhstan, Côte d'Ivoire, Jordan, Japan
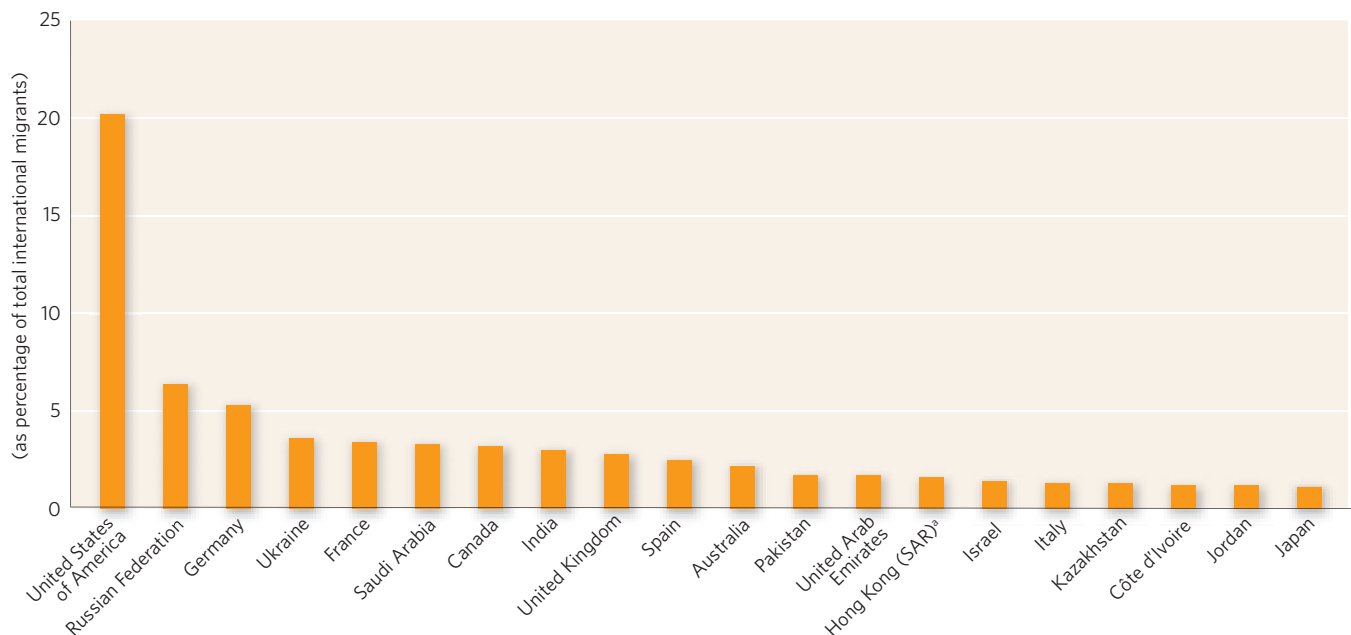
[a] Special Administrative Region of China
Source: UN Population Division. "Trends in Total Migrant Stock: The 2005 Revision" (POP/DB/MIG/Rev.2005/DOC), p.11.

specific case.[40] Moreover, when highly trained people find no outlet for their profession at home, neither the person nor the country benefits, and the end result may be *"brain waste"*.[41]

Altogether, the idea of "brain drain" tells only part of the story concerning the overall impact of migration on an economy or society. Consequently, the intuitive policy response—to plug the drain—will likely be ineffective. Recent research promotes the idea of "optimal brain drain"—that is, that an increase in the emigration of skilled migrants may actually benefit the source country in some cases.[42] Lessons suggested by an analysis of Taiwan, Province of China (where brain drain was eventually transformed into gain), include: subsidize education only up to the level actually demanded by the national economy; use migration as a "brain reserve" in terms of advice and returning skills; support diaspora networking and recruitment; and build a critical mass of returnees.[43]

There are also practical reasons why attempts to restrict mobility may simply not work. Many migrants will find ways around recruitment bans. Furthermore, policies that have attempted to curb migration have historically met with little success. Efforts to limit mobility from particular countries could also end up inhibiting development. Indeed, those policies most likely to be effective are those that accept existing trends rather than seeking to reverse them.[44] The International Organization for Migration (IOM),[45] the Economic Commission for Latin American and the Caribbean (ECLAC)[46] and the Global Commission all support this view.[47]

Between a Rock and a Hard Place: Irregular Migration

Increasing labour demand and widening disparities between countries encourage would-be migrants to move to wealthier countries in order to improve their prospects. And even though aspiring migrants are often unable to carry out their proposed move legally, they will do so regardless. Many countries are increasingly reluctant to receive large numbers of permanent migrants[48] but widening economic and social disparities could lead to greater numbers of undocumented migrants willing to flout regulations in exchange for the promise of a better life.

Figure 3: Africa's Health-care Crisis

Africa's burden of disease

25 %

Africa's share of the world's health workers

1.3 %
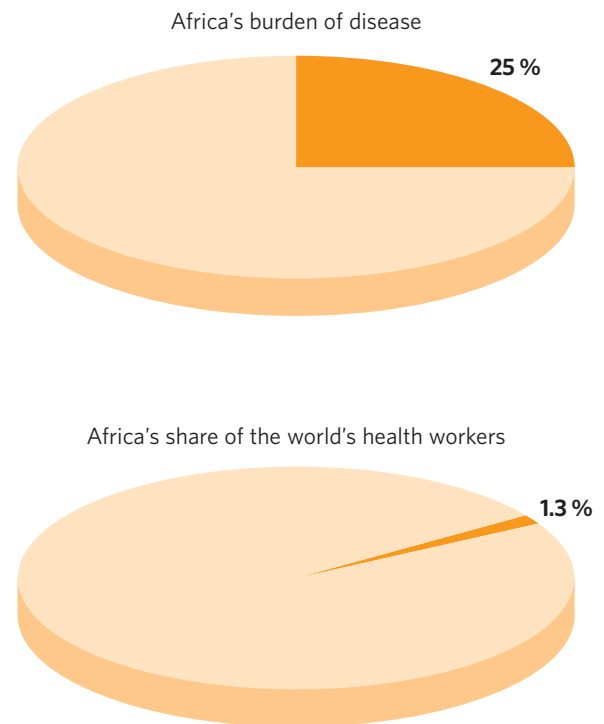
Source: World Health Organization. 2004. "Addressing Africa's Health Workforce Crisis: An Avenue of Action." Paper prepared for the High-Level Forum on MDGs, Abuja.

Experts and development institutions also increasingly point to the "asymmetry" of the globalization process: the fact that goods, capital, services, information and ideas are allowed to flow increasingly freely across international borders, while people are still confronted with a wide range of official controls.[49]

Migrants with irregular or undocumented status[50] are people who do not have the proper visa to enter, stay or work. Because of their uncertain status, they tend to take low-paying, "off-the-books" cash-only jobs. As a result, undocumented migrants are more likely to be exploited, work long hours, suffer poor health and live in substandard and often illegal housing. If female, they are more likely to be sexually and physically abused. Irregular migration can also undermine the host country's labour protections, pension schemes and legal system by providing would-be employers with a cheap and exploitable pool

of workers with no recourse to collective bargaining and other means of redress.[51] Because undocumented migrants are not officially registered, their actual number is unknown in most countries. Global estimates vary widely at between 30 and 40 million.[52]

Undocumented migrants confront huge risks while attempting to reach their destination. Every year, newspapers are filled with tales of those who did not make it—migrants who drowned or died of exposure or were murdered by unscrupulous smugglers. Every year, thousands of migrants from Africa try to scale the fence barrier that separates the Spanish enclaves of Melilla and Ceuta from the rest of Morocco.[53] As authorities crack down, desperate migrants are increasingly embarking on even more hazardous crossings. The peril is not confined to Africa and Europe. Thousands of people from all over Latin America and the Caribbean lose their lives attempting to reach the United States or Canada.[54]

Forced Migration: Refugees and Asylum-seekers

Forced migration is that which results from coercion, violence, compelling political or environmental reasons, or other forms of duress, rather than from a voluntary action.[55] It often puts migrants in considerable jeopardy. Although the population of forced migrants is small in comparison to labour migrants, it is made up of some of the most vulnerable and marginalized groups.

The best-known and most-measured group within the forced migration category is that of "refugees": people who flee countries hit by war, violence, and chaos, and who are unable or unwilling to return to their home countries because they lack effective protection. In 2005, there were 12.7 million refugees: 8.4 million under the responsibility of United Nations High Commissioner for Refugees (UNHCR) and an additional 4.3 million under the charge of the United Nations Relief and Works

Agency for Palestine Refugees (UNRWA).[56] Overall, refugees now make up 7 per cent of all migrants[57]—down from 11 per cent in the early 1990s.[58]

Unlike labour migrants, who tend to gravitate towards developed regions, an estimated 90 per cent of all refugees currently live in developing countries.[59] Most refugees seek safe havens in countries bordering their own. During the 1994 Rwanda genocide, for example, more than a million refugees crossed into Goma in only three days while, since 2004, an estimated 730,600 Sudanese refugees have fled to Chad, the Central African Republic, Democratic Republic of the Congo, Ethiopia, Kenya and Uganda.[60] Refugees represent some 18 per cent of international migrants in Africa, 15 per cent in Asia and 3 per cent in Europe.[61]

Asylum-seekers are individuals who apply for recognition of their refugee status in another country or through an embassy, and who usually must wait pending a decision from an appropriate body. In 2005, UNHCR reported that 336,000 people applied for asylum in 50 industrialized nations—mostly in North America and Europe—down by nearly 50 per cent since 2001. Levels were the lowest in nearly 20 years with the biggest decreases in Canada and the US. The precipitous drop is attributed to tightening regulations in receiving countries as well as the resolution of a number of longstanding conflicts.[62] Asylum-seekers are facing increased scrutiny owing to concerns that non-refugee migrants are misusing the asylum system in order to gain regular admission. Some critics charge that legitimate asylum-seekers—many of whom migrate through irregular channels in search of protection—are unfairly paying the price for country efforts to crack down on illegal immigration and smuggling. A number of countries automatically detain individual asylum-seekers pending the decision as to whether they qualify for asylum. If not, they face deportation to their country of origin.

Asylum-seekers can remain in limbo for months or years on end.[63] Asylum-seekers whose applications are rejected often cannot be deported because the country of origin will not take them back, or they lack passports. Because laws frequently bar them from seeking jobs in the formal sector, they often end up labouring in the more insecure and unregulated informal economy.[64]

Figure 4: Remittances to Developing Countries

Leading recipients (2004)

Share of remittance income, by region (2005)
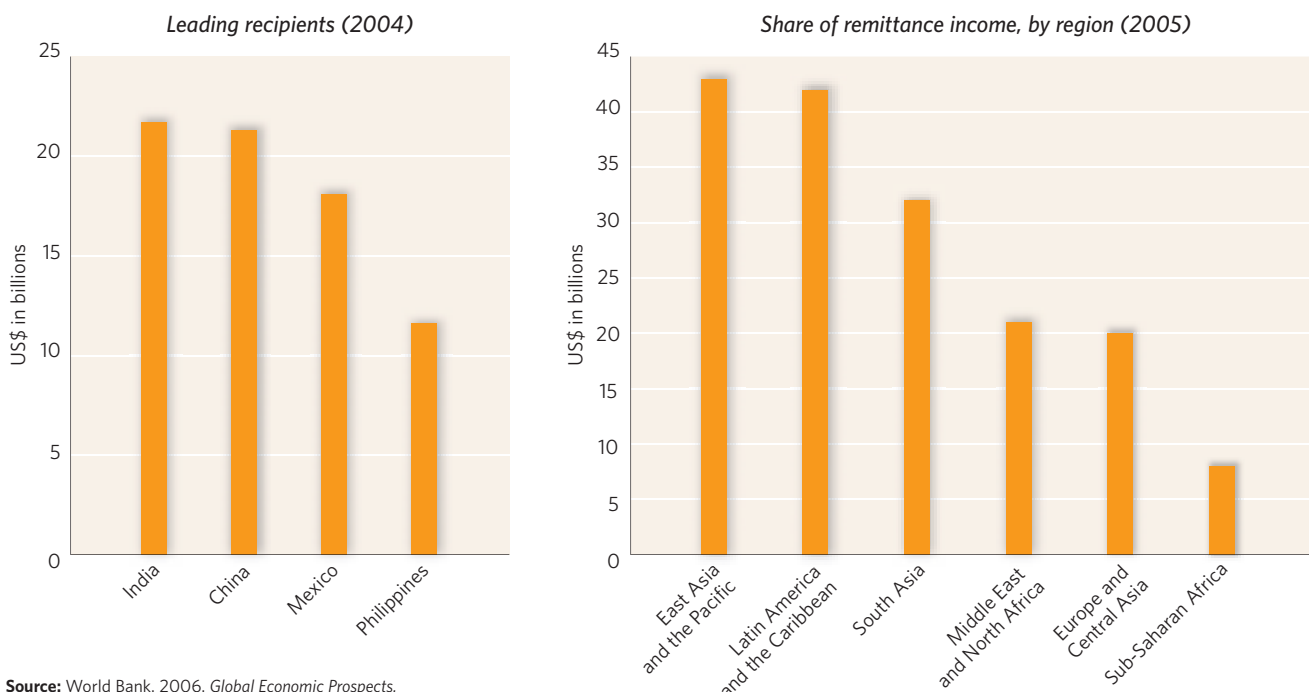
Source: World Bank. 2006. *Global Economic Prospects.*

Harnessing Hope: International Migration, Remittances and Development

Remittances—that is, migrant earnings sent back to countries of origin—are the main reason experts point to international migration as important for poverty reduction. Although exact numbers are hard to pin down, the sums are enormous. The World Bank estimates that, in 2005, formally transferred remittances rang in at about US$232 billion —of which developing countries received $167 billion.[65] The actual amount of remittances is considered to be substantially higher, since this figure does not take into account funds transferred through non-formal channels.

Remittances are considerably larger than the value of Official Development Assistance (ODA) and comprise the second-largest source of external funding for developing countries after Foreign Direct Investment (FDI). Furthermore, remittances tend to be a more predictable and stable source of income than either FDI or ODA. For some small countries they represent a high share of GDP, such as in Tonga (31 per cent), the Republic of Moldova (27 per cent), Lesotho (26 per cent) and Haiti (25 per cent).[66] Fully 70 per cent of China's FDI comes from the Chinese diaspora.[67] So great is the impact on developing world economies that the World Bank theorizes that a 10 per cent increase in remittances as a proportion of a country's GDP could result in a 1.2 per cent reduction in the share of people living in extreme poverty.[68]

This is borne out by statistics. In Nicaragua, more than 60 per cent of the 22,000 households who escaped poverty between 1998 and 2001 had a family member living abroad.[69] Remittances sent by migrants to El Salvador, Eritrea, Jamaica, Jordan, Nicaragua and Yemen in 2000 increased the GNP of these countries by more than 10 per cent.[70] That same year, 1.2 million Moroccans managed to escape poverty purely on the strength of remittance income alone.[71] According to ECLAC, in 2002, remittances from abroad helped to boost 2.5 million people living in Latin American and the Caribbean above the poverty line.[72]

The propensity to remit—and the amount sent— depends on a variety of factors such as age, number of dependents, the marital status of the migrant and the duration of residence in the host country. Thus, one study finds that Mexican migrants are most likely to remit when they are married, under the age of 40 and with strong social contacts in the host country.[73] Women send a larger proportion of their lesser resources than men[74] (see Chapter 2); temporary migrants send more money than permanent residents; and unskilled/semi-skilled labourers tend to generate more than highly skilled professionals (although this is partly due to the fact that there is a smaller pool of the latter).[75] Another factor that affects remittance levels is the strength of the migrant's kinship ties and intent to return to the country of origin.

In Tijuana, Mexico, a memorial hangs on the US-Mexico wall to ▶ honour the more than 3,000 migrants who at the time had died attempting to cross the desert. Children walk along the wall, known locally as "the scar", on their way home from school.
© Larry Towell/Magnum Photos

In other words, migrants who plan to eventually head back home are more inclined to remit than those who choose to stay. By implication, this also means that remittances may decline as ties with communities of origin weaken over time.[76]

While the impact of remittances on developing countries would appear to be clearly beneficial, part of the literature still questions whether remittances have positive implications for short-term poverty or longer-term development. A major issue is that the poorest people and the poorest countries profit the least from remittances. The largest recipients are middle-income countries: Sub-Saharan Africa received only 1.5 per cent of all remittance flows in 2002.[77] This only serves to show that people from the poorest regions have the most difficulty migrating, earning and remitting funds from abroad. Another concern is that remittances can sometimes exacerbate income inequality in the country of origin, with remittance-receiving families and communities prospering while less fortunate neighbours do without.[78] In addition, some experts argue that remittances encourage dependency by discouraging government efforts to take the steps necessary to restructure their economies.[79] Still others contend that donor countries will use remittances as an excuse to shrug off ODA commitments to combat poverty, while developing countries might neglect the needs of their most vulnerable populations because some poor families are receiving remittance income. Thus, despite its contribution to poverty reduction, migration is not necessarily the ultimate equalizer—particularly in an increasingly unequal world.

Some experts also express concern that most remittances do not generally find their way into productive investments. This is because remittances are privately owned monies that are largely used to contribute to family income rather than to capital flows, and because migrants tend to be unfamiliar with investment instruments.[80] Existing research, however, underscores the fact that

remittances could play a more significant role in development and poverty alleviation. Whether remittances are used for the purposes of investment or consumption, they bring important benefits to the households, communities and countries that receive them.[81] Remittances have proven more stable than other forms of private financial flows to developing countries and can cushion countries from economic fluctuations and shocks.[82] After an exhaustive analysis, the IOM concludes that recipients of international remittances are more likely to save, and that remittances can be used for small businesses and pave the way to credit for use as investment capital.

By creating new demands for labour-intensive goods and services, they can also boost aggregate demand and, therefore, output and income. [83] The World Bank, the UN and other development institutions express similar views.[84]

What is missing, most experts agree, are mechanisms capable of harnessing the potential of remittances to promote longer-term economic growth. Another issue is the cost of transferring funds. While they have come down, transfer costs remain a key barrier owing to the fact that they can consume up to 20 per cent of remittance income.[85] Several institutions, including the World Bank, are already addressing this problem.[86]

Today, the number of people living outside their country of birth is larger than at any other time in history. International migrants would now constitute the world's fifth most populous country if they all lived in the same place.

PUTTING TRANSNATIONAL NETWORKS TO WORK: COLLECTIVE AND "SOCIAL" REMITTANCES

Nowadays, improved communication and cheaper transportation mean that migration no longer represents a definitive break with the past. A large and growing number of links to the home community helps maintain local, national, ethnic and religious ties. In turn, such ties also help generate other kinds of financial flows beyond individual remittances—including FDI, expatriate tourism, hometown association philanthropy and fundraising.[87] Although the potential for development through formal diaspora networks is enormous, mechanisms for channelling it are still nascent.

Collective remittances could be combined with matching funds provided by public sources or by development agencies.[88] At present, the volume of "collective" remittances is still very small: In Central America, it represents only 1 per cent of total remittances.[89] In Mexico, government-sponsored programmes are attempting to channel worker remittances into infrastructure development and business start-ups. In 1999, Mexican federal, state and municipal governments started the "Tres por Uno" (Three for One) programme which provides three dollars for every one remittance dollar sent back from the US. In 2004, the programme successfully raised US$70 million that was then used to fund regional infrastructural and community projects. Programme organizers are now working with the World Bank to initiate projects that will lead to greater employment and thus encourage would-be émigrés to stay home.[90]

The transnational diaspora network can also form a bridgehead for home country enterprises looking to market goods and services to the host country.[91] For instance, many credit Korean-Americans with the successful penetration of the US market by Korean cars, electronics and manufactured products. In Canada, skilled migration from Asia led to a 74 per cent increase in Asian imports to the country. Meanwhile, formal and informal diaspora networks are playing a significant role transmitting information and knowledge to compatriots back home.[92] The importance of such networks is giving rise to policy recommendations aimed specifically at maximizing their developmental potential in a globalized society.

Further, there is the issue of "social" remittances—the transfer of ideas, information, knowledge, attitudes, behaviour patterns, identities, culture and social capital from one culture to another.[93] In their contacts with, or return to, communities of origin, migrants can become agents of political and cultural transformation, which can be particularly beneficial to furthering gender equality (see Chapter 2). Not only do source countries benefit, but receiving countries as

well. In Australia, for example, the IOM contends that large-scale migration from Asia and elsewhere has greatly boosted the country's economic, social and political interactions with origin countries. Although the organization points out that such benefits have not yet been "quantified", they are nonetheless significant. These include linguistic and cultural diversity and a greater "openness" to other countries, in addition to a concomitant range of attitudes, values and mores. These have all contributed significantly to Australia's culture and way of life.[94]

Burden or Boon?
Impact on Receiving Countries

Migration can bring both benefits and costs to receiving countries depending on cultural, social and economic context. The three most frequently voiced complaints related to economic concerns are: immigrants take jobs away from the local population; they drive down wages; and they are a heavy burden on the country's social welfare system.[95]

Empirical evidence to support each of these complaints is weak or ambiguous—at least at the aggregate level. The overall impact of migration on the employment and wages of the native population is modest, whether migrants are documented or undocumented, temporary or permanent.[96] This is because migrants tend to fill jobs that residents do not want. Migration inflows tend to affect low-skilled residents the most, who are more likely to directly compete with migrants who possess similar skills and educational background.[98] Added competition can keep wages down and may retard investment in more productive technologies. But many argue that the threat to employees working in blue-collar occupations is no worse than that caused by the introduction of cheap, labour-intensive imported goods.[97]

The common assumption that migrants rely heavily on public welfare but pay relatively little in taxes and welfare contributions also fails to hold up to empirical scrutiny in most cases.[99] A 2005 study, for example, found that, although immigrants account for 10.4 per cent of the US population, they consume only 7.9 per cent of the country's total health-care expenditure and 8 per cent of government health-care funds.[100] The US Central Intelligence Agency (CIA)[101] and, more recently, the

European Commission (EC) maintain that migration contributes to overall growth, greater productivity and higher employment—for everyone.[102]

Beyond labour, wage and welfare issues, the demographic realities of ageing in developed countries have also put international migration in the spotlight. A year 2000 study undertaken by the UN Population Division on "replacement migration"[103] maintains that the majority of receiving countries are in what is known as the "the second demographic transition". This phase is characterized by low fertility and thus, by low or negative population growth, which then leads to a higher proportion of non-working elderly people compared to a younger, more productive population.[104] Many of the world's more prosperous nations, particularly Japan and countries in Europe, are experiencing below-replacement fertility, reduced entry of young people into the labour market and, thus, accelerated demographic ageing.[105] Report authors calculate that slow-growing countries would need to acquire significantly more migrants in order to offset population decline and decreases in the working-age population, while also maintaining current ratios of workers to the over-65 population.[106]

Although it raised much-needed public awareness of the perils of population ageing, the publication sparked an uproar—both in political and academic circles.[107] Critics argue that migration is not necessarily a panacea for fertility decline because, from a demographic standpoint, it can only prevent the ageing of a country's population through unprecedented, unsustainable and increasing levels of inflow.[108] From a social standpoint, the volume of migration necessary to replace the declining population is beyond what any developed country would seriously consider.[109]

The controversy over "replacement migration" would appear to be, in part, a reflection of the strong emotions that multiculturalism and the prospect of massive immigration generates in many countries today. Most low-fertility countries have come to accept some immigration as economically useful, but are concerned with preserving cultural identity. Nevertheless, countries with ultra-low fertility such as Germany, Italy and Spain—and potentially several other countries—are

facing a radical decline in population.[110] Dealing with it will require different approaches, within which migration could play an increasing, though not decisive, role.

Migrant Health

At least initially, migrants are often in better health than their peers in both sending and receiving countries. This is because good health is an advantage: Admission policies often require migrants to undergo medical screening. For undocumented migrants embarking on demanding and risky journeys, good health is an asset.[111] But migrants can wind up slipping through the health-care cracks—especially those who are undocumented, cannot afford medical care and/or fear deportation. Many migrants are exposed to hazardous working environments, poor housing, labour exploitation and inadequate access to health care.[112]

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2 | MIGRATION AND HIV/AIDS

Despite stereotypes and common assumptions, it is neither migrants nor migration *per se* that increases the risks of HIV transmission: It is the trying conditions and hardships that many face throughout the migration experience that makes them more vulnerable to infection.[1]

Separation from family and spouses, isolation and loneliness, can encourage people to engage in high-risk sexual relations. Mobility itself makes it harder to reach migrants with prevention information, condoms, counselling and testing services or care. Migrant communities are often socially, culturally, economically and linguistically marginalized, which, in turn, throws up barriers to health-care access.[2]

The legal status and occupation of an individual migrant will also influence to what degree he or she risks exposure to the virus. Undocumented migrants may fear deportation if they approach health-care providers or may be unable to afford care in the first place. Women migrants who are smuggled; stranded in transit; traveling alone; trafficked; unemployed and left with no recourse but to engage in survival sex or sex work, face heightened risks of exploitation, violence and, by extension, HIV infection.[3] Migrants often know little about HIV and have negligible prior experience with health services in their countries of origin. Seasonal or return migration can also increase the risks of transmission to partners and spouses.[4]

Migrants—especially those with irregular status—face conditions that can render them more vulnerable to infectious disease and poor health. Indeed, the IOM points to a number of studies that show immigrants have higher rates of infant mortality and congenital malformation. In some countries, first- and second-generation women suffer increased rates of chronic illness.[113] Many women face particular challenges addressing reproductive health-care needs (see Chapter 2). However, health status is determined by various factors, and outcomes are as diverse as the background and overall condition of individual migrants. For still others, moving abroad can offer access to improved health education and services. Nevertheless, educated and skilled migrants are less likely to suffer from the migration experience.

There are several interrelated reasons why certain groups of migrants face increased health risks. First, as WHO notes, poverty is the most critical health determinant of all: The poorest tend to have the poorest health. Compared to residents, migrants are far more likely to be economically disadvantaged.[114] Moreover, most national health-care plans discriminate against temporary and unauthorized migrants by allowing only emergency care for non-citizens. Undocumented migrants also fear that health-care providers will tip off authorities. This often discourages migrants from seeking medical treatment: What often begins as a minor problem can flare up into a serious illness.[115] Despite these and other problems, few decision makers appear willing to revisit existing policies and establish new legislation that would benefit both irregular migrants and the health-care system.[116] Yet receiving countries stand to gain: Migrants who enjoy good health are in a better position to partake of educational opportunities and to contribute more to the national economy.[117] Public concerns over costs should be considered within a broader context: i.e., balancing the greater contribution that healthy migrants can make to their host country against the added costs that accrue to societies that fail to provide timely health care.[118]

MIGRATION AND HIV/AIDS

So far, researchers have had to tread lightly around the issue of migration and HIV/AIDS owing to a lack of reliable

3 THE HUMAN RIGHTS OF MIGRANT WORKERS

Under international law, all migrant workers—regardless of legal status—are entitled to the same human rights protections as any other human being. The *International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families* is the most comprehensive instrument protecting their rights. Building on other core human rights treaties, the Convention came into force in 2003. It sets out minimum standards that all governments who join the Convention are obligated to uphold. Unlike most human rights instruments, however, this one has not been ratified by most developed countries.

For both documented and undocumented migrant workers, the Convention outlines the human rights that all are entitled to enjoy—including protection from enslavement and violence; access to emergency medical care and education for the children of migrant workers; equal treatment as nationals with regard to working conditions; the right to join trade unions and other organizations defending their interests; and rights to cultural identity, freedom of thought and of religion. Documented migrant workers are afforded additional rights, such as access to housing, social and health services, the right to form trade unions and organizations, and to vote in their countries of origin. The responsibilities of migrants to abide by national laws and respect the cultural identity of host country inhabitants are also outlined. Though the right to family reunification is not explicitly recognized, countries are encouraged to facilitate it. The Convention also calls for the elimination of human trafficking and smuggling—clandestine activities so riddled with human rights abuses that they have prompted the adoption of specific Protocols to the 2000 *UN Convention Against Transnational Organized Crime.*

States that are party to the Convention protecting migrant rights are bound to work towards the more humane and equitable management of international migration. Recommended efforts include informing migrants of their rights, providing migrant workers and employers with information on policies and laws, and assisting migrant workers and their families. To prevent abuses, the Convention restricts the recruitment of migrants is to government entities or authorized private agencies.

Various other human rights instruments and mechanisms have evolved that aim to further migrant worker rights, including international treaty-monitoring bodies, International Labour Organization Conventions and human rights charters at regional levels. The UN Special Rapporteur on the Human Rights of Migrants has played an important role in bringing attention to the rights of vulnerable groups, especially women and children, and the need for strengthened efforts to prevent abuses, including those that relate to domestic workers, trafficking, violence against women and racism. Migrants can also lodge violations complaints with the Rapporteur.[1]

data and the complexity of the issue. Nevertheless, most experts contend that moving from low- to high-risk areas increases the probability of HIV infection and that circular migration boosts chances that the virus will "relocate".[119]

According to a GCIM-commissioned paper, 66 per cent of all heterosexually transmitted HIV infections diagnosed in the EU occur in people from high prevalence countries—particularly from Africa.[120] Similarly, in Australia, more than half of all HIV infections attributed to heterosexual intercourse between 2000 and 2004 were diagnosed in people either from a high-prevalence country or whose partners were from a high-prevalence country. In Canada, one quarter of HIV infections diagnosed in 2005 occurred among people from high-prevalence countries in sub-Saharan Africa and the Caribbean.[121] However, even though migration opponents sometimes blame migrants for being "bearers of HIV/AIDS", it is the migration experience itself that can render them more vulnerable.[122] It also remains unclear at what point in the migration cycle infection occurs: before departure, during transit, in the host country or during a return visit. In addition, migrants are often over-represented in estimates of HIV prevalence because host countries and employers sometimes demand that migrants be tested—something that is not required of residents.

Although there is little data on HIV and migration in poorer parts of the world, migration has been associated with an increased vulnerability to communicable diseases. Philippines Department of Health statistics show that, of

the 1,385 Filipino nationals reported as HIV positive in 2005, 33 per cent were overseas workers.[123] In a rural community of Uganda, the seroprevalence rate among returned migrants was found to be 11.5 per cent—twice as high as for those who had not migrated.[124] In South Africa, an estimated 1 in 3 miners, many of whom are immigrants from neighbouring countries, is infected with HIV.[125]

Furthermore, the link between population mobility and HIV constitutes one of the most poorly understood and overlooked factors behind the rapid spread of the disease in Southern Africa.[126] The highest incidence is not in Africa's poorest regions but in countries such as South Africa and Botswana, which boast good transport infrastructure, relatively high levels of economic development and considerable internal and cross-border migration.[127] Data obtained from Mozambique indicate that HIV is spreading fastest in provinces that contain the country's main transport arteries to Malawi, South Africa and Zimbabwe and within the home provinces of migrant labourers working in Mozambique and South Africa.[128] Zambia's highest infection rates are in cities and towns that "straddle major transport routes".[129]

In the 2001 Declaration of Commitment on HIV/AIDS, 189 governments committed themselves to develop and begin implementing, by 2005, strategies that would enable migrants and mobile workers to access HIV/AIDS prevention programmes—including the provision of information and social services.[130] The Commitment calls for the increased representation and participation of diverse mobile populations when it comes to drafting national plans; another recommendation is to involve employers, trade unions, community organizations and commercial sex workers in HIV/AIDS prevention and care programmes.[131] In Thailand, the Government is making an effort to prevent infectious diseases among the many thousands of undocumented migrants detained (often for weeks or months at a time) at the SuanPlu Centre in Bangkok. This includes informing detainees about HIV/AIDS in their own language.[132]

Beyond Difference: Living with Diversity

A recent UN study shows that the proportion of countries that want to reduce international migration has declined, from 40 to 22 per cent between 1996 and 2005.[133] This is an encouraging sign. Despite numerous controversies, governments and communities are increasingly recognizing the value of international migration. Indeed, several recent analyses agree that, despite drawbacks, cross-border migration can result in substantial benefits—for migrants *and* for countries of origin and destination.[134] Since migration is, at least in principle, a necessity and a boon for both sides, why is it such a contentious issue? Why are so many nations increasingly focused on restricting immigration?

This is a sensitive issue. The real problem may lie less with the usually cited economic obstacles (most of which can be minimized with appropriate policies) than with social barriers, cultural and ethnic clashes and the growing spectre of escalating public hostility towards immigration in receiving countries.

In much of the 19th and 20th centuries, "assimilation" meant that migrants were often pressured to surrender their identity—that is, deposit their cultural baggage at the destination country door. In the US, for instance, immigrants—quite independently of their origin—were encouraged to become "Americanized" and were given assistance to do so.[135] In the latter part of the 20th century, however, this cultural steamroller approach became untenable, and policymakers began to embrace multiculturalism: the idea that all citizens adopt a common set values and ideals while, at the same time, maintaining their ethnicity and culturally distinctive beliefs in the private sphere.[136]

Ideally, as defined by Canada, "[M]ulticulturalism ensures that all citizens can keep their identities, can take pride in their ancestry and have a sense of belonging."[137] In practice, however, multiculturalism has been interpreted in many ways and has been applied in a variety of country contexts, with varying degrees of success and failure.[138] Many fear that mass migration is threatening the very concept of the nation-state. The notion of a national community based on ancestral lineage and cultural heritage is similarly being challenged. Moreover, practical difficulties in the implementation of multiculturalism—i.e., those related to the dominant language and culture in the host society—has prompted considerable backlash

from both extreme right and mainstream commentators, especially in Europe.[139] On the other hand, the "ghettoization", or marginalization—socially, culturally, economically, politically and even spatially—of some migrant communities from mainstream society only serves to widen intercultural misunderstandings while, at the same time, thwarting integration.

* * *

Regardless, the tensions witnessed in many immigrant-receiving countries are unquestionably real and are likely to increase as international migration inevitably expands under globalization. What can be done? The presence of sustained, participatory integration policies; representation of migrants' interests and rights by civil society organiza-

tions; and cooperation between source and destination countries are key factors determining integration outcomes. Approaches will inevitably vary. What may work in countries that were founded on immigration—such as Australia, Canada and the US—may not for nations characterized by common language, custom and culture that stretch back hundreds, if not thousands, of years. Moreover, some migrant communities are more open to integration than others—depending on religious, cultural and educational affiliation. In all situations, dispelling the myths that fuel discrimination and bolster xenophobia while promoting intercultural understanding is undoubtedly a step in the right direction. Whatever the specific approach, in a just society, we have to make it work.[140]

A Mighty but Silent River:
Women and Migration

2

In a Thai factory just across the border from Myanmar, a young woman with a gently rounded face and wide eyes assembles costume jewellery for export to North America. Her name is Saokham and she earns 140 Thai Baht (about US$3.50) a day. In this part of the world, it is a respectable wage—particularly for someone who grew up living in abject poverty in a mountain village in Myanmar's Shan Province. Although Saokham completed eight years of free schooling, she was unable to continue her education because her parents were too poor to pay her school fees. At the age of 14 she followed her older sister—who had left home two years earlier—to neighbouring Thailand. Today, she lives with her young husband in a community of fellow compatriots near the Myanmar border. "Living in Thailand, we have money for food and to spend. Life is convenient," she says. "Back home we didn't have any work except farm work."

Saokham is part of a steadily growing revolution. It is a revolution of movement and empowerment; fuelled by hope and bedevilled by risk. Yet it remains largely silent. Today, 94.5 million, or nearly half (49.6 per cent) of all international migrants, are women.[1] If international migration has remained on the periphery of global policymaking until recently, the issue of migrant women has received even less attention. This is because research has failed to take into account the socio-economic contributions and unique experiences of women and girls.[2]

It is an important oversight, one that has broad consequences not only for the women who migrate, but also for families and communities left behind. Their remittances constitute a significant contribution to poverty reduction and development. Despite this, women face disproportionate obstacles and risks simply because they are female. These include discrimination—both at source and destination—abuse and exploitation, which testify to the neglect of their rights (see Chapter 3). Nevertheless, migration has proven to be a positive experience for millions of women and their families worldwide. Moving to a new country exposes women to new ideas and social norms that can promote their rights and enable them to participate more fully in society. It can also have a positive influence on gender norms in the country of origin. In all cases, policymakers need to focus attention on how discrimination influences the course of international migration at the individual,

◀ *Migrant domestic workers in Hong Kong (SAR), China, enjoy their day off, on a pedestrian overpass in Causeway Bay.*
© Mark Henley/Panos Pictures

family, community and country levels. Only when international migration is properly managed will the human rights of migrant women be fulfilled and their contributions—to their families, their communities and their countries—be fully realized.

Globalization and the Migration of Women

While most women historically migrate for marriage or family reunification, the past decades have seen an increase in women—married and unmarried—who migrate alone or in the company of other women or fellow migrants outside of their family circle.[3] Women are on the move in all parts of the world, drawn by the opportunities and forces of globalization. Biases regarding what constitutes appropriate "male" or "female" labour, government policies and employer practices influence why and where women and men move, for what occupations and under what conditions.

While migrant women and men are both in demand, the latter are more likely to occupy highly skilled and better-paid jobs. Women, on the other hand, are often restricted to traditionally "female" occupations—such as

"There are very limited job opportunities in this country [Ethiopia]. . . . I remember how I suffered before securing a job in Yemen . . . things would have been worse for me and my family had I not gone abroad to work."

— Ethiopian woman who migrated (undocumented) to Yemen to work as a domestic worker. Within four years, she managed to bring her five sisters.

domestic work, work in the service sectors (waitressing etc.), and sex work—frequently unstable jobs marked by low wages, the absence of social services and poor working conditions.[4] Nevertheless, because care work and nursing remain traditional female roles, certain migration channels are now wide open—with formal mechanisms designed to fill the demand for female employees. However, even when migrating legally, women are often relegated to jobs where they are subject to discrimination, arbitrary employment terms and abuses.

THE DECISION TO MOVE

In addition to responding to the global demand for their services, women make the decision to move abroad because of a host of "push" factors in countries of origin. These include family obligations, unemployment, low wages, poverty, limited social and economic opportunities and the desire to expand their horizons. Women generally face greater decision-making and financial restrictions than do men, which can pose obstacles to freedom of movement. Yet income-earning opportunities abroad can loosen

Figure 5: Trends in Female Migration by Continent/Region, 1960-2005
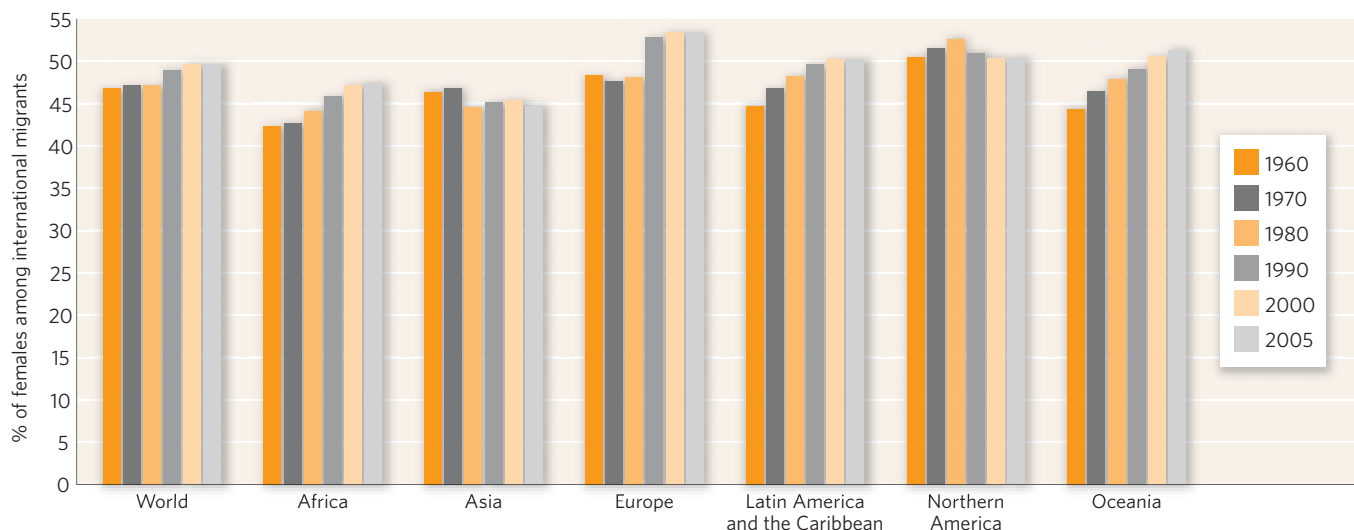
Source: UN Population Division. 2006. Trends in Total Migrant Stock: The 2005 Revision.

traditional constraints on female mobility. Economic and social upheaval can also provide the impetus to leave. For example, the 1998 economic crisis and the dollarization of the Ecuadorian currency in the year 2000 sparked a major outflow of new migrants to Spain.[5] The 1997 financial crisis in Asia similarly led to the emigration of many women from poorer countries.[6] For educated women unable to overcome employment discrimination in their own country, migration offers an opportunity to find work that is more likely to better utilize their skills.[7] Women also migrate to flee abusive marriages and patriarchal traditions that limit opportunity and freedom.[8] Discrimination against certain

4 THE FEMINIZATION OF MIGRATION: NUMBERS AND TRENDS

Over the last 40 years, almost as many women have migrated as men. Most moved to join their husbands in the settler countries of Australia, Canada, New Zealand and the United States. By the year 2005, there were slightly more female than male immigrants in all regions of the world except Africa and Asia.[1]

Among *developed regions,* North America is exceptional in that female immigrants have outnumbered male immigrants since 1930 and still do in both Canada and the United States.[2] Europe and Oceania are also reporting increasing proportions of female immigrants— surpassing the number of males since 2000.[3] Among migrants to Australia, women have outnumbered men for the last three decades. The majority of women migrating to Australia, New Zealand, Europe and North America do so for family reunification, followed by labour migration and asylum.[4]

Within the *developing world,* the numbers of female labour migrants have also jumped.[5]

In *Asia*, the number of women migrating from some countries has surpassed that of males. The majority migrate alone to neighbouring East Asian countries, the Middle East and elsewhere. By the year 2000, an estimated two million Asian women were working in neighbouring countries.[6] In 2005, over 65 per cent of the nearly 3,000 Filipinos that left the country every day for work or residence abroad were women.[7] From Sri Lanka in 2002, there were two women for every male emigrant.[8] Between 2000 and 2003, an average of 79 per cent of all migrants leaving Indonesia to work abroad were women.[9] By the mid-1990s an estimated 800,000 Asian women were migrating to the Middle East annually—mostly as domestic workers.[10]

Latin American and Caribbean women are also highly mobile. By 1990, immigrant women in Latin America were the first in the developing world to reach parity with male migrants.[11] Destinations include Europe, North America and elsewhere in South America. The trend toward feminization is also strikingly apparent among migrants moving from both Central and South America to Spain, with women representing nearly 70 per cent of all immigrants arriving from Brazil and the Dominican Republic in 2001.[12] Women from this region also clearly dominate migration flows to Italy, where, in 2000, 70 per cent or more of the arrivals from 13 of 30 source countries were women.[13] Caribbean women have outnumbered males in migration flows to North America during every decade since the 1950s and are well represented in skilled categories.[14] The tourism industry has been a major pull factor behind the migration of Caribbean women.[15]

In *Africa*, widespread poverty, disease, land degradation and high male unemployment are all contributing to a steady increase in female migrants— and at a rate that is faster than the global average.[16] By 2005, 47 per cent of the 17 million immigrants in Africa were women—up from 42 per cent in 1960— with the greatest increases among migrants in the Eastern and Western regions.[17] While most African women circulate within the region, they are also moving to North America and Europe. To illustrate: From Cape Verde, women constitute 85 per cent of all those who migrate to Italy.[18] Employment opportunities in France have drawn an increasing number of educated women from urban areas of Senegal.[19] Nurses are also on the move—Nigerians to Saudi Arabia, and Ghanaian, South African and Zimbabwean nurses to Canada, the United Kingdom and the United States.[20]

In the *Arab* region, socio-cultural norms continue to limit female mobility. Although reliable data are scarce, it is generally accepted that male émigrés far outnumber women. Unemployment, armed conflicts and economic need have been major factors. Young men migrating from poorer countries to richer oil-producing states have dominated migration flows to fill the demand for construction and infrastructural workers that followed in the wake of the oil boom.

groups of women—single mothers, unmarried women, widows or divorcees—also drives many to move elsewhere.[9]

Millions of Faces, Many Experiences

Migrant women move to marry, rejoin migrant husbands and family or to work. They are domestic workers, cleaners, caretakers of the sick, the elderly and of children. They are farmers, waitresses, sweatshop workers, highly skilled professionals, teachers, nurses, entertainers, sex workers, hostesses, refugees and asylum-seekers. They are young and old, married, single, divorced and widowed. Many migrate with children. Others are forced to leave them behind. Some are educated and searching for opportunities more consistent with their qualifications. Others are from low-income or poor rural backgrounds and are seeking a better life for themselves and their children.

Marriage has played a significant role in female migration and still does.[10] In today's globalized world, however, marriage migration has taken on an added dimension—the growing phenomenon of international unions, including mail-order brides and arranged and forced marriages.

Arranged marriages are quite common in some cultures, especially among émigrés from the Indian sub-continent, where both men and women migrate for this purpose.[11] For many, arranged marriages can lead to a life-long supportive partnership. But where a woman or girl's own wishes and human rights are disregarded, such unions can be more accurately described as "forced".[12]

Governments of receiving countries are now struggling to come to grips with the issue. In 2004, the United Kingdom established a Forced Marriage Unit in a bid to halt the practice and provide support to victims.[13] In Australia, recent legislation includes sentences of 25 years for anyone sending a minor abroad for marriage against her will.[14] In Denmark, authorities have established a nationwide network of crisis centres for women and girls who have been forced into marriage.[15] The French Government has also expressed concern and plans to curb the automatic recognition of foreign unions.[16]

In Asia, there is also a high demand for foreign brides (see Box 5). Migration to Taiwan, Province of

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5 **ASIA'S 'MISSING GIRLS' AND THE DEMAND FOR BRIDES**

In parts of Asia, various factors are fuelling the demand for potential brides. In many East and South East Asian countries, the increase in women entering the workforce—coupled with a trend towards delaying or forgoing marriage and childbearing altogether—is leading to a demand for more "traditional" brides in order to maintain the household.[1] Female rural to urban migration is another factor accounting for the bride deficit. And researchers are also attributing the shortage to the as many as 100 million "missing" women and girls—eliminated through prenatal sex selection and infanticide.[2] A strong preference for sons and exorbitant dowry demands are the leading reasons

behind the quiet decimation of girls. In China and India, an estimated 40.1 and 39.1 million women and girls are "missing" respectively.[3]

Men are increasingly scouting outside their own borders to fill the gap. In India, villagers approach brokers to procure Bangladeshi and Nepali women and girls, who often face discrimination on account of being poor, ethnically different and paid for—a justification for abusive behaviour by some husbands who may feel that they "own" their wives. For some women and their families, these arrangements offer an escape from poverty. But for others it is a one-way ticket to hardship, social exclusion and forced labour.[4]

A 2005 study of 213 Vietnamese migrant women who had once lived in China found that close to 30 per cent had been sold as brides. Many reported that they had entered into the arrangement because of poverty (91 per cent reported income insufficient for "survival", and 69 per cent cited unemployment) and to provide for elderly parents (80 per cent). Though many planned to send remittances back home, most found themselves confined to the household instead, or working on the household plot. Researchers also uncovered evidence of physical abuse and reproductive rights violations.[5]

China, for the purpose of marriage is skyrocketing. Foreign brides, mostly from China and South-East Asia, now number about 300,000—half of the total foreign population.[17] Since the 1990s, nearly 100,000 Vietnamese women have married Taiwanese men.[18] There is also a surge in the numbers of women migrating to the Republic of Korea to marry local men.[19] Nevertheless, even where marriage is "consensual", women from poorer countries still face unequal terms and conditions because these unions usually involve men from wealthier countries.[20]

When it comes to the global trade in mail-order and internet brides, women, on the whole, are willing participants—whether out of a desire to find a supportive partner and economic security or as a means to gain legal entry into another country. The trade-off, however, is that they are dependent for their legal status on their grooms-to-be.[21] In this case, demand is also driving supply. In Russia, for example, nearly 1,000 agencies offer intermediary services,[22] with an estimated 10,000 to 15,000 Russian women emigrating every year on fiancée visas: According to the Department of Justice, 80,000 have entered the United States in the past ten years.[23] In addition, mail-order bride businesses can act as facades to recruit and traffic women—including those that send Russian women to toil in the sex industries in Germany, Japan and the United States.[24] Worried about the possibility of abuse, the US passed a law in 2005 authorizing consulates to share information with would-be brides regarding their husbands-to-be.[25]

PRIVATE LABOUR AND PUBLIC NEEDS: DOMESTIC WORKERS

Domestic work is one of the largest sectors driving international female labour migration. As more North American, Western European and East Asian women have entered the workforce, fewer are available to attend to the elderly, children and the infirm. In the United States, for example, the proportion of working women with children under the age of six soared from 15 per cent in 1950 to upwards of 65 per cent today.[26] Despite the rapid entry of women into the labour force, a corresponding shift that would have more men carry an equal share of household responsibility has not occurred.

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6 THE 'GLOBAL CARE CHAIN': BALANCING PRODUCTIVE AND REPRODUCTIVE ROLES

Many of the international domestic workers and caregivers who leave their homes to care for others abroad also have their own children and elders to look after. Migrant women usually either pass on this responsibility to other female relatives—or, with their higher foreign earnings, hire lower-income domestic workers to manage their own households. This phenomenon is known as the "global care chain", an international system of caregiving stratified by class and, often, ethnicity.[1]

Many domestic workers wind up running two households, their employers' as well as their own, from afar. Both they and their female employers continue to shoulder disproportionate responsibilities: Women spend 70 per cent of their unpaid time caring for family members—a contribution to the global economy that remains largely unrecognized.[2] Needless to say, leaving one's family in order to sustain it takes a huge psychological and emotional toll. These women provide love and affection to their employer's children in exchange for earnings that can improve the quality of life of their own children—whom they sometimes never see for many years.

Furthermore, a lack of family-friendly policies and childcare facilities makes hiring nannies and domestic workers essential for those who can afford it. Indeed, two-income households have become a necessity where costs of living are high. More prosperous families, declining social benefits (owing to welfare reform and privatization) and increases in the longevity and size of the elderly population are also adding to the demand.[27] These factors have all spurred massive outflows of women from Asia, Latin America and the Caribbean, and now also increasingly from Africa (see Chapter 3). In Spain, for example, approximately 50 per cent of annual immigrant quotas are designated for domestic workers.[28] Most Asian domestic workers head to the Middle East, where prosperity is driving demand.[29] Domestic workers also move within regions, from poorer countries to richer ones.

For millions of women and their families, the "global care chain" offers considerable benefits, albeit with some serious drawbacks: i.e., separation from children and

other loved ones (see Box 6). Aside from salaries that are several times higher than what they receive at home, international domestic workers also gain personal and social benefits, including improved educational and health opportunities for their children, gifts, extra cash to send back home and travel with employer families. In the case of Muslim domestic workers in the United Arab Emirates, the opportunity to make the pilgrimage to Mecca can lead to the fulfilment of a lifetime dream.[30]

ENTERTAINMENT, HOSPITALITY AND THE SEX INDUSTRY GO GLOBAL

Globalization has resulted in an explosion in the entertainment and sex industries. These are providing additional migration channels for women—albeit largely owing to few other alternatives.

In 2004, United Kingdom records revealed that the second largest category of work permit applications from foreign women were for "entertainment and leisure" at 5,908—with another 4,627 applying for "hospitality, catering" and "other" occupations.[31] In Canada, over 1,000 temporary work permits a year were granted to exotic dancers in the mid-1990s.[32] In 2004, Japan admitted nearly 65,000 women on entertainment visas, the majority of whom were from the Philippines.[33] These high numbers (coupled with concerns over trafficking) have prompted the Government to review requirements for entertainers.[34]

The boundary between "entertainment" (singers, dancers, hostesses) and sex work is often blurred—especially for those women who have been coerced and/or abducted.[35] For instance, in 2004, more than 1,000 Russian women were engaged in sex work in the Republic of Korea. Most had entered the country on entertainment or tourist visas but were then forced into prostitution by business owners and recruiters.[36]

Sex work is a lucrative business. Throughout the 1990s, it accounted for more than 2 per cent of the GDP in four South-East Asian countries.[37] Sex workers circulate in Asia

"Here there were a lot of opportunities for my children, so they could have a different kind of life. For all the opportunities, all the good things that my children have, I love this country, I love it. I am very thankful."

— Venezuelan domestic worker living in the US, who fled with her two children from an abusive husband.

and Europe, and also move from Latin America to Europe and North America, and from Eastern to Western Europe.[38] Given the largely unregulated and underground nature of these industries, actual numbers are hard to come by and are likely higher than available estimates. Many workers also remain in the host country once their visas have expired. Some estimates pin the numbers of women working in the illegal sex trade in the European Union at 200,000 and 500,000. Many have been trafficked.[39]

A WORLD OF SKILLS, A WORLD OF OPPORTUNITY: FEMALE PROFESSIONALS

More and more female professionals—teachers, nurses, scientists, technicians and business owners—are moving abroad, despite the fact that many face considerable obstacles just to have their qualifications recognized.[40] Since the early 2000s, roughly one quarter of employed migrant women living in Finland, Sweden and the United Kingdom have been working in the education and health sectors.[41] Since 2001, both the UK and the US have been recruiting Caribbean teachers directly out of high school and college. This has had an adverse effect on the quality of education in Jamaican schools.[42]

In the United Kingdom, the number of migrant women participating in the information, communication and technology, finance and business sectors has also increased.[43] In Australia, recent data also show that more women are migrating to the country to work in managerial, professional and paraprofessional positions.[44] Educated and skilled women are migrating within Africa and Latin America as well. These include arts and sciences professionals from Argentina, Chile and Uruguay to Brazil.[45]

NURSES

A huge international demand for nurses is encouraging more and more women to migrate. But as wealthier countries strive to satisfy their need, others are

7 | BRAIN DRAIN AND THE GLOBAL NURSING SHORTAGE

The massive outflow of trained nurses, midwives and doctors from poorer to wealthier countries is one of the most difficult challenges posed by international migration today. It highlights the complexities of migration as it relates to poverty alleviation and human development goals. On the one hand, skilled women and men are increasingly turning to migration as a means to improve their own lives and that of their families. On the other, their countries are facing a health-care crisis unprecedented in the modern world.

This is causing substantial problems. The World Health Organization (WHO) recommends a minimum ratio of 100 nurses for every 100,000 people, but many poor countries do not come even close. In some (Central African Republic, Liberia, Uganda) the ratio is less than 10 nurses per 100,000 people, as compared to more than 2,000 per 100,000 people in wealthier nations (Finland and Norway). In Europe, the average ratio is 10 times that of Africa and South East Asia.[1]

The yearly exodus of 20,000 highly qualified nurses and doctors from Africa[2] is worsening an already grave situation for a region ravaged by disease, HIV/AIDS and the tragic reality that one in 16 women will face a lifetime risk of dying from childbirth.[3] To meet the United Nations Millennium Development Goals of reducing HIV and infant and maternal mortality by 2015, sub-Saharan Africa will require one million more health workers[4]—including 620,000 nurses.[5]

The motivations for migrating, however, are anything but in short supply. In many poor countries, health systems are collapsing, under-funded and facing chronic shortages of basic supplies,

equipment and staff. This is exacerbated by overwhelming pressure brought on by massive health-care needs. Nurses cite the following reasons behind their desire to migrate: being overburdened, low pay, poor opportunities for promotion, lack of management support and poor working relationships.[6] Meanwhile, the continued outflow of colleagues is aggravating existing health-care disparities and is contributing to low morale among remaining staff. In 2000, twice as many nurses left Ghana as graduated.[7] Two years later, the Ministry of Health estimated a nurse vacancy rate of 57 per cent.[8] In 2003, Jamaica and Trinidad and Tobago reported nursing

Sara, a Somali migrant, works as a midwife in one of the major hospitals in Oslo.
© Trygve Bolstad/Panos Pictures

vacancies of 58 and 53 per cent, respectively.[9] In 2003, an estimated 85 per cent of employed Filipino nurses were working abroad.[10]

Governments have begun to tackle the problem. In 2004, the United Kingdom Department of Health issued a revised Code of Conduct that restricts the hiring of nurses from developing countries unless there is an official agreement with the source country.[11] However, private agencies continue to recruit.[12] From April 2004 to March

2005, 3,301 nurses from banned countries registered with the United Kingdom—most were from South Africa.[13] Both Canada and the United Kingdom are supporting source countries (such as Jamaica and South Africa) in their efforts to train more nurses and teachers to help offset the negative impact of the brain drain.[14] The South African Nursing Council will not register nurses recruited from the 14 Southern African Development Community (SADC) countries without a prior agreement between governments.[15] The Philippines has filed many bills requiring nurses to serve in the country for a two-year period before leaving.[16]

Nursing associations are also increasingly expressing worry over the impact of the brain drain, while searching for solutions that would still safeguard freedom of movement: The profession is one of the few migration streams that offer women formal sector employment at a decent wage. National nursing associations, the International Council of Nurses (with members in 128 countries),[17] the European Federation of Nurses Associations,[18] and the Caribbean Nurses Organization[19] are taking an increasingly proactive approach, including calls for the improved management of health sector human resources globally.

Nevertheless, such measures are unlikely to slow demand. WHO estimates that by 2008, Great Britain will require 25,000 doctors and 250,000 nurses more than it did in 1997. The US Government projects that by 2020, more than one million nursing positions will need to be filled.[20] Canada and Australia are projecting nursing deficits of 78,000[21] and 40,000,[22] respectively, during the next four to five years.

experiencing troubling shortfalls (see Box 7). More than one in four nurses and aides working in major cities in the United States are foreign born.[46] In New Zealand, the nurse registry shows that in 2002, 23 per cent of nurses were foreign.[47] In Singapore, 30 per cent of the nurses registered in 2003 were born outside the country.[48] Virtually all of the foreign-trained nurses working in the United Kingdom migrate from Africa, Asia and the West Indies.[49] Indeed, the number of newly registered nurses from Africa quadrupled between 1998 and 2004.[50]

ENTREPRENEURS/TRADERS

Self-employment allows women to juggle work and family responsibilities and offers an alternative to labour discrimination or exploitative work conditions.[51] In Southern and West Africa, this is best illustrated by a growing reliance on cross-border trade. Zimbabwean women, for example, are finding creative ways to supplement their family income by purchasing goods from Mozambique, South Africa, the United Republic of Tanzania and Zambia for resale in their own country, where runaway inflation has put consumer items beyond the reach of the average buyer.[52] Self-employment is also on the increase among migrant South Asian, Chinese and Turkish women living in the United Kingdom.[53]

FACTORY WORKERS

Over the past decades, the establishment of factories, such as the *maquiladoras* along the United States-Mexico border and the textile industries in Asia, has increased employment opportunities for women. These rely heavily on female workers and have provided many with a springboard for work in other countries. In 2001 in Mauritius, women accounted for nearly three quarters of foreign workers labouring in the garment and textile sector. Though roughly half were married with children, most were drawn by higher wages—even if it meant leaving loved ones, including children, behind.[54] In the estimated 200 factories that pepper the landscape around Tak Province, Thailand, migrant women from Myanmar constitute nearly 70 per cent of the workforce. Wages are much higher: In their home country, women can expect to earn US$15 compared to approximately US$80 a month in Thailand.[55] However, abuses are not uncommon. These include withheld wages, underpayment, recruitment agency debt, inadequate health-care access, exploitation and poor working and living conditions.

▲ *Workers at Tai Yang garment factory in Phnom Penh, Cambodia. Of the nearly 3,000 workers, 90 per cent are female.*
© John Vink/Magnum Photos

The Socio-economic Implications of the Migration of Women

REMITTANCES, IN CASH AND IN KIND

Despite a paucity of data, one thing is clear: The money that female migrants send back home can raise families and even entire communities out of poverty. Of the more than US$1 billion in remittances sent back to Sri Lanka in 1999, women contributed over 62 per cent of the total.[56] Of the roughly US$6 billion remitted annually to the Philippines in the late 1990s, migrant women transferred one third.[57] Because they typically receive less pay for equal work (or are employed in sectors that offer poor remuneration), the total women remit may be less in comparison to men. Available data, however, shows that women send a higher *proportion* of their earnings—regularly and consistently.[58]

A 2000 study by the United Nations International Research and Training Institute for the Advancement of Women (INSTRAW) and the International Organization for Migration (IOM) shows that Bangladeshi women working in the Middle East send home 72 per cent of their earnings on average.[59] The same study reveals that 56 per cent of female remittances were used for daily needs, health care or education—a pattern which reflects the spending priorities of migrant women elsewhere.[60] This is largely because women are more inclined to invest in their children than men, and, in more traditional societies, they tend to lack control over financial decision-making, assets and property.[61]

Men, on the other hand, tend to spend remittance income on consumer items, such as cars and television sets, and for investments, such as property and livestock.[62] One study of Ghanaian migrant women in Toronto, however, revealed that many were planning to build homes in their country of origin (56 per cent had already begun the process).[63] In the Dominican Republic, another survey found that 100 per cent of the women returning from Spain established their own businesses.[64]

Remittances would have an even greater role in poverty reduction and development if women did not face wage, employment, credit and property discrimination and if they were not excluded from decision-making within the family and in hometown organizations.

Another deterrent for poorer women is that traditional banks tend to charge hefty user fees. Some institutions are working to lower transfer costs and are enabling women to retain control over their remittances and further their uses for productive activities and development. These include Fonkoze, the Haitian alternative bank whose clientele is 96 per cent women;[65] ADOPEM in the Dominican Republic, an affiliate of the Women's World Banking Network;[66] the Inter American Development Bank (IADB);[67] and the Bangladeshi Ovhibashi Mohila Sramik Association (BOMSA), established by returning migrant women.[68]

The international community has also been looking more closely at the issue of female migrant remittances in order to understand how best to maximize their contributions for socio-economic development. This includes recent efforts by INSTRAW and UNFPA to strengthen research and policy dialogue.[69]

FORGING NETWORKS OF SOLIDARITY, PROMOTING GENDER EQUALITY AND DEVELOPMENT

Beyond financial remittances, the *social remittances* of migrant women (ideas, skills, attitudes, knowledge, etc.) can also boost socio-economic development and promote human rights and gender equality. Migrant women who send money transmit a new definition of what it means to be female. This can affect how families and communities view women.[70] Women abroad also play a role when it comes to promoting the rights of their counterparts back home. A good example of this is the vigorous lobbying undertaken by Afghan expatriate women to promote greater female participation in the new constitution of their home country.[71] In Belgium, Congolese expatriates supported their countrywomen in the struggle for increased National Assembly representation in the first-ever free elections in the Democratic Republic of the Congo.[72]

Women living abroad often acquire attitudes, opinions and knowledge that can lead to enhanced family health in the home country. A World Bank report attributes improved child health and lower mortality rates to the health education that female migrants receive while living abroad. This was found to hold true for families in

Guatemala, Mexico and Morocco. Furthermore, these health benefits are more likely to result when mothers migrate as opposed to fathers.[73]

Collective remittances—those pooled by diaspora associations—are rarely aimed explicitly at improving the lives of women. One exception is the Netherlands Filipino Association Overseas. Members provide collective remittances to support poor women through micro-credit programmes and the development of small enterprises.[74] Another is an association of Mexican expatriates in the United States that sends funds to Michoacan State in Mexico. The local Government uses these donations to train women to produce school uniforms that are then sold to the Chamber of Commerce for distribution throughout the country.[75] In general, however, as research into Latin American migrant hometown associations in the United States demonstrates, migrant women are often excluded from decision-making both on the sending and receiving end. Men manage most of the associations in host and destination countries, while women take on secretarial, fundraising and event organizing roles.[76]

As more women migrate abroad, increasing numbers are establishing their own migrant networks that are transferring skills and resources and are sparking transformations in traditional notions of appropriate gender roles.[77] In Germany, self-organized immigrant women's groups have been instrumental in battling trafficking, fighting racism and advocating for the independent legal status of migrant spouses.[78] Women's groups also successfully lobbied authorities to make forced marriage illegal among the country's 2.5 million Turkish immigrants.[79] Through IOM's Migration for Development in Africa programme, Guinean women living overseas are assisting impoverished women back home to develop and establish micro-enterprises.[80] Since 1993, African women living in France have formed a network of migrant associations that aims to facilitate integration into host societies and improve the quality of life in countries of origin.[81]

THE IMPACT OF MIGRATION ON GENDER ROLES AND EQUALITY

Migration can transform the traditional private and public roles of men and women. The relationship between migration and gender equality is, however, complex. While experiences vary, women who migrate alone (rather than as part of a family), who enter the country legally and work outside the home, are more likely to report a positive experience—especially if the move is permanent.[82]

Where women migrate for family reunification, over-zealous relatives may restrict social relations in an attempt to preserve cultural identity and "honour". This is particularly difficult for women and girls who have left behind an extended network of female relatives and friends on whom they can rely for emotional support. This kind of cultural isolation is more likely to occur among immigrant families and communities who feel marginalized and believe their cultural identity is being challenged by the dominant host society.

For many other migrant women, however, the migration experience is so positive that they may be reluctant to return home for fear of having to relinquish their new-found autonomy. Male migrants, on the other hand, are sometimes more likely to express the desire to return.[83] Studies of migrants from the Dominican Republic[84] and Mexico[85] living in the United States illustrate the point. While work can hold the key to increased independence for women, their husbands may face downward mobility and wind up in lower-skill jobs. Women migrants were also found to be more likely to integrate faster, owing to contact with local institutions (such as schools and social services), and were more likely to become US citizens.[86]

When a male head of household migrates abroad, some women gain a greater say in how household funds are used even though they are still dependent on remittances.[87] In Kerala, India, for example, women who stayed behind reported that remittances from their husbands in the Gulf States raised their authority and status: 70 per cent had opened their own bank accounts, 40 per cent had their own income, and half held land or homes in their own names.[88]

However, when remittances are meagre or dry up altogether, women compensate for lost income—usually through paid work or the establishment of a small business. Despite additional stress and responsibility, this, too, can lead to greater autonomy and status. During the 1980s and 1990s, as destination country economies

contracted and remittance income dried up, African women took control of farming and contributed more to family income.[89] However, when immigrant husbands abandon their wives altogether, the consequences can be dire—particularly where women are stigmatized for being alone, barred from owning property and land, or are unable to secure work.

Migration affects traditional male roles as well. A study of former Bangladeshi male migrants to Singapore revealed that, once home—and contrary to customary practice—many selected their own wives, and, in some cases, treated them in a more equitable manner based on overseas experience.[90] When men are left behind, they, too, can adjust to and accept new roles. One study of migrant Indonesian females found that many reported

that their husbands were more respectful and took greater responsibility for childcare.[91] In the United States, husbands of Dominican migrants were more likely to help with household chores and spend more time at home rather than with friends.[92] Nonetheless, for men who stay behind, the migration of their wives can also be an affront to traditional notions of male identity and authority.

The Migration Experience: Seizing Opportunities, Overcoming Obstacles

The experiences of migrant women are as diverse as the backgrounds they come from and the communities to which they move. While migration has many benefits, it does not come without challenges.

Right from the start, discriminatory immigration policies can limit legal migration channels. This relegates many women to the most vulnerable labour sectors or as dependents of male migrants. In the worst cases, they may wind-up as trafficking victims. Most women migrants come from countries where discrimination against females is deeply embedded in the social and cul-tural fabric. This places many at a disadvantage which can in turn result in inadequate access to information regard-ing work opportunities in destination countries, costs, benefits and steps necessary to migrate legally and safely.[93] Soliciting the aid of another person or smuggler may place a woman in considerable debt and danger.

During transit, female—and, in particular, unautho-rized—migrants risk sexual harassment and abuse. They may be coerced into providing sexual favours in exchange for protection or permission to pass through frontiers.[94] For example, researchers conducting a study of migrant women travelling alone through Central America en route to Mexico found that males perceived them to be "ready for anything". Male migrants often forced female migrants to have sex with border authorities in order to guarantee safe passage for the entire group.[95] In 2005, Médecins Sans Frontières reported that security officers and fellow migrants were sexually abusing sub-Saharan

◀ *A wedding by proxy in Kabul, Afghanistan: The woman's fiancé, who migrated to Germany, is present in the photograph only.*
© Abbas/Magnum Photos

African women and minors while they transited through Morocco to Spain. Women along the Moroccan-Algerian border are also vulnerable—particularly to smugglers and traffickers intent on sexually exploiting them. Unsafe abortions are not uncommon, and incidents of pregnant women being deposited and abandoned at the Moroccan-Algerian border were also registered.[96] Anecdotal evidence suggests that as many as 50 per cent of female migrants making the trip from West Africa to Europe via Morocco are either pregnant or are travelling with small children. Many give birth unattended in the forest for fear of being deported should they seek medical services.[97]

Upon arrival in the destination country, female migrants are doubly disadvantaged—both as migrants and as women—and sometimes triply so, when race, class or religion are factored in. Those suffering abuse and violence may have no idea of what their rights are, and may fear repercussions if they contact the police or seek support services. Women also have priority needs in the area of reproductive health and rights, but legal, cultural or language barriers mean that many have difficulty accessing information and services.

BY DESIGN AND BY DEFAULT: DISCRIMINATORY POLICIES

Sending and receiving country policies affect who will migrate and how. Sometimes discrimination is inadvertent, while in other situations, women may dominate in certain migration streams such as nursing and domestic work, but specific needs and rights may go ignored. Some policies result in the exclusion of female migrants altogether. Other policies—often well meaning and aimed at increasing employment opportunities—nonetheless ignore multiple work, family and community responsibilities. In the absence of childcare and extended family networks, these can prevent women from partaking in skills training or other educational opportunities open to migrants.[98]

A country's particular labour needs directly affect to what degree men and women are likely to find work abroad and whether they can migrate legally. Traditionally, policies that invited migrants on a temporary basis to fill gaps in specific sectors tended to favour male-dominated occupations. Since the 19th century

discovery of gold and diamonds in South Africa, for example, male migrants have been in high demand. In South Africa, citizens of the 14 Southern African Development Community (SADC) countries are most likely to find legal work within the mining industry, where 99 per cent of employees are men. No equivalent employment sector that facilitates entry for women exists.[99] By contrast, South African commercial farmers prefer female workers from neighbouring countries, but because cross-border migration is typically irregular, female labour migrants remain unprotected by existing laws.[100] While industrialization in Asia has required labourers for construction, manufacturing and plantation work ("men's work"), women have been more likely to fill the demand for domestic and childcare support.[101]

When destination countries prefer skilled candidates, implications for migrant women can cut both ways. Women of low socio-economic and educational status can be at a serious disadvantage. They are more likely to wind up toiling in informal, irregular and seasonal jobs, with fewer possibilities to obtain work permits or citizenship entitlements.[102] In France, for example, one study found that women constitute two-thirds of those refused citizenship on the grounds of insufficient linguistic knowledge.[103] Entry for skilled workers can also be based on criteria, such as proof of years of uninterrupted work, language or of income and educational level.[104] These unintentionally discriminate against women. On the other hand, the demand for skilled labour can also open up opportunities for better-educated women to migrate, as was the case during the 1980s when Australia shifted from a preference for manual labourers to that of professionals.[105]

Governments sometimes restrict female migration in order to "protect" women. Such bans on female migrants have been in place, for example, in Bangladesh, the Islamic Republic of Iran, Nepal and Pakistan.[106] Bangladesh government data show that less than 1 per cent of those emigrating between 1991 and 2003 were women. This was largely owing to greater restrictions and bureaucratic hurdles that made it more difficult for women to emigrate.[107] These, needless to note, only increase the likelihood that women will resort to irregular methods.[108] A case in point: According to the Asian Development Bank, the

8 GEOGRAPHY AND NECESSITY: GLOBALIZATION AND THE ADVENT OF THE TRANSNATIONAL FAMILY

The mass movement of people has led to the emergence of a new phenomenon: the transnational family. Transnational families are those whose members belong to two households, two cultures and two economies simultaneously. These take many forms and are marked by changing heads of household—including grandmothers and youth who take charge of children while the parent(s) are away.[1]

When both parents leave, elderly women, aunts and other female relatives are most likely to shoulder the burden of childcare.[2] Alternatively, migrant parents will sometimes leave children in the destination country while they shuttle back and forth. One illustration of this phenomenon is the East Asian "astronauts", who maintain businesses in their origin country but leave their wives and children in Canada.[3] Caribbean and Ghanaian populations in

Canada, the United Kingdom and the United States have adapted to challenging work and living situations by mobilizing extended family networks to raise their children back home.[4] In Cape Verde, a population whose diaspora outnumbers residents, almost every family has members living abroad.[5] Cape Verdean families may even be split between three and four different locations, with women working in Italy or Portugal, their husbands in the Netherlands and children back home with relatives.[6] With more than 8 million nationals working and living abroad, transnational Filipino families are very common as well.[7]

When mothers migrate, the decision can be heart wrenching. For women, separation is also fraught with feelings of guilt. For children, the loss of their mothers' nurturing and affection, can take a huge emotional toll. Regardless, migrant

women often have little choice but to leave loved ones behind. While children often say they would prefer it if fathers instead of mothers migrated, many express gratitude and are proud of their mothers' sacrifices. Studies in Indonesia and the Philippines by and large found little evidence of negative effects on children.[8] Children of migrant parents displayed similar behaviours and values as children of non-migrant parents, and were not found to be more disadvantaged, troubled or face greater psychological difficulties. A nationwide study in the Philippines found that more children of migrants were on the school honour roll and were less likely to repeat a grade than children of non-migrants.[9] Another study showed that children understood their mother's decision to migrate was for economic reasons and their own well-being.[10]

Gulf States and South-East Asia are home to considerable numbers of undocumented Bangladeshi women.[109] Government policies, however, have recently begun to change. In 2005, Bangladesh lifted the ban[110] and, in the same year, the Nepalese Supreme Court ended the requirement of parental or spousal consent for a woman under the age of 35 to obtain a passport.[111]

Labour laws tend to exclude certain sectors of the economy in which women migrants predominate—such as domestic work and the entertainment industry.[112] This leaves many female migrant workers dependant on employers for legal status, basic needs such as housing and food, and the payment of due wages, which employers may arbitrarily withhold in order to ensure compliance. In addition, government efforts to curtail immigration and thus restrict it to temporary, short-term contracts means that many women are unable to change employers.[113] This can trap them into abusive situations, outside the public view, and, in many cases, beyond the purview of public policies.

Rights, terms of employment and working conditions vary according to the labour laws and immigration policies in each receiving country. In many countries, for example, the rights of domestic workers are neglected, and many spend years abroad before ever seeing their families (see Box 8). Host country regulations often prohibit low-skilled migrants from bringing family members with them. This is prompting calls for family-friendly policies that will support female migrant workers. Italy and Spain are among the very few countries that grant unskilled workers the possibility of family reunification—a privilege usually reserved for "skilled" migrants. They are also among the few countries that have actively furthered domestic worker rights, largely owing to the vigorous lobbying on the part of women's organizations.[114]

THE DEPENDENCY TRAP
Women who migrate under family reunification schemes usually enter as dependents and may enjoy only limited

access to employment, health care and other social services.[115] In countries that distinguish between the rights of migrants to work or to reside, women entering as dependents may only be able to work illegally.[116] Dependent status can also result in "brain waste". This occurs when skilled female migrants remain unemployed or are able to find work only in occupations far below their qualifications. Furthermore, if the marriage founders, or if the relationship is abusive, migrant women may find themselves trapped by threats of deportation or the loss of custodial rights. Children also suffer from the absence of material and emotional support when fathers abandon the family or the marriage dissolves. Granting abused women migrants independent legal status, such as Sweden and the United States have done—rather than keeping it contingent on male relatives or husbands—helps protect their rights and frees them from violence.[117]

WORK AND WAGES

The proportion of immigrant women who are in the labour force varies by country, yet unemployment is generally higher for immigrant women.[118] In many cases this is true in comparison to native men and women—as well as fellow male migrants. For example, in 17 OECD countries (for which data are reported), unemployment rates for foreign women are substantially higher than the rate for native women.[119] Among immigrants from SADC countries living in South Africa, 38 per cent of female immigrants were unemployed as compared to 33 per cent of female natives, 30 per cent of male natives and 23 per cent of male migrants.[120]

Where migrant women face high unemployment rates and discrimination, many are forced to take whatever work is available.[121] This can contribute to host population perceptions that migrant women are "unskilled", though many may actually be better qualified than their work implies. In some cases, however, migrants may be offered the opportunity to move up the pay scale: In the United Arab Emirates (UAE), Filipina domestic workers are increasingly being employed as drivers—a job with higher salaries and greater benefits.[122]

Relative to the status of women in their home countries, newcomers may earn higher wages. Compared to women in the receiving country, however, they are likely to be far worse off.[123] Lower earnings can lead to impoverishment and can negatively impact families left behind owing to less remittance income. Data from the 2000 United States Census Bureau shows that 18.3 per cent of the foreign-born women live in poverty, compared to 13.2 per cent of the native-born women, and that 31 per cent of the female-headed migrant households are poor.[124] Low wages can also affect family reunification for female migrants who are the sole sponsors of relatives. This is because many countries, such as Canada and the United States, require proof of sponsorship based on income and economic self-sufficiency.[125]

Low wages can have dire implications for older migrant women—especially for those who are underemployed, undocumented, widows or working in jobs without benefits. Pension plans and other social programmes in receiving countries, such as Canada and the United States, are based on long-term paycheque contributions. In addition, a lifetime of irregular labour means many older migrants are without savings for retirement or health care.[126] In many European countries, pension entitlements are based on years of work and residency. The increasing number of older migrants within the region is sparking particular concern for the needs of elderly immigrant women. In the Netherlands, more than 90 per cent of Moroccan women aged 55 years and above report never having worked. In Austria, immigrant non-EU women have the lowest earnings in the country. Among those 60 years and older, 19 per cent from the former Yugoslavia and 23 per cent from Turkey had no income of their own whatsoever.[127]

ETHNICITY AND RACISM: ADDITIONAL BARRIERS TO WORK AND WAGES

Ethnicity and class compound the problem of gender discrimination, stymie advancement and result in lower wages.[128] For example, in the United Kingdom (which has long relied on immigrants to fill health-care jobs) harassment is widespread with black staff (mostly Caribbean women) largely concentrated in the lower grades.[129] In the UAE, a college-educated domestic worker from the Philippines earns much more than her counterpart from India—regardless of the latter's skills.[130] One European study found that when fellow nationals undertake

9   MIGRATION AND FERTILITY

A commonly held view that can serve to fuel anti-immigrant sentiment is that migrants have higher fertility rates than non-migrants. But this very much depends on the migrant community, host country context, the woman's socio-economic status, cultural fertility norms and access to reproductive health services. Generally speaking, when immigrants (especially those from developing countries) first arrive, they tend to have more children than natives but will have fewer over time. This is because many migrants eventually adopt host country childbearing norms, which results in fertility rates similar to that of the host population.[1]

Delayed marriage, separation from partners, economic pressures, the costs of raising children, female autonomy, the evolution of values and norms, and pressures to gain legitimacy through assimilation can all contribute to fertility declines.[2] A study of 24 migrant groups undertaken in Australia over a 14-year period, showed that fertility rates in all groups except two (Lebanese and Turks) nearly converged or declined to lower than that of the host population.[3] The survey included migrant communities from Egypt, Greece, Malta, New Zealand, Poland, South Africa, and Viet Nam— among many others. In Sweden, a study of immigrants from 38 origin countries found that those who had been living in the country for at least five years showed fertility levels similar to that of the native population.[4]

There are, however, variations— according to ethnic group, and a complex interplay of socio-economic, cultural and political factors. In the United Kingdom, for example, census data showed that all main ethnic minority groups had more children than the native population— especially among migrants originating from Bangladesh, India, and Pakistan.[5]

Migrant women also tend to have fewer children than their counterparts in countries of origin.[6] For example, although in Belize, Costa Rica, the Dominican Republic and El Salvador, immigrant women tend to give birth to more children than native women (in Costa Rica, immigrant fertility rates are 40 per cent higher),[7] their fertility rates are still lower than those of compatriots living in their countries of origin. African immigrants in Spain have fertility levels slightly higher than the native-born population, but far lower than those in their countries of origin.[8] In the United States, however, the reverse is true: Immigrant women tend to have more children than women in their countries of origin. And while immigrant fertility rates are also higher than natives', they do not affect overall fertility rates.[9]

During preparations for migration and the first years of settling into a new country, female immigrants may delay childbearing and focus more on securing work, but, after a few years, decide to start a family. This is illustrated in the case of Ecuadorians who migrate to Spain. In recent years, the country has received large numbers of young South American immigrant women. In 1999, children born to Ecuadorian women accounted for only 4.9 per cent of all foreign births but by 2004, they accounted for 19.5 per cent.[10]

Migrant fertility can also depend on age and educational level and the migration stream to which immigrant women belong. Migration can cause spousal separation, which may result in delayed childbearing. Once reunited, however, childbearing rates increase.[11] In Australia, skilled immigrant women have lower fertility than natives, whereas those entering as refugees or for family reunification tend to have more children.[12] Women who migrate at an early age may adapt faster to the childbearing norms of their host society: In France, immigrant women who entered the country before the age of 13 had only slightly higher fertility than French women. But women who were 25 to 29 years of age at the time of migration, showed notably higher fertility rates.[13]

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domestic work—as opposed to foreigners—they tend to be treated as professionals.[131]

The United States provides one example of how domestic work is divided along ethnic and racial lines. During the 1950s and 1960s, African-American women dominated the occupation but by the end of the 1980s, their numbers had dropped dramatically throughout the country. Around that same time, foreign-born Latin American women stepped in to fill the breach—from 9 per cent to 68 per cent in Los Angeles alone.[132]

SEXUAL AND REPRODUCTIVE HEALTH

The health of any migrant is affected by gender, sociocultural and ethnic background, type of occupation and legal status, as well as the degree to which he or she can cover costs and access services, transportation and health insurance.[133] Prior exposure to relevant health education and

services will also affect a migrant's capacity to make informed health decisions.

If a migrant cannot speak the language, she or he is more likely to encounter problems accessing health care. Low-paying and exploitative labour also has an impact, as does the degree to which the migrant and his or her community are integrated into the mainstream society. Discrimination and racism on the part of health-care providers only adds to cultural and linguistic barriers.

Both the host country itself and immigrant women will benefit from improved access to reproductive health information and services—including pregnancy-related services and the prevention and treatment of HIV and other sexually transmitted infections. However, migrant women often come from countries where poor health is a fact of life. Many possess little information regarding health matters and tend to be poorer and less educated than their native counterparts. Health status may be further compromised by the stress of adjusting to a new country and/or violence and sexual exploitation.

Pregnancy-related problems among migrants have been a major problem throughout the EU, where studies have found that migrants receive inadequate or no antenatal care and exhibit higher rates of stillbirth and infant mortality.[134] One United Kingdom study found that social exclusion and being non-white were among the main predictors of severe maternal morbidity.[135] Other research in the country reveals that babies born of Asian women had lower birth weights and that perinatal and post-natal mortality rates were higher among Caribbean and Pakistani immigrants than in the general population.[136] Hospital-based studies also show that African women delivering in France and Germany had higher rates of pregnancy complications and perinatal death than their native counterparts.[137] Turkish immigrants in Germany also had higher rates of perinatal and neonatal mortality, and rates of maternal mortality tended to be higher overall among immigrant women.[138] In Spain, premature births, low birth weight and delivery complications are especially common among African and Central and South American migrants.[139]

▲ *Immigrant family in Copenhagen, Denmark.*
© Mikkel Ostergaard/Panos Pictures

Immigrant women often have a higher incidence of unplanned pregnancies owing to poor access and a lack of information regarding contraceptives and how to obtain them. Research in Latin America shows that migrant women report more unintended pregnancies, have lower contraceptive use and generally utilize reproductive health services less often than do non-immigrants.[140] Throughout Western Europe the story is the same.[141] In Germany, researchers attribute low contraceptive use to the fact that programmes are geared towards German speakers and that immigrants often come from countries where family planning information is simply not available.[142] Socio-cultural pressures may also prevent migrant women from accessing services for fear of being discovered by family members.

Higher abortion rates among immigrants reflect women's limited decision-making power and lack of access to quality family planning services. In Spain, requests for abortions tend to be twice as common among immigrant women—especially those from North and sub-Saharan Africa.[143] In Norway, non-western women account for more than one quarter of all abortion requests—although they represent only 15 per cent of the population.[144] In one Italian region, a study found that foreign-born women were three times more likely to undergo an induced abortion than local women.[145]

CULTURALLY SENSITIVE CARE

Socio-cultural factors can influence migrant reproductive health status, including pregnancy and childbirth outcomes and access to family planning services. Women from more traditional backgrounds are often embarrassed when dealing with male medical personnel—a problem when it comes to accessing reproductive and obstetric health-care services.[146] In Denmark, studies show that poor communication between migrants and health-care providers, coupled with insufficient use of trained interpreters, is a key cause of poor and delayed gynaecological care.[147] In Sweden, one study found that young, single immigrant women with children were more likely to register late (more than 15 weeks) at prenatal care centres. The study concluded that training staff in trans-cultural skills and providing them with interpreters could result in

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10 TAKING CONTROL: MIGRATION AND CONTRACEPTION

Many migrant women seize the opportunity to access family planning services with a zeal that speaks to their relatively disadvantaged state in countries of origin. In Belgium, for example (as with several other countries), immigrant women have higher contraceptive use than women in source countries—with modern methods replacing traditional. This is confirmed by one study that found that 79 and 71 per cent, respectively, of 25- to 29-year-old married Turkish and Moroccan migrant women used contraception compared to only 44 per cent and 35 per cent in their origin countries.[1]

A survey of Malian women in Paris in 2001 found that their rate of family planning use was almost as high as among French women at 70 per cent, and in striking contrast to Mali, where it remained at only 6 per cent. Sixty per cent of the women reported that they first learned about contraception in France. In addition, approximately 60 per cent reported using contraceptives in spite of their husband's opposition.[2]

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improved care.[148] In São Paulo, doctors report that maternal and infant mortality rates among Bolivian migrant women are far higher—the latter by 3 to 4 times—than among local women. Migrants often decline caesarean section—a lifesaver in the event of obstructed labour—because in some indigenous cultures it implies a loss of femininity that can prompt the husband to desert his spouse.[149] In response, the Municipal Health Secretariat is working to refine its programme, including providing outreach in the Quechua and Aymara languages.

Nonetheless, despite increased risks and obstacles to accessing health care, exposure to new childbearing and female decision-making norms can be empowering. Indeed, in some cases, female migrants gain access to reproductive health information and services for the very first time (see Box 10).

PROVIDING HOPE, EXTENDING CARE

More and more countries are working to improve the reproductive health of migrant women. In a study conducted among Myanmar immigrants in two Thai provinces following the 2004 tsunami, researchers

STRANDED IN TRANSIT, SEX WORKERS AND YOUTH GET HOPE AND SUPPORT

The little border town of Tecún Uman in Guatemala, just across from Mexico, draws many migrants. In "Little Tijuana", sex work, alcoholism, delinquency and drug trafficking have proliferated as fast as its population of migrants—who have effectively doubled the population to 32,000 inhabitants in the past decade. Almost half are under 24-years-old and come primarily from Central and South America and Asia. Most are trying to make their way to the United States or have just been deported from Mexico following another failed attempt.

In 2002, research by the Ministry of Health and Social Services found an HIV prevalence rate of 3.13 per cent among sex workers, most of whom were young women. Many initially set out as migrants but become stranded with no way to earn money except through sex work. So pervasive is the violence that young women are often forced to barter sex in exchange for protection.

> "I am very scared but the need to travel because of my child helps me. Above all, my entire family needs a lot of help."
> — Salvadoran 21-year-old woman on her first attempt to cross the border.

> "I don't have money, the little bit I brought with me, they stole, they assaulted me and took it and my papers."
> — Honduran 24-year old woman in her second attempt to cross the border.

Worried that female migrants were increasingly vulnerable to the virus and concerned about the need for preventive measures among the local population, UNFPA has partnered with the NGO EDUCAVIDA and *La Casa del Migrante*, which is run by a Catholic Church order, under an initiative funded by OPEC. *La Casa del Migrante* provides shelter for three days while migrants await funds to continue their journey north. This provides outreach workers with an opportunity to raise awareness about HIV/AIDS. Between August and December 2005, 32,597 migrants (2,484 of them sex workers) passed through *La Casa's* doors. Services include educational sessions on HIV prevention, voluntary counselling and testing (VCT), condom distribution, STI treatment and medical care—including for pregnant women. Prevention activities are also reaching the local population with community leaders and local organizations now spearheading the fight against HIV/AIDS.[1]

discovered that one in four mothers delivered without a skilled birth attendant; 55 per cent of all infants had not been immunized and only half of all married women were using contraception. The survey also found that fully 50 per cent of all adults interviewed lacked basic knowledge about HIV, despite the relatively high incidence (30 per cent) of unmarried males who reported paying for sex without consistently using condoms. In response, the NGO World Vision, with UNFPA support, recently expanded a programme serving immigrant communities. To date, project personnel have established mobile health clinics, a health education campaign and have hired Burmese-speaking medical staff.[150]

Over time, Australia, Canada and Sweden have also developed broad-based policies that work to tackle cultural and linguistic barriers, not only through culturally sensitive provider training and recruitment measures, but also by promoting the social and political integration of immigrants and refugees. This approach is proving effective: In these countries, studies have shown equal pregnancy outcomes for immigrant and native women.[151]

FEMALE MIGRANTS AND HIV

Data on HIV infection rates among international migrants are scarce. The alarming "feminization" of the pandemic, however, is well documented and speaks to what can transpire when the rights of women are neglected en masse.

Physiological, social and cultural factors mean that women and girls face particularly high risks of contracting HIV and other STIs throughout the migration process. Undocumented migrant women who become stranded in transit countries *en route* to their intended destination and are unable to work may be forced into "survival sex" in exchange for basic commodities or food. This increases the likelihood of infection.[152]

Sexual violence makes them even more vulnerable. In one South African study, female migrant farm workers from Mozambique and Zimbabwe were found to be particularly susceptible to HIV infection owing to sexual violence. About 15 per cent of those surveyed reported having been raped or knowing someone who had been raped or sexually harassed while working on farms. Most were too fearful of

losing their jobs to report violence. According to interviewees, male Zimbabweans were the main perpetrators.[153]

The vulnerability of migrant women is borne out by some grim statistics. According to UNAIDS, in France, 69 per cent of all HIV diagnoses attributed to heterosexual contact during 2003 occurred among immigrants—65 per cent of whom were women.[154] In Costa Rica, one service organization found that 40 per cent of the women treated for sexually transmitted infections were immigrants.[155] In Sri Lanka, the Government reported that, for every one male migrant that tested positive in 2002, there were a corresponding seven females. Although the causes behind this gross disparity have not been established, researchers suggest that sexual abuse by employers and exploitation in so-called domestic worker "safe" houses could be factors.[156] To minimize the risks of infection, the Government (with support from UNAIDS and WHO) has established HIV/AIDS awareness pre-departure orientation sessions aimed at migrant women.[157]

Seasonal and circular migration, whereby individuals leave their homes and then return home, can also contribute to HIV transmission.[158] One study undertaken in Senegal revealed that migrants have unprotected sex while abroad and then infect their wives upon return. Women without adequate support from migrant husbands also turn to sex work for survival while their spouses are abroad.[159]

When male migrants become infected with HIV, remittances often dry up—either through job loss or because they have to spend more of their income on health care. According to UNAIDS, women may resort to transactional sex or will migrate themselves in order to make up for lower remittances and provide for family members.[160] A country with one of the highest HIV prevalence rates in the world (33.5 per cent), Botswana is witnessing decreased remittances from husbands with AIDS-related illnesses. This leaves women—usually older—shouldering the care of orphaned children.[161]

Gender-based violence is not only a violation of human rights, but also threatens health, productivity and social and economic integration into the host society.

VIOLENCE AGAINST WOMEN AND HARMFUL PRACTICES

Gender-based violence is the ultimate manifestation of unequal relations between men and women. Owing to their status as women and as foreigners (in addition to race and ethnicity), migrant women face disproportionate risks of physical abuse and violence at home, in the streets or in their places of work. So profound is the problem, that the UN Secretary-General now issues reports exclusively focused on the topic.[162]

Gender-based violence is not only a violation of human rights, but also threatens health, productivity and social and economic integration into the host society. Some immigrants also come from cultures that maintain harmful practices such as female genital mutilation/cutting, forced marriages and so-called "honour killings".

While there is a notable dearth of data on violence against migrant women, smaller studies indicate a high incidence of abuses (see also Chapter 3). In Mexico, a recent study revealed that 46 per cent of migrant women had suffered from some sort of violence, with 23 per cent reporting that customs officials were the main perpetrators; federal police followed next at 10 per cent; judiciary and municipal police at 10 per cent; and, finally, the armed forces at 6 per cent.[163] According to the Sri Lanka Bureau for Employment, in 2001, over 1,600 women reported harassment in their workplaces overseas.[164]

WHEN HOME IS WHERE THE HURT IS

Domestic violence knows no boundaries. It permeates every society, group and income level worldwide: between 10 per cent of women in some countries, and 69 per cent in others, are the victims of domestic abuse.[165] The strains of moving to a new environment, unemployment, inadequate wages and racism can lead to frustration that finds its outlet in the abuse of female partners.[166]

One survey found that 31 per cent of abused Latin American female immigrants reported increased violence from their partners since moving to the United States and

9 per cent reported that abuse began after migration.[167] Studies indicate that domestic violence among immigrant groups is markedly higher than the estimated 22.1 per cent lifetime rate in the general American population.[168] Rates of sexual and physical abuse against immigrant women surveyed ranged from 30 to 50 per cent among Latin American, South Asian and Korean groups.[169] A study of highly-educated middle-class South Asian women living in Boston revealed that nearly 35 per cent had experienced physical abuse and 19 per cent had experienced sexual abuse at the hands of their male partner.[170] And a New York City health report cited that 51 per cent of female homicides by intimate partners occurred among foreign-born women, compared to 45 per cent among the native population.[171] In Germany, a Government study found that 49 per cent of married Turkish women had experienced physical or sexual violence.[172]

Migrant women who come from societies where domestic abuse is largely accepted as a "normal" aspect of gender relations are unlikely to seek help from police or access other services—especially if they fear deportation or retribution from their abusers. According to domestic violence data in Colombia, Nicaragua and Peru, migrant women are less likely to seek assistance from the police and health facilities compared to their native counterparts. And none of the women who reported abuse sought any medical attention whatsoever.[173] Similarly, a nationally representative survey in Canada found that immigrant and "visible minority" women (68 per cent of them immigrants) who reported abuse were less likely to seek services than the general population.[174] Other factors, such as cultural, linguistic and social isolation, make it less likely that migrant women will seek assistance even where social protection and legal redress exist. This is especially the case when they are unaware of their rights. Research in the United States shows immigrant women tend to stay in abusive relationships longer than native-born Americans and suffer graver physical and emotional consequences as a result.[175]

Women with children who migrate as dependents of their husbands are often unfairly forced to choose between their own personal safety and maintaining their legal status.

Women with children who migrate as dependents of their husbands are often unfairly forced to choose between their own personal safety and maintaining their legal status. The United States has amended legislation allowing migrant women who have suffered domestic violence to secure legal status irrespective of their partners.[176] Sweden allows immigrant women who are victims of abuse by their Swedish partner to obtain a permanent residence permit. In 2003, 99 per cent of the requests for residence permits received from domestic violence victims were approved.[177]

Azerbaijan, Belize, El Salvador, Indonesia and Jamaica report that they are training government officials, police officers, social workers, community leaders and other professionals to address more effectively the issue of violence against women migrant workers.[178] NGOs in countries hosting large migrant populations have also been working to meet the diverse needs of women who suffer from domestic abuse. One example is the Vancouver-based organization, MOSAIC, which works with both men and women to prevent abuses and to address the mental, physical and psychological needs of female victims. The organization also offers small group sessions conducted in Hindi, Punjabi, Urdu and English to Indian and Pakistani migrant men to help them to take responsibility for, and end, their abusive behaviour.[179]

FEMALE GENITAL MUTILATION/CUTTING

Approximately 2 million women and girls every year are at risk of female genital mutilation/cutting (FGM/C)—a traditional practice that involves the partial, or total, removal of external genitalia. The practice has spread through migration, outward from 28 countries in Africa and others in Southern Asia and the Middle East to Europe, North and South America, Australia and New Zealand.[180] In the United Kingdom alone, researchers estimate that approximately 3,000 to 4,000 girls are "cut" each year. An additional 86,000 first-generation immigrant women and girls have already undergone the procedure.[181]

According to the 2000 United States census, 881,300 African migrants come from countries where FGM/C is widely practiced. This does not include refugees and asylum-seekers (totalling an estimated 50,000 in 2000), many of whom came from Eritrea, Ethiopia, Somalia and Sudan, countries with some of the highest FGM/C prevalence in the world.[182] Female genital mutilation/cutting is a human rights issue that can cause short- and long-term physical and mental health problems, including higher risks of delivery-related complications and infant mortality.[183]

Policymakers in countries receiving immigrants from FGM/C countries face the challenge of establishing culturally sensitive approaches designed to halt the practice. At least 11 industrialized countries have already passed legislation that prohibits FGM/C.[184] Many organizations, such as the British Medical Association and the Danish Health System and Midwife Schools, are striving to ensure that health providers are well equipped to care for women who have undergone the practice.[185] Belgium, Germany and Sweden have also established medical guidelines.[186] NGOs are also working with immigrant women and their communities to support the right to bodily integrity. The United States-based Sauti Yetu Center for African Women is undertaking a comprehensive approach that includes cross-cultural training for service providers and the establishment of a centre to document the practice in Western countries.[187]

DIS'HONOURABLE' CRIMES

Crimes committed in the name of "honour" and "passion" are socially sanctioned practices that allow a man to kill, rape or otherwise abuse a female relative or partner for suspected or actual "immoral" behaviour—i.e., behaviour socially defined as bringing "shame" to the family or challenging male authority.

In 2000, in the first United Nations General Assembly resolutions specifically dedicated to the issue, countries from around the world reiterated that crimes committed in the name of honour and of passion are egregious human rights abuses and reaffirmed their commitment—as embodied in international human rights instruments—to end them.[188] In 2003, the European Parliamentary Assembly adopted a resolution calling on all Member States to "amend their national asylum and immigration laws to ensure that women have the right to residence permits and/or asylum if threatened with so-called 'honour crimes'". It also calls on members to, among other things, enforce "legislation more effectively to penalize all crimes committed in the name of honour".[189]

In the UK, police are re-examining past records of 117 murders to determine how many were committed in the name of honour.[190] And Sweden maintains a system that includes working through the education sector, government authorities, immigrant orientation sessions and NGOs on issues around prevention and protection. County Administrative Board reports found that at least 200 girls in each of three counties had contacted social services, other authorities or NGOs to help them escape honour-related violence during 2001.[191]

* * *

Governments, parliamentarians, civil society organizations, the media and the UN System are increasingly paying attention to the social, cultural, economic and political implications of the international migration of women. An increasing body of data and research—although still limited—is making it possible to grasp the magnitude and as yet little-understood potential of migrant women to contribute to social and economic development and gender equality. Migrant women face serious risks and obstacles that can have severe repercussions and, in the most extreme cases, threaten their very survival. Yet the migration experience need not be fraught with hazard when it has proven to be such a positive experience for so many millions. Risks and challenges can be averted through stronger measures aimed at empowering migrant women and protecting their human rights. Others are intrinsic to the migration experience itself and relate to greater social and cultural understanding and to shifting norms regarding male and female roles. But solutions can, and are, increasingly being sought within a human rights and culturally sensitive framework. Though largely incipient, insufficient in scope and reach, these efforts offer insights into how the migration process can be improved for the benefit of women, their children, their families and the global community at large.

3 Selling Hope and Stealing Dreams:
Trafficking in Women and the Exploitation of Domestic Workers

Sylvia's descent into the dark world of trafficking began when a neighbour told the then 19-year-old he could help her find a good job as a sales girl in Moscow. Unemployed, broke, with a baby daughter and no husband or employment prospects in her hometown of Ungheni, Sylvia (not her real name) decided to journey to the Moldovan capital of Chisinau where she was to meet two men who would arrange for her travel to Russia. What followed was a nightmare of beatings, rape, privation and sickness. Sylvia had fallen into the hands of traffickers and was eventually smuggled with 11 others to Moscow—and straight into the murky underworld of globalized sexual servitude.

Although the exception rather than the rule, Sylvia's ordeal is one that hundreds of thousands of women and girls undergo every year. While migration can be an empowering experience for millions of people worldwide, when it "goes bad", migrants can find themselves trapped in situations of extreme exploitation and abuse. Trafficked women and domestic workers are two groups that are particularly susceptible to major human rights violations and slave-like conditions.

Sylvia is one of the "lucky" ones. The anguish of her daily exploitation has finally drawn to a close. Today, more than a year after she was first trafficked, Sylvia has been reunited with her child and is living at an undisclosed location in an International Organization for Migration (IOM) and UNFPA-sponsored "safe house". There, she is receiving counselling and health care as she waits to testify at the trial of her tormentors. She still suffers the effects of post-traumatic disorder: a condition that has destroyed her capacity for sleep and sends her into bouts of sudden and inexplicable tremors. Whether she will ever be able to live a "normal" life is still an unanswered question that hovers around her like the memories of all that she has had to endure.

Why does Sylvia want her story told? "At first I thought all the stories about trafficked girls were fake, a scare tactic," she says. "But now I know better, and I

◄ *A 16-year-old trafficking victim in Cambodia.*
© Mikkel Ostergaard/Panos Pictures

want to help others understand that it is real and can happen to anyone."

Trafficking

Because of its underground nature, experts caution that trafficking data is rough and hard to gauge. The International Labour Organization (ILO) estimates that at least 2.45 million trafficking victims are currently toiling in exploitative conditions, and that another 1.2 million are trafficked annually, both across and within national borders.[1] The US Department of State numbers are similar: between 600,000 and 800,000 women, men and children are trafficked across international borders each year—most for the purposes of commercial sexual exploitation.[2] Of these, the majority—up to 80 per cent—are women and girls. Up to 50 per cent are children.

Trafficked women are usually forced into prostitution and sex tourism, commercial marriages and other "female" occupations such as domestic work, agricultural and sweatshop labour. Human trafficking[3] is the third most lucrative illicit business in the world after arms and drug trafficking and is a major source of organized crime revenue. The industry generates an estimated US$7 to $12 billion annually—although real numbers are difficult to come by.[4] These numbers, however, reflect profits only from the *initial* sale of persons. The ILO estimates that once victims are in the destination country, traffickers net an additional US$32 billion a year—half generated in industrialized countries and almost one third in Asia.[5]

Trafficking constitutes the dark "underside" of globalization.[6] The opening-up of national borders and international markets has led not only to increased international flows of capital, goods and labour, but also to the globalization of organized crime. Improved information technologies and transportation allow transnational syndicates to operate as never before. The majority of victims are migrants in search of a better life who are usually lured by the false promise of a decent job.[7] Increasingly restrictive immigration policies limit the possibility of legal entry, which is in turn driving more and more would-be migrants to unwittingly entrust themselves to traffickers.[8]

Although trafficking differs from other types of migration, there is considerable overlap with both regular and irregular migration where it involves violence, confinement, coercion, deception and exploitation.[9] A mail-order bride, for example, may enter the country legally but subsequently be forced into labour; a domestic worker can end up trafficked for purposes of sexual exploitation. Trafficking also intersects with smuggling. Unlike the latter, however, trafficking contains an

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12 **MODERN-DAY SLAVERY**

Slavery was condemned even before the landmark 1815 *Declaration Relative to the Universal Abolition of the Slave Trade*.[1] Slavery is a crime against humanity that includes forced labour, serfdom (forced labour on another's land),[2] debt bondage,[3] trafficking, forced prostitution, sexual slavery, forced marriage, the sale of wives and child servitude. Forced labour[4]—that which is carried out involuntarily and under threats of penalty—is present in some form on all continents, and includes bonded labour in South Asia and in Latin America (mainly indigenous people are its victims), and traditional forms of slavery in parts of Africa.[5]

In 2004, the Parliamentary Assembly of the Council of Europe lamented the fact that, today, in the 21st century, slavery continues to exist in Europe. Among its findings: "slaves are predominantly female and usually work in private households, starting out as migrant domestic workers, au pairs or 'mail-order brides'". It urges all member states to criminalize and prosecute those responsible for any form of slavery, and to "at least" consider extending abused domestic workers temporary residency permits and enable them to file charges against abusive husbands or employers. It also calls for a domestic worker charter of rights.[6] The ILO also reports that women labour migrants are often deceived into accepting jobs as domestic workers and are then trapped into debt-bondage or sexually trafficked. Some migrate under the façade of marriage or under au pair programmes that were originally set up for cultural exchange.[7]

There are two categories of forced labour: forced economic exploitation and commercial sexual exploitation. Of the 12.3 million people forced into labour worldwide, the ILO contends that women and girls form the majority: 56 per cent of those in forced economic exploitation, and 98 per cent of those in forced commercial sexual exploitation.[8]

element of coercion or deception while the relationship between migrants and smugglers is based on consent and usually ends upon arrival at the destination. In actual practice, however, distinctions can be fuzzy, and there are cases that contain elements of both.[10]

A GLOBAL PHENOMENON

Human trafficking is a global phenomenon that is driven by demand and fuelled by poverty and unemployment. Many trafficking victims typically apply for advertised jobs as babysitters, models, hairdressers, dancers and waitresses—with friends, and sometimes even relatives, acting as recruiters. According to research in Serbia and Montenegro, 64 per cent of recruiters are acquaintances.[11] Criminal networks, often working in collaboration with corrupt customs officials, will process travel documents and seize victims' passports upon arrival. Most women are forced into prostitution in order to pay off their "debt". Traffickers will often rape, isolate and/or drug victims in order to "break" their spirit and ensure compliance. Women and girls are often sold and resold and then re-trafficked to other destinations.[12]

South-East Asia and South Asia are home to the largest numbers of internationally trafficked persons, at an estimated 225,000 and 150,000 respectively. The US Department of State estimates that more than 100,000 persons are trafficked from the former Soviet Union and 75,000 from Eastern Europe each year, while Africans account for an additional 50,000. The Department also maintains that approximately 100,000 persons are trafficked out of Latin America and the Caribbean.[13]

In Asia, the largest numbers of women trafficked are said to be *within* or *from* the region.[14] The Greater Mekong[15] and Indonesia are major trafficking areas. Thailand, in addition to being a destination country, serves as a source and transit hub for other Asian countries, Australia, the United States and Western Europe.[16] India and Pakistan are major countries of destination for trafficked women and girls and are also transit points into the Middle East.[17] In South Asia, child trafficking is of particular concern: "an extension of a serious child labour problem", which includes the exploitation of girls for domestic work.[18]

Although trafficking victims come from all over the world, in Europe most now circulate from Eastern Europe, and numbers appear to be rising.[19] Since Lithuania joined the EU in 2004, researchers report that the number of women being trafficked outside the country has risen markedly. The IOM estimates that approximately 2,000 Lithuanian women and girls, mostly from poorer, less educated backgrounds, are illegally taken out of the country each year and forced into the sex trade.[20] In Germany and the Netherlands, the number of victims registered has also increased in recent years.[21]

According to the IOM, Turkey has become one of the "largest markets" for women trafficked from nearby former Soviet states, with crime syndicates there pocketing up to $3.6 billion in 2005. Of the number of sex trafficking victims identified in 2005, 60 per cent came from Moldova and Ukraine, and more than half were between the ages of 18 and 24. In response, the government of Turkey is stepping up measures to prevent and crack down on trafficking.[22]

In South-Eastern Europe, on the other hand, trafficking appears to be declining—or has become less visible. Bosnia-Herzegovina exemplifies some of the emerging trends and difficulties inherent in putting a stop to the trade. The *United Nations Special Rapporteur on Trafficking in Persons, Especially Women and Children* noted during the 2005 mission that trafficking has "changed in magnitude and nature". Traffickers have adapted their modus operandi to the anti-trafficking strategy adopted by the Government.[23] Following large-scale government raids, traffickers have gone further underground—away from nightclubs and into private homes. Fewer women are coming forward, but whether this can be attributed to reduced trafficking is difficult to assess. Some fear deportation and others are reluctant to speak to the police, who have sometimes themselves been accused of soliciting their services.

The Southern Africa region is host to a wide range of activities. These include the trafficking of women and children from Eastern Europe, China, Malawi, Mozambique, and Thailand into South Africa. A 2005 inquiry conducted by the IOM in South Africa reveals that women continue to be brought in from the rural

Figure 6: Countries of Origin, as measured by the extent of reporting of trafficking
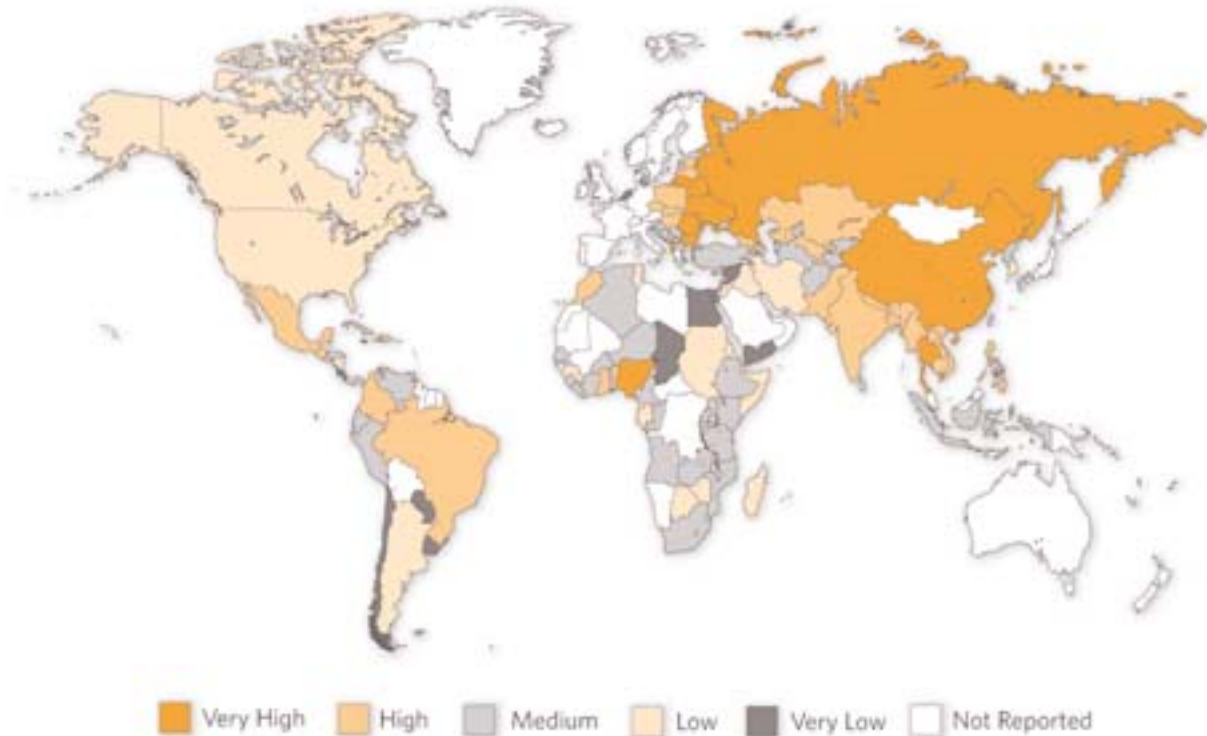
Very High | High | Medium | Low | Very Low | Not Reported

Source: United Nations Office on Drugs and Crime (UNODC). 2006. *Trafficking in Persons: Global Patterns,* p. 38.

Figure 7: Countries of Destination, as measured by the extent of reporting of trafficking
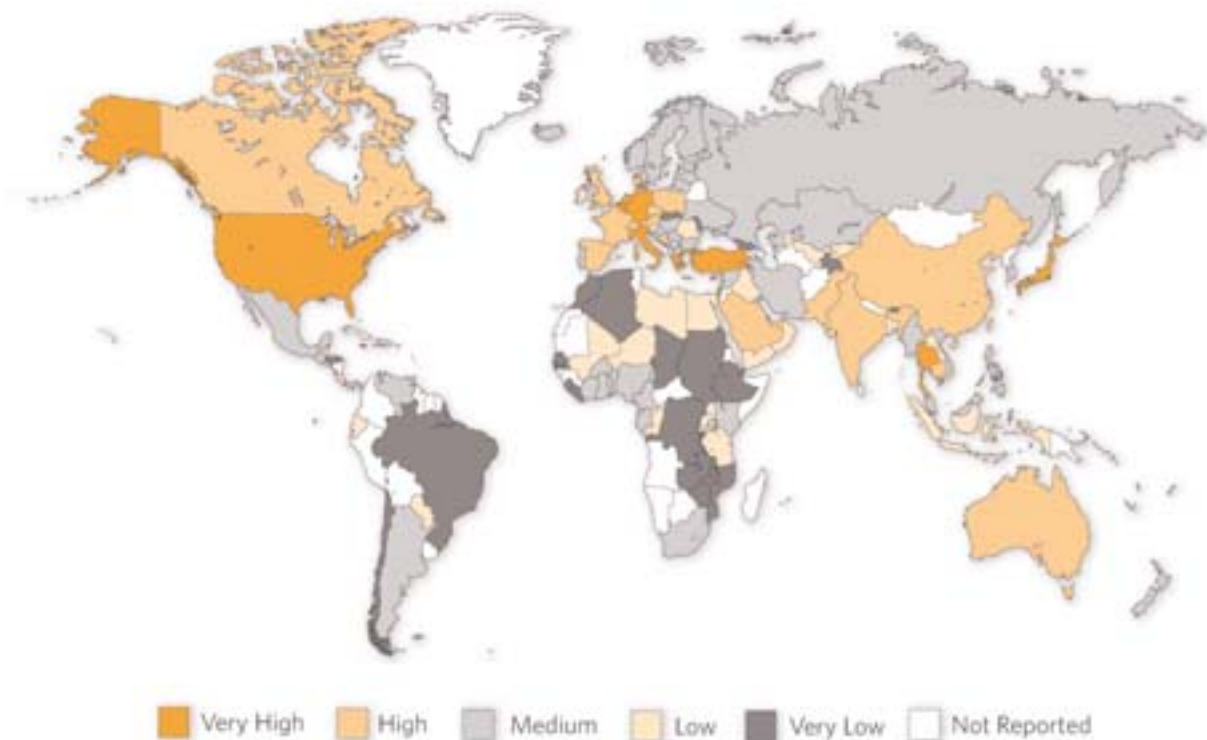
Very High | High | Medium | Low | Very Low | Not Reported

Source: United Nations Office on Drugs and Crime (UNODC). 2006. *Trafficking in Persons: Global Patterns,* p. 39.

areas of Mozambique and Maputo to be sold to gold miners for "use as sex partners and domestic servants without remuneration".[24] In West Africa, most trafficking involves girls who are then sold into domestic work—although the ILO notes that armed groups also engage in child trafficking.[25] In Ethiopia, traffickers tend to operate small businesses, such as travel agencies and import-export companies—activities that require frequent travel to the Middle East.[26]

In Latin America and the Caribbean, most women are trafficked from Brazil, Colombia, the Dominican Republic, Guatemala and Mexico and are taken for the purposes of sexual exploitation to North America, Western Europe and other countries in the region.[27] Up to 70,000 Brazilians, mostly trafficked women, are estimated to be working as prostitutes in other South American countries and in places as distant as Spain and Japan.[28] Children from the region are also trafficked into the sex and drugs trade or exploited as domestic workers.[29]

Trafficking victims to the United States come from no less than 50 countries and are often forced to toil in garment shops on the outskirts of Los Angeles, brothels in San Francisco, bars in New Jersey and slave-labour farm camps in Florida.[30] United States officials note that 14,500 to 17,500 people are brought into the country for purposes of exploitation every year.[31]

"I had heard stories about women being bought and sold like merchandise but I didn't believe them—and I never dreamt it would happen to me."

— A Romanian survivor of sex trafficking

TRAFFICKING: A VIOLATION OF HUMAN RIGHTS

Under international law, rights to life, security, liberty, not to be sold in marriage, and prohibitions on slavery, torture, inhumane or degrading treatment, and on forced and child labour, among others, apply to *all* individuals within a country's borders—regardless of their legal status or national origin. Numerous international and regional conventions and agreements prohibit trafficking and the enslavement of fellow human beings. But trafficking in persons has also prompted the evolution of its own specific set of human rights treaties and principles.

The 2003 *Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children*, is the leading international instrument and is a supplement to the *United Nations Convention Against Transnational Organized Crime*.[32] It goes beyond trafficking for the purposes of forced prostitution and takes into account new forms, such as forced domestic work and commercial marriage. Its main purposes are "to prevent and combat trafficking in persons, paying particular attention to women and children"; protect and assist victims; punish perpetrators; and foster intergovernmental collaboration. All States Party (97) to the *UN Trafficking Protocol* are required to establish trafficking as a criminal offence.[33] At the regional level, the most recently adopted treaty is the 2005 *Council of Europe Convention on Action Against Trafficking in Human Beings*.[34] It covers all forms of trafficking, including that which occurs internally, and establishes a monitoring system that includes ministerial representatives and independent experts responsible for assessing implementation and recommending improvements.[35]

Since the 1980s and throughout the 1990s, international trafficking policy has gained momentum, including through various UN Conferences, human rights mechanisms and reports.[36] More recently, the commitment to end trafficking has been reflected at government gatherings at the highest levels—including at the 2004 meeting of the African Union[37] and the 2005 World Summit of Heads of State and Government.[38]

PROSECUTION AND REPATRIATION

Trafficked persons are often fearful of reprisals if they cooperate with authorities. Among government measures instituted is a "reflection period", or short-term residence permit, that enables victims to recover and consider options. The UN *Trafficking Protocol* recommends that governments allow victims to remain in the destination country, temporarily or permanently. It also calls on States Party to ensure the safety of victims and protect their privacy and identity and to "consider" providing:

housing; legal information and counselling in a language that victims understand; medical services; and assistance with education, employment and training.[39] It also recommends that governments establish legal measures to allow victims compensation for damage suffered. For example, in one case, a woman was awarded over US$400,000 in compensatory damages and over US$300,000 in punitive damages in a lawsuit against an international marriage broker. The marriage broker had failed to inform her of a law that would enable her to escape her abusive marriage without fear of automatic deportation.[40]

The United Nations High Commissioner for Human Rights' *Recommended Principles and Guidelines on Human Rights and Trafficking in Persons* also emphasizes the protection of victims. According to this document, support and care should not be made conditional upon the capacity, or willingness, of trafficked women to cooperate in legal proceedings.[41] Trafficked persons require protection from further exploitation and access to medical and psychological care, including voluntary and confidential counselling and HIV testing.[42]

Since 2000, US law has provided a so-called "T-visa" for trafficking victims willing to assist prosecutors. This allows them to stay in the country for up to three years and then apply for permanent residency.[43] The *Council of Europe Convention* has introduced an obligatory recovery and reflection period for a minimum of 30 days for undocumented victims. Countries in the region have followed suit, with variations in the duration and conditions under which permits are granted. This allows victims time to escape the influence of traffickers and recuperate while they decide whether to cooperate with law-enforcement authorities.[44] However, some experts and human rights groups have criticized these measures for their emphasis on criminal proceedings, rather than on protection.[45] According to Anti-Slavery International, countries that have introduced reflection periods or short-term residence permits—which are not conditional on cooperation— have been "extremely effective in prosecuting traffickers".[46] Italy offers one such model.[47] Such a system confirms that there is no contradiction between protecting and assisting victims, and effectively prosecuting traffickers.

After the expiry of the reflection period or the short-term residence permit, the trafficked victim is usually returned to her country of nationality or permanent residence. According to the *United Nations Trafficking Protocol*, repatriation should *preferably* be voluntary and take into account the victim's safety. Refugee law can be of assistance to trafficked persons if there is a well-founded fear of persecution: In the 2000 *Dzhygun* case in the United Kingdom, for example, the Immigration Appeal Tribunal found that a woman was entitled to protection as a member of a particular social group, namely "women in the Ukraine who are forced into prostitution against their will".[48]

Another issue that deters victims from cooperating with law enforcement officials is that of corruption. Women are often reluctant to come forward because they fear law enforcement authorities. Traffickers sometimes claim that they control the police—an assertion that may seem plausible, in particular if victims have witnessed the complicity of border and other state officials when trafficked out of their country of origin.[49]

Today, most countries are stepping up efforts to crack down on trafficking. Nevertheless challenges remain. These include inadequate data, underdeveloped or non-existent government programmes, corruption, and the resilience of the criminal syndicates that frequently change tactics and utilize legal businesses and mechanisms as fronts. The 2005 US Department of State *Trafficking in Persons Report* tracks and reports on new prosecutions, convictions and new or amended legislation by region.[50] Countries that do not make reasonable efforts to comply with the minimum standards set by the US Trafficking Victims Protection Act may face non-humanitarian, non-trade related sanctions. These may include US opposition to assistance from international financial institutions such as the International Monetary Fund.[51] Reports of the Secretary-General to the UN General Assembly also chronicle government efforts to prosecute trafficking.

PROTECTION, CARE AND REINTEGRATION

Trafficking victims need safety, support and care while undergoing social and economic reintegration once their ordeal has ended. Not only do they have to deal with the

▲ *Teenage girls at a 'boarding school' or orphanage for abandoned children in Moldova. These children are seen as being the most vulnerable to traffickers.*
© Andrew Testa/Panos Pictures

depression that often ensues, but also social stigma—especially in cases of sexual exploitation.

According to the *Report of the Secretary-General on Trafficking in Women and Girls* (2004), various countries are taking measures to support victims. Belgium and the United States, for example, provide some financial assistance. Telephone hotlines are available in some countries, including Bangladesh, Denmark, Italy, Lithuania, Turkey, the US and Uzbekistan. China, Indonesia, Portugal and the United States, among others, also offer access to legal services. Various countries provide social programmes, including psychological and medical care, and have established shelters and crisis centres—although these fall short of need and tend to be underfunded. One UNFPA-supported shelter run by the IOM in Bosnia-Herzegovina, for example, delivers reproductive health services to trafficked women and girls.[52]

Owing to fears of corrupt police and possible arrest and deportation, trafficked women often prefer to approach NGOs rather than state-based agencies. In the Philippines, the NGO Visayan Forum Foundation is a private/public partnership that operates shelters for trafficked persons and works with the police, shipping companies and the port authority to identify traffickers.[53] In Colombia, the Medellin-based Espacios de Mujer provides psychological, social and health services as well as educational and income-generating opportunities. Medellin serves as one of the key transit points for women trafficked in and out of Colombia.[54]

In the Mae Sai border district in Chiang Rai province in northern Thailand, a Japanese social worker helped set up the Self-Empowerment Program for Migrant Women (SEPOM). It is designed to empower former sex workers trafficked into Japan and help them towards self-sufficiency.

Through self-help groups, women share their stories in a non-judgemental environment and rebuild self-confidence and self-worth.[55] In 2000, another self-empowerment initiative was launched in the Philippines. The Survivors' Networks of Filipino Women brings trafficking victims together to discuss issues around financial and social empowerment.[56]

PREVENTING TRAFFICKING IN WOMEN AND GIRLS

According to the *Special Rapporteur on Violence Against Women*, "the lack of rights afforded to women serves as the primary causative factor at the root of both women's migration and trafficking".[57] To fight trafficking effectively, underlying causes such as poverty and the lack of equal opportunities need to be addressed.[58] Women who lack economic security are easy prey if they are willing to leave their country in search of work elsewhere. The elimination of discrimination against women is thus not only a human rights priority, but also key to putting an end to trafficking.

Effective prevention requires a comprehensive approach. This involves education and includes awareness-raising campaigns, community involvement, poverty reduction initiatives and the creation of livelihood opportunities. It also involves more equitable income distribution and the rebuilding of societies following conflict.[59] Legal reforms that allow equal rights to own and control property and land will help cut the risks associated with the trafficking of women in rural communities.[60]

There are many examples of development programmes aimed at reducing the vulnerability of poorer communities. The Asian Development Bank regards trafficking in women and children as a major challenge to its mission of poverty reduction.[61] It provides emergency loans, assistance for post-conflict reconstruction and social protection to those most at risk. In Myanmar, the Government offers poor women and girls vocational training and loans to jump-start mini entrepreneurial ventures, while in Kyrgyzstan, authorities are assisting unemployed nationals residing in small towns and rural areas.[62] In 2005, the Government of Nepal reported that it was establishing a National Rapporteur on Trafficking in the offices of the National Human Rights Commission.[63]

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13   **OUT-OF-REACH AND OUT-OF-DANGER: UNFPA KEEPING GIRLS SAFE FROM TRAFFICKERS IN NEPAL**

Every year an estimated 12,000 Nepalese women and girls are trafficked into India. The Asian Development Bank estimates that 100,000 to 200,000 Nepalese women and girls are held against their will in Indian brothels, with roughly 25 per cent under the age of 18 years. Traffickers typically lure impoverished girls with promises of jobs in urban areas or abroad. Some families knowingly send their daughters to brothels because they consider them a burden. Many of the women and girls are illiterate and are not even aware that they have been taken across the border. The Government of Nepal has identified 26 districts from which women and girls have disappeared.

In response, the Reproductive Health Initiative for Youth in Asia (RHIYA), a partnership of the European Union and UNFPA working in collaboration with NGOs, is focusing on 19 "high-risk" impoverished districts. The programme educates parents, community leaders, district health officials, and young people about the dangers of trafficking. It also provides girls and young women with training and empowerment opportunities. Trafficking survivors are reintegrated into their communities through efforts designed to reduce stigmatization and are referred to social and legal services for additional assistance.

The initiative is proving effective. In the district of Prasauni VDC, a RHIYA peer educator was able to rescue three adolescent girls the very same day they were scheduled to depart. She had learned that the young men who had promised the girls work were, in fact, traffickers. After the peer educator raised the alarm, villagers caught the traffickers and handed them over to the police. They soon admitted their guilt. In Rupandehi District, a young woman was asked by her brother-in-law to accompany him on a one-day shopping trip to Gorakhpur, just across the border. But when she arrived at the crossing, her brother-in-law introduced her to two other girls and asked her to accompany them into India, claiming that he would join them later after taking care of some personal business. She became alarmed, recalling the RHIYA educational sessions on trafficking, and realized that her brother-in-law must be a trafficker. She immediately sought help from the border NGO Maaiti Nepal and all the girls were returned safely to their homes.[1]

Many governments, NGOs and UN organizations have embarked on community awareness-raising efforts—including those that target poor rural areas where girls and women are most likely to be recruited (see Box 13). In Brazil, the government launched a campaign, including through the radio and signs posted at airports, to alert women departing from states where the risks of trafficking are particularly high.[64] A one-month campaign in Bangladesh sought to educate community members about trafficking and related crimes against women, and to sensitize them on issues related to the reintegration of victims.[65] In Cambodia, UNICEF supports community-based networks with volunteers conducting outreach in order to raise awareness of how traffickers operate and how to intervene.[66] In Indonesia, the Asia Foundation has supported the Fahmina Institute to provide anti-trafficking training materials to Islamic boarding schools (*pesantren*), which have a high concentration of female students from impoverished areas. After a meeting of school leaders, 32 schools in East Java formed the Pesantren-based Alliance for Eliminating Trafficking in Persons.[67] In India, with the collaboration of the UN Development Fund for Women (UNIFEM), the Inter-Faith Religious Leaders Forum of Bihar brought together Islamic, Hindu, Buddhist and Christian religious leaders to educate their followers on violence against women. The Forum's *A Fact Book on Human Trafficking* contains messages derived from religious teachings to mobilize their respective communities as a religious obligation. The initiative is now expanding to other states within India and into Bangladesh and Nepal.[68] In Nigeria, the Girls' Power Initiative (GPI) educates both girls and their parents on the necessity of empowering girls and preventing trafficking.[69]

Toil and Tears:
The Exploitation of Domestic Workers

Most adult domestic workers[70] fall into the category of voluntary economic migrant workers. For millions of women, the global demand for their labour has resulted in a better standard of living, greater opportunities for their children and, in some cases, escape from bad or abusive marriages. But many domestic workers toil in intolerable conditions, are exploited, held in virtual captivity and physically and psychologically abused.

Reports of abuse and exploitation come from all over the world. Current demand for domestic labour indicates that it will continue to grow in tandem with international migration. This only serves to underscore the urgency of extending human and labour rights protections to domestic workers.

Asian domestic workers primarily migrate to the Middle East, North America, Western Europe and to wealthier East Asian countries. The Philippines alone has sent approximately 1.5 million overseas foreign workers throughout the Asian region—the majority of whom are female domestic workers.[71] In the 1990s, 84 per cent of all migrants from Sri Lanka to the Middle East were women, most of whom were domestic workers.[72] The ILO estimates that in 2003 there were 200,000 foreign domestic workers in Hong Kong (SAR) and 155,000 in Malaysia.[73] Saudi Arabia hosts at least one million women working in low-level occupations who come from Indonesia, the Philippines and Sri Lanka—the great majority domestic workers.[74] In 2003, the United Arab Emirates (UAE) granted an average of 300 visas every day—mostly for women travelling from South and South-East Asia—with an average of three domestic workers per UAE household.[75] In Singapore, one in every seven households employs a live-in migrant worker.[76]

In Latin America, women from poorer countries (Bolivia, Paraguay and Peru) often go to work in the homes of families living in better-off neighbouring countries (such as Argentina and Chile). Domestic workers represent up to 60 per cent of *all* internal and international migrants from Latin America—with many bound for Europe and North America.[77] In Spain, 70 per cent of working migrant women—mostly from South America—arrive to fill domestic and caretaking positions.[78] Women from sub-Saharan Africa have also entered this global market: These include Ethiopians bound for Lebanon and Cape Verdeans and Ethiopians headed for Italy.[79]

HIDDEN AT HOME, LACKING PROTECTION

As the ILO states, "domestic workers experience a degree of vulnerability that is unparalleled to that of other workers".[80] The fact that domestic work takes place in the private sphere is what makes workers especially vulnerable

to exploitation. Many remain outside the protection of labour legislation, leaving them little recourse in cases of abuse, non-payment or the arbitrary withholding of wages. One ILO study undertaken in 65 countries revealed that only 19 countries had specific laws or regulations dealing with domestic work.[81]

Migrant domestic workers are often isolated from other employees, friends or family. Many cannot communicate in the language of the host country, are undocumented or lack adequate contracts. Even when documented, their status might be contingent on their employer—again, leaving them vulnerable to exploitation. Under the sponsorship *(kafala)* system in countries of the Gulf Cooperation Council (GCC), for example, employers hold passports and all official documents until the date of departure, rendering the domestic worker completely dependent.[82] In addition, in some Arab and Asian countries, domestic workers are indebted to labour agencies for the costs of recruitment, travel and processing fees. These agencies often withhold payment for several months following arrival. If domestic workers break their contract—even in cases of abuse—they are often forced to forfeit their paycheque and, for those who can afford it, pay their own airfare home.[83] Others have no option but to run away and become undocumented migrants.

Most domestic workers who suffer severe human rights violations remain with their employers for fear of deportation or loss of legal status. They fear losing the jobs that sustain their families at home and worry that employers and recruitment agents will "blacklist" them from future employment.

ABUSE BY EMPLOYERS

Employers have been accused of psychological abuse; physical assault and battery; sexual violence; limiting freedom of movement by withholding passports or forbidding employees to leave the house; prohibiting communication with strangers or neighbours; imposing extremely long working hours (14 to 19 hours per day with no rest days);

"I was not allowed to go outside….I felt like I was in jail. It was truly imprisonment…. I could only see the outside world when I hung clothes to dry."

—Domestic worker in Singapore

withholding pay; offering only low wages; and denying privacy and access to medical facilities.

The most extreme forms of exploitation and abuse have resulted in severe injury and even death. The ILO charges that "(m)any, including migrant workers from Sri Lanka, Philippines and Indonesia, have died in unclear circumstances".[84] In Singapore, between 1999 and 2005, an estimated 147 domestic workers died—most by falling out of buildings or committing suicide.[85] In 2004, the Asia Pacific Forum on Women, Law and Development (APWLD) reported on cases of violent assaults and deaths of domestic workers in Lebanon, Kuwait, Malaysia and Saudi Arabia.[86] In the latter, some 19,000 domestic workers fled from their employers in 2000.[87] In 2005, an NGO in Israel, Kav La'Oved, testified in the case of a Moldovan caregiver who was physically assaulted when she tried to a take a day off and threatened with further violence when she demanded full pay for her services.[88] Various organizations have documented abuse in other countries that receive large numbers of foreign domestic workers.[89] In 2005, Global Rights and the American Civil Liberties Union reported abuses involving UN diplomats and staff.[90] Among their recommendations, the reiteration of the *Special Rapporteur on the Human Rights of Migrants* calls for countries to review their visa sponsorship systems.[91] Abusive employers are rarely prosecuted and convicted—although in Hong Kong (SAR) and Singapore several cases of severe ill treatment have made it to court.[92]

HEALTH CARE, REPRODUCTIVE RIGHTS AND THE RISK OF HIV

Domestic migrant workers face an increased risk of HIV infection and are vulnerable to violations of their reproductive rights. For example, in Sri Lanka, where migrants often undergo testing, almost half of all reported HIV cases occurred among domestic workers who had returned from the Middle East.[93] In a 2002 survey of domestic workers in Hong Kong (SAR), interviewees reported various sexual

and reproductive health problems that revealed limited access to health information and services, as well as the stigma attached to seeking them. These included genito-urinary infections (44 per cent), pelvic inflammatory disorder (17 per cent), unintended pregnancy (13 per cent) and abortion (10 per cent).[94] *The Special Rapporteur on the Human Rights of Migrants* states that some employers prevent domestic workers from seeing a doctor when they are ill. Others have domestic workers tested for HIV without their consent and then fire them if tests turn out positive.[95]

In Singapore, immigration policies prohibit the marriage of foreign domestic workers to citizens. Female domestic workers are also obliged to undergo medical exams every six months, including pregnancy and HIV tests, whereas other foreign workers do so only once every two years. Those who are pregnant often face dismissal and deportation.[96]

A 2003 Saudi Arabia Ministry of Health directive prohibits pregnant domestic workers from accessing health services unless accompanied by the father. This puts women whose husbands are abroad, or those who have become pregnant as a result of rape, in a very precarious situation. Many are reluctant to seek maternal health services altogether. Women who are unaccompanied by the

Young domestic workers in Hong Kong (SAR), China, on their day off, having their photos taken against exotic an backdrop in a corner of Victoria Park in Causeway Bay, the district in which they gather every Sunday.
© Mark Henley/Panos Pictures

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fathers and in need of emergency care are required to be held in "specially designated rooms" to prevent escape.[97]

UNREGULATED RECRUITMENT AGENCIES

Recruitment agencies are springing up as fast as demand. Singapore and the Philippines, for example, are home to an astounding 600 and 1,000 agencies (respectively) devoted to the recruitment or deployment of overseas workers, many of whom are domestic workers.[98] The Indonesian Government has registered approximately 400 agencies that recruit mainly women from rural villages.[99] But in many countries, agencies too often remain outside the purview of regulations and national laws.

A number of otherwise credible recruiting agencies discriminate against women migrants or practice extortion. A year 2000 survey of Ethiopian domestic workers revealed that they would pay recruiters up to US$1,186 for a job in Dubai when the average GDP per capita in their home country was only US$130.[100] Reports from other countries also indicate that many domestic workers work months without a salary in order to pay fees.[101]

Contracts between recruitment agencies and employers sometimes include penalties should workers leave employment prematurely—one reason why many remain in abusive situations.[102] In Singapore, employers are required to pay a hefty security bond that they forfeit if a domestic worker runs away, a major factor behind the close surveillance of household employees.[103] Human Rights Watch maintains that some recruitment organizations often perpetuate abuse or fail to protect domestic workers at risk. In one case, domestic workers in Kuala Lumpur, Malaysia, reported that when they sought help from their recruitment agency, they were verbally abused, slapped, blamed and encouraged to return to abusive situations.[104] In Singapore, several recruitment agencies were found to be negligent when abused domestic workers turned to them for assistance. Domestic workers in Malaysia and Singapore also report abuse during their recruitment and stay in pre-departure training centres.

Domestic work should be valued and treated like any other job, with proper laws and regulations.

Workers are sometimes confined for months at a time in cramped quarters with little food and are threatened with physical and sexual assault.[105]

PROTECTING RIGHTS: ENCOURAGING DEVELOPMENTS

Domestic work should be valued and treated like any other job, with proper laws and regulations. As the *Special Rapporteur on the Human Rights of Migrants* noted in 2004, domestic work should be regarded as "a worthy occupation".[106] Recommended measures include bilateral labour agreements between sending and receiving countries that protect workers' rights through recruitment, training and job placement. They should also include standard contracts specifying hours of work and rest; payment and compensation for injuries; safeguards to freedom of association; movement and religion; the right to health; and the right to vote in country-of-origin elections. Recruitment agencies should be monitored, detention and training facilities inspected and complaint mechanisms established for domestic workers who suffer violence.[107] Orientation sessions for migrant women prior to departure from their home countries should cover information regarding logistical, health and human rights issues. Experts have found that migrant women who receive pre-departure information are more likely to avoid abusive situations.[108]

Measures to assist domestic workers include emergency hotlines, temporary shelters and effective complaint and prosecution mechanisms for employer and labour agency violations. Allowing domestic workers to switch employers without penalty or loss of legal status in the event of insurmountable problems or abuse is especially critical.

Various governments and civil society organizations are working to improve the human rights and treatment of domestic workers. The Hong Kong (SAR) labour laws guarantee a minimum wage, maternity leave, a weekly day off, public holidays and paid vacation time.[109] The governments of Malaysia and the Philippines have negotiated a standard contract for Filipina domestic workers covering similar protections.[110] In 2003, with UNIFEM

assistance, Jordan developed a mandatory contract that also requires employers to pay travel and related recruitment costs. Recruitment agencies that fail to satisfy these minimum standards can lose their licenses or face fines. In addition, a new law enables the Ministry of Labour to oversee agencies and to monitor compliance with regulations and human rights protections.[111]

Singapore raised the legal age for domestic workers to 23; increased prosecutions; established an obligatory orientation programme for domestic workers and employers; provides a telephone information service that instructs workers of their rights and procedures for changing employers; and is developing an accreditation system to regulate recruitment agencies.[112] Turkey recently introduced permits for foreign workers that are not tied to a specific employer. This makes it easier for domestic workers to leave exploitative and violent households.[113]

Ensuring that domestic workers have recourse to assistance and justice is critically important. In 2003, Bahrain launched a national plan to support abused foreign workers that also provides for a telephone hotline and shelters.[114] The embassies of Indonesia, the Philippines and Sri Lanka all maintain mechanisms for fielding and addressing labour complaints, including offering assistance to secure legal advice and medical care.[115] Hong Kong (SAR) and Italy both allow women domestic workers to organize into migrant unions. This affords them labour protection and an organized base from which to fight for their rights.[116]

In recent decades, national, regional and international networks of civil society organizations working towards the human rights of domestic workers have also emerged in various parts of the world (see also Chapter 5). The Coordination of Action Research on AIDS and Mobility (CARAM) works in the Asia region to empower migrant workers. In 2002, representatives of domestic workers, trade unions, governments, NGOs and international organizations from 24 countries endorsed

the Colombo Declaration of the Regional Summit on Foreign Migrant Domestic Workers. As a follow-up, CARAM launched a two-year domestic workers campaign. Its aim is to disseminate information about human rights and health issues, strengthen legal protections and increase access to sexual and reproductive health services.[117] CARAM and its partner NGOs have also recently called for immediate action to address vulnerability to HIV amongst mobile populations, including the elimination of mandatory HIV testing and deportation and the protection of the rights of HIV-positive migrants to health care and treatment.[118]

In Europe, the RESPECT network of migrant domestic workers campaigns for the rights of women and men working in EU households.[119] In Costa Rica, the Household Worker's Association (ASTRADOMES)—an affiliate of the Latin American and Caribbean Female Household Workers Confederation—provides migrant domestic workers with support services, including legal and social guidance, shelters, and access to sexual and reproductive health services.[120] In the United States, the "Break the Chain Campaign" brings together a coalition of concerned organizations fighting for the rights of trafficking victims and exploited domestic workers who have been "enslaved in the homes they clean".[121]

* * *

Today, the world has an opportunity to right the wrongs of "migration gone bad" and assist some of the world's most marginalized and exploited workers: trafficking victims and migrant domestic workers. To do so, however, will require multi-lateral, global, regional and national efforts to implement and enforce international and national human rights standards relating to migration. Only then will the world put a halt to some of the most egregious and hidden human right abuses ever perpetrated. Slavery is alive and well in the 21st century. The battle to end it must be decisive.

By Force, Not by Choice:
Refugee Women and Asylum-Seekers

4

With a faint voice and half-closed eyes, Hajja tells her story: Five months ago, when she was four months pregnant, she fled her village to seek refuge from a conflict that is still tearing apart the lives of countless people living in Darfur, Sudan. She, her husband and their seven children made the 55 kilometre trek under the scorching desert sun before reaching Kalma camp—a safe haven that huddles along the train tracks near the Chad/Sudan border. They left behind their home, their friends and a life to which they may never be able to return.

Home to over 100,000 internally displaced persons (IDPs), Kalma is the largest camp operating in Darfur. Many of its residents will eventually seek safety in other countries on other continents. But on 10 May, 2005, Hajji gave birth to a beautiful and healthy baby at an UNFPA-supported women's clinic run by the Médecins du Monde. Her name is "Hope" and it is a moniker that serves as both an invocation for the future and testimony to all that her family has lost. Hope is also what enables millions of women, men and children to flee conflict, persecution and human rights abuses—despite hardship, uncertainty, fear and violence. But it is force, not choice, that compels so many to abandon their families, homes, communities and the very countries in which they were born.

Although forced displacement entails risks for everyone who attempts it, women and girls face particular challenges—during flight, through temporary refuge and in final settlement. In 2005, there were approximately 12.7 million refugees in the world, roughly half of them women, and 773,500 individuals seeking asylum globally.[1] As well as risks and hazards, however, flight offers refugees an opportunity to escape exploitation, discrimination and persecution. The breakdown of society can also afford an opportunity to rebuild anew on a foundation of equality and respect for human rights. Following the end of hostilities, women refugees play a critical role in building a lasting peace and restoring social and economic order.[2] For many refugee women, reconstruction can offer an escape from discrimination and the opportunity to exercise new-found autonomy. For many, however, it does not.

Women and girls face many dangers and obstacles throughout the entire refugee experience. When schools and medical facilities close, jobs are lost and

◀ *At a Tehran, Islamic Republic of Iran, bus station, Afghan immigrants who fled during the Taliban years are returning to Afghanistan by bus. After five years in exile, they are anxious to go home.*
© Alexandra Boulat/VII

armed groups seize control, it is largely women and girls who assume care for children, the infirm and the elderly. Many must contend with unwanted and forced pregnancies and have special needs relating to sexual and reproductive health issues. They also often bear a disproportionate share of responsibilities and burdens. Certain groups of women—such as those who head households, ex-combatants, the elderly, the disabled, widows, young mothers and unaccompanied adolescent girls—are more vulnerable and require special protection and support. Although women make up a higher proportion of elderly refugees, their particular needs are often neglected.[3] Many are also widowed and care for orphaned or separated children.

Expanded Protections and Recognition

After many years of ignoring the differing needs, roles and experiences of women and men, the international community is making important strides towards protecting refugee women and girls and advancing their rights.

The 1951 *UN Convention Relating to the Status of Refugees* and its 1967 *Protocol* defines refugees as those who are outside their country of nationality "owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion".[4] Under international humanitarian law, governments are bound to protect refugees from violence and to safeguard their rights, including rights to education, work, freedom of movement and

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14 **GROUNDS FOR ASYLUM: RECOGNIZING GENDER-BASED PERSECUTION**

Today, too many women still face considerable obstacles in their attempts to present claims of persecution—a major reason why, unlike refugees, they are usually underrepresented among asylum-seekers. For historical reasons, and because exclusively male delegations did not consider that persecution could be based on gender, the 1951 *Refugee Convention* and its 1967 *Protocol* did not specifically recognize it as a valid reason to claim refugee status.[1]

In 2002, UNHCR released a set of international guidelines affirming that the international definition of refugees "covers gender-related claims".[2] These include forms of persecution that are particular to women, or that primarily affect women, or occur because they are women—such as severe forms of gender discrimination (i.e., Afghan women under the Taliban).[3] Gender-related asylum claims can include sexual violence, domestic violence, trafficking, coerced family planning, forced abortion, female genital mutilation/cutting (FGM/C) honour killings, forced marriage, punishment for going against social mores and discrimination against same-sex partners.[4]

In all cases, individuals seeking gender-related asylum need to satisfy the eligibility criteria for refugee status as defined by the Convention.

Despite these and other developments, officials tend to favour a narrow definition of what constitutes a refugee. This means they are sometimes reluctant to recognize gender-related persecution as grounds for asylum—especially that perpetrated by private citizens and where the state is unable to provide protection.[5] Some argue that violence against women is of too personal a nature to amount to persecution; others fear that all applicants seeking asylum on the basis of discrimination or assault would have to be approved if women were considered a "particular social group". Experience in Canada and the US, however, has proven that this is not the case.[6]

In 1993, Canada was the first country in the world to adopt guidelines that define women as a "particular social group" as put forth by the 1951 Convention. This laid the foundation for gender guidelines in other countries, including Australia, South Africa, the UK

and the US.[7] In 1995, the United States Government granted asylum to a woman fleeing FGM/C. It was an important precedent, and the Government subsequently granted asylum on the basis of honour killings and forced marriage.

In 2004, the European Council adopted a directive that, among other issues, recognized child- and gender-specific forms of persecution, including sexual violence. This statute, applicable to nearly all EU Member States, calls for countries to comply by passing and enforcing domestic legislation by October 2006.[8] Although the EU's goal is to establish a common asylum system for all members by 2010, each country currently maintains its own policies. For example, 17 of 41 European countries surveyed during a 2004 UNHCR study recognize sexual violence explicitly as a form of persecution, but the rest had not. Just over half acknowledge that discrimination can constitute a form of persecution while three quarters do not recognize sexual exploitation or forced prostitution in their asylum procedures. Two thirds, however, recognize non-state agents of persecution.[9]

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of religion.[5] They are also bound by the principle of *non-refoulement*—whereby refugees cannot be forced to return to their country of origin if they have a reasonable fear that doing so will endanger their lives.

Today, various international agreements focus on empowering and protecting women. In 1991, the United Nations High Commissioner for Refugees (UNHCR) issued *Guidelines on the Protection of Refugee Women*. These were established to better address the needs of refugee women and enhance their involvement in decision-making. Guidelines on sexual and gender-based violence issued in 2003 provide additional measures to ensure protection and support survivors.[6] Humanitarian relief agencies have made considerable progress by making

reproductive health services more widely available, addressing gender-based violence, increasing the enrolment of girls in schools and involving women refugees in camp management.[7]

In recent years, the international community has also undertaken important initiatives designed to protect women from rape during and after conflict, and bring perpetrators to justice.[8] Among the most significant, is the *Rome Statute of the International Criminal Court* (ICC), which defines sexual violence as a war crime—a precedent established by international criminal tribunals in Rwanda and the former Yugoslavia.[9] UN Security Council resolutions passed between 1999 and 2003 to protect children during armed conflict also note the

The UK stands out as one of the most progressive European countries when it comes to policies that protect female asylum-seekers. In addition to the 2004 release of *Gender Issues in the Asylum Claim*, case law recognizes the role of non-state armed groups in fomenting sexual violence.[10] However, even in countries with more progressive policies, application can be inconsistent.[11] The consolidation of EU asylum policies offers an opportunity to strengthen and standardize guidelines for female asylum-seekers.

Nonetheless, men are more likely to apply and be granted asylum than women. In 2000, women accounted for only 33 per cent of asylum applications in Canada,[12] and in 2002, roughly one third in Europe.[13] This is because women are usually not the primary applicants (male relatives are); gendered reasons may make case presentation more difficult (i.e., shame regarding painful experiences of rape or torture, and embarrassment over relaying personal information to male interviewers). Other issues include the fact that women are more likely to be interviewed alongside spouses or other intimate partners when they are not the

primary applicant—even when they have borne the brunt of persecution. This is sometimes compounded by interviewer ignorance of how cultural differences regarding female demeanor can influence the interview outcome (for example, reluctance to establish eye contact).[14]

In addition, some national asylum guidelines are more likely to recognize those persecuted by the state (more often men) than victims of non-state persecution (more often women, who are more likely to be threatened by members of their family or community— such as in cases of "honour killings", FGM/C or violent spouses).[15] Even when women are politically active, their involvement is usually "low-level" and not as high profile as men's. Much of it is undertaken from the home, which means evidence for the claim can be harder to gather. Thus, female asylum-seekers may challenge conventional notions of politically based persecution, and are therefore more likely to face barriers when filing a claim.[16]

Failure to recognize gender-related claims—beyond perpetuating uncertainty and fear of being deported back to a

threatening situation—has also been linked to irregular migration and higher risks of exploitation. Some women with legitimate claims may opt out of the process altogether and become undocumented migrants instead. And since many countries bar asylum-seekers from legally working, this means many women are forced to take whatever jobs are available—even though this might increase the risk of being exploited and/or trafficked.[17]

Though policies and practices remain inconsistent and vary from country to country, some good practices have emerged for others to draw from. These include gender-sensitive and cross-cultural training that targets officials and includes informing female asylum-seekers of their rights—such as the right to be interviewed separately and confidentially and to register claims independently. UNHCR recommends that a same-sex interviewer be assigned to speak to women apart from other family members in order to allow greater privacy and freedom of expression.[18]

needs and vulnerabilities of girls and condemn sexual violence during peacekeeping operations.[10]

Throughout the UN conferences of the 1990s, governments agreed to provide special protection and meet the needs of refugee women. These agreements include the 1994 *International Programme of Action on Population and Development* and the 1995 *Beijing Declaration and Platform for Action.* In 2000, the UN Security Council passed Resolution 1325, a landmark decision mandating the participation of women in the peace process and calling for protection and support for women living amid armed conflict.[11] The 2005 *World Summit Outcome Document,* adopted by heads of state and governments, reiterated the importance of implementing UN Security Council Resolution 1325.[12]

LIFE IN THE CAMPS

Refugees often wind up living in a variety of temporary arrangements. In some cases, they stay with host families or settle in urban areas. For most, however, life continues on in camps. While some provide refuge for a few thousand, others hold far more. (In 2003, Afghans living in Pakistani camps numbered over one million.[13]) And while some refugees remain for only a few months, protracted instability in the country of origin means that this is the exception. As of 2003, the average duration of years spent in a refugee camp was 17 years.[14] A number of Palestinian camps were established as early as 1948 and 1967.[15]

Many refugees arrive at their destinations exhausted, ill and traumatized. Before their arrival, they have often witnessed, if not experienced directly, extreme violence. Even while in the camp, refugees may get caught in fighting between factions, clans or nationalities, and be vulnerable to cross-border attacks. Ethnic or religious differences with the host community can fuel resentment.

Especially at the outset of an emergency, shelter, water, food, medicine and health services may be insufficient for the number of people seeking refuge. Education for children is a major concern: Only 3 per cent of the estimated 1.5 million refugee adolescents in developing countries between the ages of 12 and 17 were attending secondary school based on year 2000 estimates.[16] Girls face particular barriers. This is because

women and girls usually spend more time doing domestic work, such as gathering food, fuel and water, instead of going to school or earning an income.[17] In response, more and more educational programmes are specifically targeting girls to ensure they complete their education. For young mothers this can be particularly tough. In 2003 and 2004, UNHCR and the US Embassy paid the tuition fees of young Angolan refugee mothers in the Meheba camp in Zambia. The girls were also offered childcare and the support of older women mentors.[18]

Among some refugee groups, traditional cultural norms can become more entrenched as a result of displacement. This can lead to even more limitations on female autonomy. Afghan refugees in Pakistan, for example, adopted a more extreme form of *purdah* (the separation of men and women) during displacement that the Taliban then strictly enforced when they returned to Afghanistan.[19] Nevertheless, the active participation of communities and women themselves can help overcome discriminatory attitudes. Particularly vital is to ensure that women, especially heads of households, have access to educational and livelihood opportunities. In Pakistan, Save the Children offers a health and literacy programme for Afghan refugee women living in remote provinces. The German Development Organization (GTZ) has offered literacy courses for the past 18 years in many of the 250 refugee camps it has supported.[20] In Liberia, in 2002, UNHCR provided literacy training for a group of women who would then go on to teach other women. The organization also supported livelihood programmes: In one project, 80 per cent of the 339 refugees receiving skills and income-generating training were women and adolescent girls.[21]

In Ghana's Buduburam camp, Unite for Sight established a unique programme that provides economic alternatives for female Liberian refugees so destitute that they were often forced to trade sex for food.[22] There, female heads of household produce hand-made eyeglass cases for sale on the world market. All proceeds go to fund an eye care clinic for the camp's refugees.[23] Another UNHCR programme provides a small monthly stipend and medical care to registered Congolese refugees living in Kampala, Uganda. These programmes also help send

displaced children to school. Most urban refugees in Kampala are widows with three or more children.[24]

Violence Against Women and Girls

Violence is a reality of camp life. Women and girls are at particular risk when they go outside the camp perimeters to collect firewood, water and other scarce resources. Between 1996 and 1997, in the Dadaab camps in northeast Kenya, approximately 90 per cent of reported rapes occurred while Somali women were out gathering firewood or tending livestock.[25] In the late 1990s, Ethiopian women reported being fearful of collecting firewood owing to local hostility fuelled by competition for scarce resources.[26] In 2001, women living in Zambian camps revealed that it was not uncommon to trade sex for fish—a sought-after staple food.[27] Poorly designed settlements can add to the risk. In some cases, latrines and showers are built along the edge of the camps. Women and girls will often avoid them altogether for fear of rape.

◀ *A Borena, Ethiopian, woman ties a freshly chopped bundle of firewood onto her back near the roadside settlement where she and her five children now live, some 20 km from the southern town of Moyale on the Ethiopia-Kenya border.*
© Indrias Getachew/UNICEF

High unemployment, stress and frustration among male refugees can also lead to increased domestic violence. In 2001, in six camps in Guinea, five times the number of domestic violence cases were reported as compared to rape cases.[28] Furthermore, some men may feel resentful over being excluded from projects that focus primarily on women and young people.[29]

Adolescent girls and young women are at particular risk. Armed groups often prowl the camps in search of children to abduct and recruit as combatants and, if girls, as sexual slaves, cooks and cleaners. Near northern Uganda, aid workers report that girls are ingratiating themselves with camp middlemen in order to avoid being passed on to armed groups.[30] In eastern Chad, Sudanese girls charge that locals attack and rape them whenever they try to gather firewood.[31] Community members, families and peers can also pose a threat. Relatives sometimes force girls into early marriage in exchange for money or as a means of securing their own physical safety.[32]

Even protectors have been exposed as abusers. In 2002, the international community learned that young women were being exploited in West Africa's refugee camps. What was really shocking was that it was at the hands of UN and NGO relief staff, as well as international peacekeepers—the very individuals tasked to protect them. Investigators found that staff were bartering humanitarian supplies and services—such as wheat, plastic sheeting, medicine, ration cards and education courses—in exchange for sex, most often with girls between the ages of 13 and 18.[33] Victims included separated children, child heads of household and children in foster care or those living with relatives. Nearly all were young women and girls, and while experts believe young boys were also victimized, tremendous stigma prevented any discussion of the matter.[34] This prompted the UN General Assembly in 2003 to adopt a resolution calling for an investigation.[35] The UN Secretary-General followed up with a bulletin issued that same year urging the

international community to step up measures aimed at preventing sexual exploitation and abuse and requiring UN staff and non-UN collaborating entities to comply with international humanitarian law.[36] It also called on UN staff to report any concern or suspicion of sexual exploitation or abuse. The Secretary-General's policy of zero tolerance has reinvigorated efforts and led to the establishment of peacekeeping conduct and discipline units. Investigations of personnel have also resulted in a number of dismissals. By early 2006, between 70 and 90 per cent of civilian police and military personnel also received training on the topic.[37]

Survivors of gender-based violence may face long-term injury, unwanted pregnancies, sexual dysfunction, post-traumatic stress disorders and STIs, including HIV/AIDS. In Sierra Leone, it is estimated that 70 to 90 per cent of survivors raped during the 1991 to 2002 war contracted STIs, including HIV/AIDS.[38] In March 2006, UNHCR reported that fully two thirds of the Sudanese women refugees who were being treated in the Abeche Regional Hospital in Chad had been raped. The youngest victim was only ten years old.[39] UNFPA and UNHCR are supporting the hospital to treat women suffering from fistula, which is caused by obstructed labour or extreme sexual violence. Because women are too ashamed to report rape and seek assistance, UNHCR has been working to establish a referral system that coordinates medical and legal assistance.[40] Personnel with the International Medical Corps are also consulting with older women and traditional leaders to discuss post-rape trauma followed by culturally sensitive counselling sessions targeting the entire family.[41] Building on a pilot project for rape survivors in the United Republic of Tanzania, UNFPA and UNHCR trained camp health-care providers in Kenya and Uganda in 2005 on clinical management and post-exposure prophylaxis (to diminish the risks of HIV infection).[42]

With support from the Reproductive Health in Conflict Response Consortium, refugee women living in Thailand have developed a guide to assist survivors of gender-based violence. The guide sets standards of care, including those related to health care, counselling, advocacy and case management.[43] In Sierra Leone's Kono district, where refugees have begun to return home, UNHCR and

the International Rescue Committee (IRC) have helped establish women-led community centres that, among other things, offer tips on how to avoid and respond to gender-based violence. Women, men and youth have come together to establish action groups designed to raise awareness and provide an opportunity to discuss related issues. The initiative is part of a larger community empowerment initiative led by the Government, UNHCR and other implementing partners.[44]

In Burundi, UNHCR provides firewood and has installed mills within the camps. Camp security forces now include women.[45] In addition, over 70 older refugee women were appointed to serve as *mères volontaires* (volunteer mothers) to identify, assist and care for young rape victims. They have, in turn, recruited older men to act as *pères volontaires*, because men can play a key role when it comes to preventing sexual violence.[46] Elders are also active in Kenya, where they were organized into anti-rape committees in order to discourage attacks on Somali women and girls. Elders embarked on several practical measures—including planting special thorn bushes around the camps in a bid to discourage would-be human predators.[47]

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15 RE-VICTIMIZING WOMEN AND CHILDREN: TRAFFICKING IN REFUGEES

Refugee and displaced women and children are especially vulnerable to trafficking. During the 1990s Tajikistan conflict and its aftermath, displaced women and children were trafficked for sexual exploitation in countries of Eastern and Western Europe and the Persian Gulf.[1]

In Southern Africa, refugees are both the traffickers and the trafficked. The IOM reports that male refugees often recruit their own relatives from their country of origin. In many cases, women and children are forced into sex work with all profits going to family members. Some traffickers assist their victims to apply for refugee status in order to prevent deportation and, thus, protect their "investment".[2]

Strict or inadequate asylum policies can make refugees even more vulnerable. In Thailand, displaced Burmese asylum seekers denied refugee status are often forced "underground", where they are more likely to be trafficked and enslaved.[3]

Women are also playing an important security role elsewhere. For example, UNHCR has trained 90 Ugandan police officers, including 25 women, to work with Congolese refugees. Police officers took turns playing survivors reporting rape. The aim was to improve interview skills, learn how to collect forensic evidence, acquire information on referral services and learn about Uganda's laws involving gender-based violence.[48]

Reproductive Health, Including HIV Prevention

Recent reports by researchers and humanitarian relief organizations indicate that women living in camps may actually benefit from better access to reproductive health services, including family planning, than women in the host country or in their country of origin.[49] Refugee populations often have a lower incidence of pregnancy-related problems than women living in the host community and origin countries. This is largely owing to improved access to health care in camp settings.[50] A 2004 global evaluation of 8.5 million displaced people found that almost all camps offered at least one family planning method, including oral contraceptives (96 per cent) and condoms (95 per cent). In addition, HIV prevention education was offered in 89 per cent of the sites, and diagnosis and treatment of STIs was available in 84 per cent of the sites.[51] Similarly, efforts to raise awareness of HIV/AIDS and other STIs are making an impact in some areas. In Kenya, refugees actually knew significantly *more* about preventing HIV than counterparts in their host community or their compatriots in southern Sudan: 72 per cent of the camp refugees knew about the three main methods of HIV prevention, compared to only 32 per cent of the local population.[52]

However, despite progress, displacement can, and still does, undermine reproductive health and rights—fundamental needs already in jeopardy in many situations. This is a serious issue owing to the fact that an estimated 25 per cent of refugee women of reproductive age will be pregnant at any one time.[53] Without access to reproduc-

Displacement can undermine reproductive health and rights—a serious issue given the fact that an estimated 25 per cent of refugee women of reproductive age will be pregnant at any one time.

tive health services, pregnancy and delivery-related complications can lead to maternal and infant mortality, low birth weight and other negative outcomes. Unprotected sex and teenage pregnancies are also common in refugee camps. Adolescents face particularly high risks of death during childbirth: In war-torn Southern Sudan, girls were found to be more likely to die in pregnancy and childbirth than finish primary school.[54]

Flight and displacement can lead to higher STI rates and HIV prevalence. Sex work, sexual exploitation and trafficking can increase transmission rates. This is perhaps best exemplified by the ongoing war in the Democratic Republic of the Congo (DRC). Before hostilities erupted in 1997, 5 per cent of the population was HIV positive. In 2002, that number had climbed to 20 per cent in the eastern parts of the country where conflict was most intense.[55] In other cases, prolonged crises may serve to temporarily slow the spread of HIV by isolating populations and disrupting transportation routes and rural-to-urban migration. This was the case of conflicts lasting many years in Angola, Sierra Leona and Southern Sudan, where HIV prevalence rates were found to be lower than those in neighbouring countries.[56] Once stability is restored, however, and people are again able to move freely, countries risk a post-conflict surge in HIV prevalence if prevention programmes are not forthcoming.

The international community is continuing to step up efforts. Today, many refugees are increasingly benefiting from reproductive health programmes. In 2005, UNFPA provided support in Benin and Ghana for refugees fleeing unrest in Togo—including supplementary food and immunization services to pregnant women and children, maternity health kits, male and female condoms, treatment for sexually transmitted infections, insect-treated mosquito nets and soap.[57] In the Sherkole camp for Sudanese refugees in Ethiopia, UNFPA supports the IRC in mobilizing elders, women's groups and other community leaders to raise awareness of family planning, maternal and child health and formulate strategies to change harmful practices.[58] In

the Islamic Republic of Iran, UNICEF and WHO have supported the Assisting Marsh Arabs and Refugees (AMAR) International Charitable Foundation to train more than 100 female health volunteers to reach out to Iraqis living in refugee camps, as well as Afghan refugees in urban areas. The aim is to provide information on maternal health care, immunization and family planning.[59]

In Yemen, Marie Stopes International (MSI) has run reproductive health centres for Somali refugees and the local population since 1998. UNFPA and UNHCR-supported health education sessions have reached thousands of refugees.[60] Similarly, in the Yarenja camp for Sudanese refugees in Ethiopia, IRC and UNFPA-supported Anti-HIV/AIDS and Reproductive Health Clubs report at least 55 per cent of refugees aged 14 to 45 now know how to prevent STIs, including HIV. Girls clubs were particularly effective.[61]

Repatriation, Integration and Resettlement

Refugees usually have three "durable solutions" available to them: voluntary repatriation to their country of origin; local integration in the country of asylum; or resettling in a third country.[62] As mentioned before, however, many refugees end up living in camps for many years, with limited prospects of securing any of the aforementioned solutions.

International organizations, notably UNHCR and IOM, coordinate repatriation and offer medical services. They also accompany the most vulnerable refugees. Host governments often favour repatriation and overlook the possibility of local integration owing to restrictions on the numbers of refugees—even though it offers a practical short- and long-term solution. This is especially the case where prolonged instability in countries of origin make it impossible to return.[63] Papua New Guinea—along

▲ Children queue, hoping that water will finally arrive at a low pressure tap, so they can fill their jerrycans in a refugee camp on the Democratic Republic of the Congo, Burundi, Rwanda border.
© Ian Berry/Magnum Photos

with Belize, Mexico and Uganda—are among the few exceptions.[64] In 2005, Papua New Guinea granted 184 refugees from Indonesia residency permits only one year after their arrival. Furthermore, the Government made permits available to both men and women in an explicit recognition of equal rights and its commitment to gender equality.[65]

While for many years only a few countries offered refugees the option of resettling to a third country, more are now providing this alternative.[66] Today, UNHCR is attempting to prioritize female-headed households and victims of gender-based violence.[67] In 2004, the Guinea office of UNHCR made a special attempt to include more women when it submitted 2,500 names to the US Refugee Program.[68] Brazil has also started welcoming more female-headed families. Upon arrival, they are offered language courses, job training, employment assistance, microcredit, and childcare.[69]

Facilitating the social, cultural and economic integration of refugee women, however, can be challenging. Many female refugees are weighted down with domestic duties and childcare. Male family members may object when women work outside the home. Isolation and lack of familiarity with the host society can lead to depression. To address this need, the Canadian Council for Refugees holds weekly group meetings for women refugees and provides childcare during the sessions. Organizers

encourage women to lean on each other for mutual support and become more independent.[70]

Immigrant-to-immigrant programmes can be especially helpful for new arrivals. In Australia, women immigrants from the Cook Islands are reaching out to newly arrived refugees from the Horn of Africa.[71] Elsewhere, various efforts are now under way to expand access to health care and to overcome the sociocultural and linguistic barriers that can keep many from seeking services. In Canada, where efforts are ongoing to integrate refugees into the existing health-care system, more experienced former refugee women are assisting newcomers to access health, social and education assistance.[72] In Austria, the Omega Health Care Center provides psychological and social counselling, as well as medical care, to refugees and other victims of torture, with attention to gender issues.[73] In the US, the non-profit organization RAINBO works with refugee communities to raise awareness of sexual and reproductive health concerns, with an emphasis on female genital mutilation/cutting (FGM/C). It also works with health providers to improve quality of care for women who have undergone the practice.[74]

Despite progress, challenges remain, much as they do for migrant women generally. This reflects the situation in many host countries—mixed progress, and significant gaps between policy and implementation.

5 Safeguarding Human Rights, Embracing Cultural Diversity

Despite considerable promise, international migration also poses some major dilemmas—whether arising out of security, economic, demographic, patriotic, social, cultural or human rights concerns. Nonetheless, international migration is here to stay: There is no indication that humankind—on the move since its early history—will refrain from seizing the opportunities that an increasingly interconnected world of expanding prospects has to offer. Migration will endure for at least as long as poverty and inequality affect a huge swath of humanity. The real challenge is how best to expand the positive contributions of international migration—especially when it comes to poverty reduction and development—while mitigating the risks for all involved.[1]

At the dawn of the 21st century, the global community has come a long way towards understanding how such tensions can be managed—and that is through international collaboration and the respect and promotion of human rights. One of the major achievements of the 20th century[2] is the development of an international human rights system that champions human dignity and the basic needs to which all human beings are entitled—regardless of their national origins. The birth of this legacy stems from the very founding of the United Nations, which today encompasses a community of 191 nations entrusted with seeking dignified solutions to the challenges of living in a globalized world.

The effective management of international migration requires global, regional and bilateral cooperation. In recent years, inter-governmental dialogue has intensified.[3] Building on the momentum of recent high-level commitments, the year 2006 is a significant one for international migration and global policy-making, which will culminate at the High-Level Dialogue on International Migration and Development. This is where the challenge lies: Will governments, parliamentarians, employers and civil society fulfil the promise of human rights made to the world's nearly 200 million international migrants? The world will be watching.

Protecting the Human Rights of Migrants

At the global level, governments have consistently reaffirmed the human rights of migrants and their families. World leaders at both historic summits—the 2000 UN

◀ *A couple walk along a railway track on their way to work in a factory. Many factories in the town operate as 'maquiladoras', multinational assembly production lines which employ competitively-priced Mexican labour, temporarily importing component parts for assembly before exporting the finished product.*
© Fernando Moleres/Panos Pictures

Millennium Summit and the 2005 World Summit—recognized that the management of international migration will play a significant role in the achievement of the Millennium Development Goals (MDGs).[4] Governments also specifically called attention to the needs and rights of women migrants and refugees in the plans of action adopted at the UN conferences of the 1990s. These included the International Conference on Population and Development (ICPD) and the Beijing Fourth World Conference on Women.

A rights-based and gender-sensitive approach is the minimum standard to which any immigration policy should be held. However, explicitly applying human rights protections to international migrants and addressing the specific rights concerns of women have been slow at the global level.

The *International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families* was adopted in 1990. But it took thirteen years for it to come into force in 2003—after the minimum number of countries ratified it.[5] As of January 2006, only 34 out of 191 countries had ratified the Convention. Not one of the top ten immigrant-receiving countries in the world—who as a group are home to half of all the world's migrants—features in this listing.[6] Concerned with the need to step up rights protections for migrants, partners that include leading international NGOs and UN organizations have launched the "Global Campaign for Ratification of the Convention".[7]

Many internationally recognized human rights are applicable to citizens and non-citizens alike within the territory of a State. Rights to liberty, to freedom from torture and inhumane treatment, to education and health, to equal treatment in employment, to join unions and to enjoy rest days,[8] for example, are human rights that, under international law, every State is obliged to make at least minimal efforts to respect, protect and fulfil—regardless of an individual's legal status. In practice, countries limit some human rights to citizens only, and make distinctions between documented and undocumented migrants.[9] This is within their sovereign rights. International Labour Organization (ILO) conventions also establish guidelines and recommendations on what

constitutes decent work, forced labour and minimal work standards, including two devoted to migrants.[10] These instruments are especially relevant for the millions of workers—including migrant workers—whose labour facilitates the high quality of life to which many host nations have become accustomed. These migrants often take on grueling and underpaid work in farms, garbage collection or cleaning that helps to keep households and cities supplied, organized and tidy. While most immigrant workers have been, and continue to be, prepared for a trade-off—low pay and socio-economic challenges in exchange for the opportunity to earn higher wages and live peacefully abroad—sending and receiving countries have not always fulfilled their end of the tacit bargain when it comes to human rights.

By and large, labour laws still do not effectively protect most of the world's working migrant women—even when they have legal status. The problem is compounded by the fact that many migrants lack access to information about their rights or how to claim them. This is aggravated by a dearth of adequate data on which to base effective policy responses and the tendency to underreport human rights violations owing to the underground nature of much migrant labour.[11] One important goal is to regulate the currently unregulated sectors under which many migrant women are employed. This includes strengthening monitoring systems that hold employers to account—something that will go a long way towards preventing and ending abuses which, in their most extreme form, constitute modern day slavery. Encouraging and binding employers (including public agencies and multinational corporations) to laws and codes of conduct can further protect the human rights of migrant workers. Various incipient initiatives are under way that are designed to establish corporate responsibility— including a number launched by the UN and other entities.[12]

Rights to education and to health are especially critical, not only for the migrant individuals and families in question, but in the interests of receiving countries. A child's right to receive an education is fundamental to his or her development as a citizen of the world, regardless of the legal status of child and parent. Health is not only a core right established by the *International Covenant on*

Economic, Social and Cultural Rights—a UN treaty ratified or signed by more than 150 nations[13]—but is also necessary for a productive life. In some receiving countries, the immigrant workforce represents a substantial share of the total labour force, and, consequently, the health status of migrants can have a significant impact on national economic output. Furthering reproductive health and rights is especially necessary to safeguard both the health and empowerment of migrant women. Failure to promote education and health-care access for immigrants and their families also carries implications for their integration. Poor educational and health status feed discrimination against migrants, and contribute to socio-economic marginalization from mainstream society.

Various countries recognize their responsibilities under international law—responsibilities that are often enshrined in their own constitutions—and affirm the basic rights of all persons within their territories, regardless of legal status. In several instances, countries make allowances for all migrants to access health care—although, for undocumented migrants these are often limited to medical emergencies. In September 2005, the Government of Mexico announced it was extending health care to all Mexican migrants and their families that travel from the United States. The "popular insurance" scheme is slated to extend coverage to 1 million people on a range of health issues, including cancer, leukemia, HIV/AIDS, cataracts and kidney-related illnesses.[14] The European Union-funded initiative on Migrant-Friendly Hospitals has been implemented in 12 Member States to assess how best to strengthen the role of hospitals in order to promote culturally sensitive health care for migrants and ethnic minorities.[15]

But progress is still inconsistent when it comes to protecting the rights of migrants, and especially those who are undocumented. Even where laws exist, undocumented migrants face hurdles, risks and fears of being reported

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and deported, as well as limitations on the entitlements granted. The right to health is a case in point, as governments struggle with rising immigration, budgetary priorities, increased security concerns and public opinion. In the case of the United Kingdom, though prior to 2004 there was no explicit legislation governing the right of undocumented migrants to health care, access was still largely available to them. After that date, revised National Health System regulations explicitly refer to "illegal immigrants", establish procedures for reporting them to the authorities and require migrants to provide proof of legal residence.[16]

Similarly, in 2002, France passed a law requiring undocumented migrants to pay part of their medical treatment. Those unable to prove they had been in the country for more than three months could not seek state medical assistance except in the event of an emergency or for treatment of a life-threatening condition. In response, the International Federation for Human Rights lodged a complaint with the Committee on Social Rights of the Council of Europe. In 2004, the Committee ruled that "legislation or practice that denies entitlement to medical assistance to foreign nationals, within the territory of a State Party, even if they are there illegally, is contrary to the Charter".[17]

In Berlin, the Büro für medizinische Flüchtlingshilfe was established in 1996 as an anti-racist, non-governmental resource providing free and anonymous medical treatment twice a week for undocumented migrants and refugees. There are now offices throughout Germany that are all loosely connected under the "No One Is Illegal" campaign. In addition, some charity and church organizations are extending medical aid to include undocumented migrants. Under the "Protection Against Infection Act" (2000), public health offices offer access to anonymous and free diagnosis and treatment, including for tuberculosis and some sexually transmitted infections (STIs).

Hospitals, emergency units and general practitioners are also legally obligated to provide medical treatment regardless of health insurance or residency status.[18] However, as in other countries, translating policy into practice is no straightforward task. Undocumented migrants may be unaware of their legal entitlements, and they and their health providers may be unsure of the overall implications of new laws and procedures.

A sustained effort to protect the human rights of migrants is unlikely to take hold until policymakers, and the public at large, recognize that the relationship between immigrants and their host society is mutually beneficial. This also includes the understanding that, in many contexts, immigration is also a necessity—something that a number of governments are increasingly acknowledging. Although migrants play a vital role in the social and economic sphere, their contribution is not always valued. A major—though often unspoken—obstacle to acceptance into the host society is xenophobia, as well as the gender, ethnic, class and other forms of discrimination that only add to the challenges that immigrants face.

Engendering the Management of Migration

The social and financial remittances of migrant women make significant contributions to families and communities back home, and their labour provides socio-economic benefits to their host and origin countries. Yet migration policies rarely take gender into account. This is partially owing to a lack of analysis regarding the divergent opportunities, risks, contributions and experiences of women and men, and can result in a lost opportunity to leverage the economic and social rewards of migration. Better data collection and increased research would enable a greater understanding of, for example, how female migration and remittances contribute to poverty reduction and development.[19] National poverty reduction strategies in countries of origin, and the donor countries that support them, can only gain from increased attention to the growing phenomenon of the international migration of women.[20]

Some countries are taking steps to respond to the feminization of migration. Improved policymaking requires data collection that is disaggregated by age and sex, along the lines of UNFPA-supported efforts now under way in some regions. In order to accomplish this, countries can take advantage of existing data collection exercises—such as censuses, demographic, health and household surveys. Countries receiving large numbers of immigrants can also launch surveys specifically aimed at examining the socio-economic status of migrants. Policy responses are more likely to succeed if based on strong and accurate data and analysis.

Norway is one of the few countries that is seeking to address a dismal lack of sex-disaggregated statistics: It collects detailed demographic, education, labour and economic data on first- and second-generation migrants—including refugees.[21] Canada is another exception: It was the first nation to undertake a comprehensive gender analysis of immigration policies. This resulted in changes to its entry requirements that led to increased numbers of skilled foreign women entering the country—from 24.5 per cent of migrants in this category in 2001 to 34 per cent in 2002.[22] On a regional level, the Statistical Information System on Central American Migration compiles sex-disaggregated information and is one of the most advanced data sets.[23] In Nepal, a major breakthrough was achieved when the Government incorporated the concerns of women migrant workers into the country's 2002-2007 Tenth National Plan. Authorities have also recently initiated efforts to develop a sex-disaggregated national migration database.[24]

Policymakers can help provide alternatives to migration by putting in place policies and programmes explicitly aimed at reducing poverty, ending gender discrimination and expanding opportunities for women in their countries of origin. Removing discriminatory provisions and ensuring that women have opportunities to migrate legally can help lower irregular migration, reduce smuggling and trafficking, and enable women to support their families without undue risks.[25] Some immigrant-receiving countries continue to practice a "principal applicant" approach, which in practice favours male breadwinners. This limits the opportunity for female migrants to be admitted as independents and to enjoy regular status.[26] Host countries will benefit from policy reforms that eliminate discriminatory barriers—through the tax, pension and other economic contribu-

tions of migrant women. It will also foster the more humane and orderly management of migration.[27]

Experts have put forth various recommendations to protect the human rights of women throughout the migration cycle. As reviewed in earlier chapters, the International Organization for Migration (IOM) and UN organizations such as the International Labour Organization (ILO) and the United Nations Development Fund for Women (UNIFEM) have developed standards, guidelines and good practices in collaboration with governments and NGOs. Governments can ensure that women migrants are provided with pre-departure orientation and information concerning their rights, risks and who to contact in the event of an emergency or abuse. Bilateral agreements between sending and receiving countries can help to protect migrant women, assist in seeking judicial redress and facilitate repatriation. These types of agreements exist between Thailand and the sending countries of Laos and Cambodia,[28] as they do between Jordan and other key sending countries (Indonesia, Nepal, the Philippines and Sri Lanka).[29]

Countries can also support women migrants by regulating recruitment and job placement agencies, including requiring written contracts and establishing consular relations in destination countries as various South Asian countries have done.[30] Reinforcing the role of embassies in protecting migrant women's rights requires increased resources, staff and training.[31] A critical area in need of review is the issue of policies and practices barring women from changing employers once in their destination country. This is not only a major reason why some migrant women find themselves trapped in abusive and exploitative conditions, but it also prevents them from moving up the occupational ladder.

Governments can also facilitate the reintegration of migrant women when they return to countries of origin, and ease socio-economic problems for those without employment or who have experienced abuses or have been trafficked.[32] Again, such measures are mutually beneficial: Countries stand to gain by supporting returnee access to investment, credit, property ownership and related services, an area where women often face discrimination and obstacles. This, in turn, helps harness savings

from remittances for entrepreneurial and development initiatives, and enables governments to explore ways to capitalize on the potential "female brain gain" of skilled migrant workers.

The Philippines is reputed to have one of the more developed initiatives for overseas workers, including a mandatory pre-departure programme that covers rights and health issues.[33] Migrant women are even learning self-defense tips and how to access support services while abroad. In collaboration with the IOM, the Government has developed a video entitled "The Power to Choose: Self-Defense for Women Migrant Workers", which shows would-be émigrés how to avoid and deal with potential abuse.[34] In Ethiopia, a woman who had previously resided in Lebanon set up an officially registered employment agency for migrants called Meskerem. Its mission is to assist and protect women from trafficking and abuse while abroad. Working with its local branch in Lebanon, the agency issues ID cards with 24-hour emergency contact information and pick-up, shelter and repatriation services should the need arise. The agency will also pay salaries should the employer be in default, and follows-up with legal action.[35] Other countries are also working to support migrant women. Mexico, for example, launched a campaign to raise awareness of the human rights of migrant women and the conditions under which they live while residing in the United States.[36]

Parliamentarians can play a key role. In December 2005, the Committee on Equal Opportunities for Women and Men of the Council of Europe's Parliamentary Assembly issued a report on *The Integration of Immigrant Women in Europe*.[37] Acknowledging that women face two-fold discrimination both as women and as immigrants, the report calls on EU Member States to strengthen human rights protections for this group. These include: combating racism and gender stereotypes; raising awareness in the media and in schools of the contributions of female migrants to host societies; and breaking down obstacles to employment. Other measures include: granting independent legal status to women who enter for family reunification; criminalizing the withholding of resident permits or passports; providing vocational training that will enable migrant women to move beyond traditional

sectors (i.e., domestic services, health); providing support such as childcare; and encouraging greater male involvement in family responsibilities. In recognition of the need to involve men, receiving countries are also being called on to provide education to new immigrants, both male and female, on the equal rights of men and women and the necessity of ending gender-based violence.

Working with communities in countries of origin that have large numbers of emigrants is also critical. In addition to reducing the risks of trafficking or exploitation through awareness-raising, would-be migrants can also gain access to information about what to expect from their experience, the opportunities and challenges involved, as well as relevant laws and policies. For example, in Tarija, Bolivia, an "Orientation for Young Women" programme run by the NGO, PROMUTAR (Promoción de la Mujer Tarija), counsels young female would-be émigrés of the risks inherent in undocumented migration.[38] Participatory approaches are also relevant in informing and developing effective migration and development policies. The engagement of women's migrant organizations, coupled with strengthened collaboration among policymakers, employers, trade unions and other NGOs, can serve to further the search for improved, sustainable and equitable policy responses for managing international migration.

CIVIL SOCIETY: NETWORKING FOR EQUALITY

Many NGOs have been at the forefront of the battle for migrant rights, especially on specific issues such as trafficking or refugees. Their participation in formulating migration policy has been more recent, but is gaining momentum and becoming more forceful.[39] Several organizations make gender equality and the rights of women either a partial or an exclusive focus of their missions.

Migrants Rights International was founded at the 1994 International Conference on Population and Development (ICPD) to promote the human rights of migrants. It counts among its members, organizations and experts from all regions of the world.[40] In the United States, there are now more than 3,000 organizations assisting immigrants, up from only about 50 in 1993.[41] In 1999, at least 300 organizations were estimated to

be working for the rights of migrants in Asia.[42] Several networks in Latin America, as well as in Europe (some funded by the European Commission), are working for migrants' rights and against racism.[43] The Platform of International Cooperation on Undocumented Migrants (PICUM), for example, is an association of European NGOs working for the rights to shelter, education, health, legal aid and to assemble and advocate for improved working conditions.[44] According to FIVOL (the Italian Foundation for Voluntary Service), there are about 1,000 associations that work in the field of immigration, 50 per cent of which are run by migrants themselves.[45]

A major factor contributing to labour exploitation and abuse is that immigrants often lack representation in organizations that will fight for their rights. NGOs, often established by migrant workers themselves, have stepped in to fill the void. Trade unions are a critical forum through which the rights of workers can be defended, and in several—mostly developed countries—they have embraced migrant worker concerns.[46] The International Confederation of Free Trade Unions, for example, with its membership of 125 million workers worldwide, has promoted migrant worker rights both globally and nationally through its affiliates. Among their activities, they have launched a "No to Racism and Xenophobia" action plan.[47] While laws tend to bar migrants from joining trade unions, there are some exceptions. In Switzerland, trade unions offer membership cards that provide basic protections for undocumented migrant workers, most of whom are domestic workers.[48]

In Asia, several organizations defending the rights of women migrants have been formed. Immigrant women successfully registered the Asian Domestic Workers Union in Hong Kong (SAR) as a trade union in 1989. It now provides support to members from countries such as India, Indonesia, Malaysia, Nepal, Pakistan, the Philippines, Sri Lanka, and Thailand.[49] Filipino women have also established various other NGOs linked to transnational networks, including the NGO coalition United Filipinos in Hong Kong (UNIFIL). It monitors the living and working conditions of foreign domestic workers and has helped workers from India, Indonesia and Sri Lanka to establish their own unions.[50] In 2004,

▲ *Migrant labourers in China producing dolls in a toy factory.*
© Mark Henley/Panos Pictures

in the Republic of Korea, human rights, women's and faith-based NGOs have gained legal protections for low-skilled migrants with the introduction of the Employment Permit System. This offers migrant workers the same rights as local workers—including the right to join unions, to strike, to collective bargaining, and to national health, casualty and industrial accident insurance, as well as to a national pension.[51] In New Delhi, India, the South Asian Study Center provides an estimated 200,000 migrants from Nepal with information about education, health, labour rights, financial management and remittances.[52]

Embracing Diversity, And Easing Cultural Differences

Resolving the tough socio-cultural issues surrounding international migration is a complex challenge that countries all over the world face. These include the tensions that arise when immigrants of different ethnic, racial, cultural and religious backgrounds are received into host country societies. Flashpoints also involve differences over traditional practices and customs regarding women—including those that are harmful, constitute human rights violations and are illegal under national legislation. But intolerance for "otherness" and cultural misunderstanding are problem areas that can be assuaged through leadership and a concerted effort—on the part of both receiving countries and the immigrant communities themselves.

In recent years, xenophobia and discrimination against migrants has been rising in industrialized countries, especially in Europe, but elsewhere as well—including in immigrant-receiving countries of Southern Africa.[53] Migrants and refugees are often blamed for economic stagnation and high unemployment. In addition, as polarizing global issues rise to the surface—in particular since 9/11—tensions reflected at the national and local levels can influence perceptions and attitudes towards migrants. These can sometimes be intensified by political

opportunism and negative media coverage, which can, in turn, aggravate animosity and give rise to mutual mistrust between immigrants and host community members. Recent events—such as the 2005 riots in Paris, sparked primarily by youth of immigrant origins, or the 2006 "cartoon crisis"— have brought renewed reflection about the relative failure, or absence, of effective integration policies. Yet over the past decade, more and more countries report that they have adopted relevant policies: By 2005, 75 countries (37 developed, 38 developing) had integration policies in place.[54] In a number of countries with a strong economic record, integration has facilitated the socio-economic and cultural contributions of immigrants.[55]

Integration and tolerance, however, is a two-way process that involves adaptation by both immigrants and their new societies—but is also one that is beneficial for all involved. It entails fostering understanding and respect for the rights and duties of both migrants and natives of the host societies, and the laws and values that bind them in a shared social system.[56] As the 2004 *Human Development Report* of the United Nations Development Programme states: "Multiculturalism is not only about recognizing different value systems and cultural practices within society—it is also about building a common commitment to core, non-negotiable values, such as human rights, rule of law, gender equality, and diversity and tolerance."[57] Integration should be tailored to meet the needs of both new arrivals and longer-term residents, in addition to second- and third-generation immigrants who may struggle with exclusion. It should also take into account the diverse needs and perspectives of different immigrant communities, and be sensitive to varying patterns of integration.[58] This includes ensuring attention to gender and youth issues. Ignoring them, as the European Parliament points out, "can have devastating effects for the women involved as well as for society in general".[59]

The role of cities and decentralized government structures in managing migration and promoting cultural understanding is especially critical, since they are increasingly the favoured destination of both international and internal migrants.[60] Engaging migrants in policymaking and urban planning as well as fostering shared interests and responsibilities vis-à-vis their host countries, is central

to their integration as members of society. Experts have also recommended multi-cultural training for journalists in order to discourage a tendency among some media outlets to brand immigrants with labels such as "criminal" or "irresponsible" that play into negative public perceptions and xenophobia.[61]

How migrants settle into their communities is also a factor influencing to what degree they will integrate. When migrants first arrive in the destination country, they will often settle in communities of fellow expatriates who can assist newcomers to adapt to a new culture and language and help locate housing and work. But ethnic migrant enclaves can also reinforce exclusion— especially where the external environment is characterized as discriminatory or alienating. In some cases, migrant communities themselves perpetuate their own isolation.

Various campaigns and programmes seek to alleviate intolerance, promote diversity and the inclusion of immigrants and refugees, and support their successful integration into society. UN-Habitat's campaign, the "Inclusive City", aims to enable all who live in a city to enjoy its benefits and opportunities without discrimination.[62] Following the 1998 Immigration Act, the Italian Government introduced "cultural mediators"—foreign citizens who facilitate the interaction of immigrants with public services.[63] In Naples and its surrounding area, authorities produced the *Ciao . . .!* leaflet, which is designed to help teachers foster multicultural tolerance through the theme of "growing up together with our differences".[64] Integration policies that focus on the specific needs and rights of immigrant children and youth are particularly strategic, not only for the short-term, but also to promote long-term socio-economic cohesion. In Berlin, the Kumulus mentoring initiative, begun in 1993, is assisting young immigrants to find employment. The initiative is made up of multi-ethnic groups of experts and immigrants who have counselled tens of thousands of immigrant youth and their parents, while also engaging ethnic businesses and media.[65]

Reducing discriminatory attitudes in the job market also facilitates inclusion. In some countries, employers may be concerned that cultural or religious practices might interfere with workplace performance. In the

United States, the Government works with employers to prevent discrimination and harassment against Muslims and find ways to accommodate their needs—for example, with regard to prayer and the wearing of traditional turbans and, in the case of female adherents, headscarves. The programme raises awareness of anti-discrimination and equal opportunity legislation, and informs both employers and workers of their respective rights and duties.[66]

A more telling measure of the acceptance of immigrants into mainstream society may lie in their participation in the political process. Quite apart from migrant-run organizations, immigrants have also been making their way into politics. During a series of heated debates on proposed immigration legislation in the United States earlier this year, a number of senators recalled their own immigrant origins. Hundreds of thousands of immigrants marched in major cities across the country in a bid to influence public opinion and have their voices heard. During the Italian elections in April 2006, a woman who had emigrated from an impoverished region of the Dominican Republic was elected to Parliament.[67]

Efforts to bridge the lack of social interaction or familiarity between immigrant newcomers and their wider society can assuage both the sense of exclusion and isolation on the part of migrants and counter negative public perceptions. Sometimes initiatives are small, but can have an important effect. For example, in Belgium, in 2005, a newspaper launched a campaign to invite asylum-seekers into the homes of residents for Christmas dinner. In less than two weeks, over 100 families extended invitations to

"[I]mmigrants must not be seen as disposable workers who can be used and then discarded."

— European Parliament Resolution on Immigration, Integration and Employment (2003)

asylum-seekers. A participant from Kazakhstan remarked, "It's wonderful to be treated as normal people for once. This is the beginning of a beautiful friendship."[68]

Local authorities can also grant permits to immigrant groups for public events that celebrate cultural diversity and bring different ethnic groups together. In New York City—the quintessential "city of immigrants"—parades are held year round and are sponsored by Brazilian, Irish, Persian-Iranian, Chinese and West Indian communities, among others. In São Paolo, Brazil, indigenous Bolivian migrants held their first carnival in 2003, and more are joining samba schools. Their large market now draws crowds of some 8,000 people every Sunday, and brings together other immigrant groups and native Brazilians who enjoy a taste of Andean goods, food and music.[69]

* * *

Migrants are first and foremost fellow human beings—whatever their status. Dismissing or labelling them simply as "foreigners" or "illegals" devalues their humanity, and only serves to justify their treatment as "different" or inferior. It also objectifies them as goods to be conveniently utilized, whose voices and interests are better left unheard. But migrants are daughters and sons, mothers and fathers, spouses, workers and refugees. They, like the host population, harbour the same aspirations and dreams as everyone else—a better and more secure life for themselves, their families and loved ones. Migrants' rights are human rights. Today, we have a unique opportunity to manage international migration in a more humane, equitable and ethical manner.

Notes and Indicators

◀ *Roma migrant seasonal worker harvesting potatoes in La Rioja, Spain.*
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Notes

INTRODUCTION

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CHAPTER 1

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2   Ibid., pp. 3-4.

3   An international migrant is defined as: "Any person who changes his or her country of usual residence. A person's country of usual residence is that in which the person lives, that is to say, the country in which the person has a place to live where he or she normally spends the daily period of rest. Temporary travel abroad for purposes or recreation, holiday, business, medical treatment or religious pilgrimage does not entail a change in the country of usual residence." See: United Nations Statistics Division, Department of Economic and Social Affairs. Web site: http://unstats.un.org/unsd/cdb/cdb_dict_xrxx.asp?def_code=336, accessed 15 May 2006.

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5   United Nations 2006b, paras. 1 and 23.

6   United Nations 2004, p. 25.

7   United Nations 2006b, para. 42.

8   Ibid., paras. 46 and 48.

9   United Nations. 2003. "Trends in Total Migrant Stock: 1960-2000: The 2003 Revision," p. 1. Diskette with Data and Documentation. New York: Population Division, Department of Economic and Social Affairs, United Nations.

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12   Ibid., p. 3.

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CHAPTER 3

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CHAPTER 4

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CHAPTER 5

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Notes for Boxes

CHAPTER 1

BOX 1

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BOX 8

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BOX 9

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CHAPTER 3

BOX 12

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CHAPTER 4

BOX 14

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BOX 15

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Monitoring ICPD Goals – Selected Indicators

	Indicators of Mortality			Indicators of Education				Reproductive Health Indicators			
	Infant mortality Total per 1,000 live births	Life expectancy M/F	Maternal mortality ratio	Primary enrolment (gross) M/F	Proportion reaching grade 5 M/F	Secondary enrolment (gross) M/F	% Illiterate (>15 years) M/F	Births per 1,000 women aged 15-19	Contraceptive Prevalence Any method	Contraceptive Prevalence Modern methods	HIV prevalence rate (%) (15-49) M/F
World Total	54	63.9 / 68.4						53	61	54	
More developed regions (*)	7	72.4 / 79.7						25	69	56	
Less developed regions (+)	59	62.5 / 66.0						57	59	53	
Least developed countries (‡)	93	51.1 / 52.9						112			
AFRICA (1)	90	48.8 / 50.2						103	27	20	
EASTERN AFRICA	88	46.4 / 47.0						103	23	17	
Burundi	101	43.9 / 45.8	1,000	87 / 73	64 / 62	14 / 10	33 / 48	50	16	10	2.6 / 3.9
Eritrea	59	53.3 / 57.0	630	74 / 59	86 / 73	43 / 24		91	8	5	1.9 / 2.8
Ethiopia	94	47.2 / 49.1	850	101 / 86		37 / 25		82	8	6	
Kenya	65	49.7 / 47.7	1,000	114 / 108	77 / 74	50 / 46	22 / 30	94	39	32	4.2 / 8.0
Madagascar	73	54.7 / 57.2	550	136 / 131	56 / 58	14 / 14	23 / 35	115	27	17	0.7 / 0.3
Malawi	105	40.8 / 40.0	1,800	123 / 126	50 / 38	32 / 26	25 / 46	150	31	26	11.5 / 16.5
Mauritius (2)	14	69.5 / 76.1	24	102 / 102	98 / 100	89 / 88	12 / 19	31	75	49	0.9 / 0.2
Mozambique	94	41.3 / 41.9	1,000	104 / 86	53 / 45	13 / 9		99	17	12	13.0 / 19.2
Rwanda	114	43.1 / 46.1	1,400	118 / 120	43 / 49	15 / 14	29 / 40	44	13	4	2.7 / 3.4
Somalia	117	46.8 / 49.3	1,100					66			0.7 / 1.0
Uganda	78	49.8 / 51.2	880	118 / 117	63 / 64	18 / 14	23 / 42	203	23	18	5.6 / 7.7
United Republic of Tanzania	104	45.8 / 46.4	1,500	108 / 104	76 / 76	6 / 5	22 / 38	98	25	17	5.8 / 7.1
Zambia	91	38.9 / 37.8	750	101 / 97	83 / 78	29 / 23	24 / 40	122	34	23	14.0 / 20.0
Zimbabwe	61	37.5 / 35.8	1,100	97 / 95	68 / 71	38 / 35		84	54	50	15.6 / 25.0
MIDDLE AFRICA (3)	112	43.1 / 45.1						179	24	6	
Angola	133	40.1 / 43.0	1,700	69 / 59		19 / 15	17 / 46	138	6	5	3.0 / 4.4
Cameroon	92	45.3 / 46.3	730	126 / 107	64 / 63	51 / 36	23 / 40	102	26	13	4.1 / 6.8
Central African Republic	95	38.6 / 39.7	1,100	76 / 52			35 / 67	115	28	7	8.7 / 12.7
Chad	113	42.9 / 44.9	1,100	86 / 56	51 / 39	23 / 7	59 / 87	189	8	2	3.1 / 3.9
Congo, Democratic Republic of the (4)	114	43.2 / 45.3	990	51 / 46		24 / 12	19 / 46	222	31	4	2.6 / 3.9
Congo, Republic of	70	51.7 / 54.3	510	92 / 85	65 / 67	42 / 35		143			4.2 / 6.3
Gabon	54	53.0 / 53.9	420	130 / 129	68 / 71	49 / 42		95	33	12	6.3 / 9.4
NORTHERN AFRICA (5)	40	66.1 / 70.0						29	51	45	
Algeria	33	70.6 / 73.3	140	116 / 107	95 / 97	78 / 84	20 / 40	7	64	50	0.1 / <0.1
Egypt	32	68.5 / 73.0	84	103 / 98	98 / 99	89 / 85	17 / 41	38	60	57	<0.1 / <0.1
Libyan Arab Jamahiriya	17	72.2 / 76.9	97	113 / 112		101 / 107		7	45	26	
Morocco	33	68.4 / 72.8	220	111 / 100	82 / 80	51 / 43	34 / 60	23	63	55	0.2 / <0.1
Sudan	67	55.4 / 58.1	590	64 / 56	92 / 92	34 / 32	29 / 48	47	10	7	1.4 / 1.8
Tunisia	20	71.8 / 76.0	120	112 / 108	96 / 97	74 / 80	17 / 35	7	63	53	
SOUTHERN AFRICA	42	43.5 / 43.9						59	53	52	
Botswana	46	34.3 / 32.8	100	105 / 104	88 / 95	73 / 77	20 / 18	71	40	39	24.0 / 31.9
Lesotho	61	33.6 / 34.5	550	131 / 131	58 / 69	32 / 41	26 / 10	34	30	30	19.5 / 27.0
Namibia	39	46.3 / 45.6	300	100 / 102	87 / 90	54 / 62	13 / 17	46	44	43	15.4 / 23.8
South Africa	40	44.5 / 45.2	230	107 / 103	82 / 87	87 / 94	16 / 19	61	56	55	15.0 / 22.5
Swaziland	67	30.5 / 29.4	370	103 / 98	74 / 80	42 / 42	19 / 22	33	28	26	26.7 / 40.0
WESTERN AFRICA (6)	110	46.5 / 47.3						129	13	8	
Benin	100	54.3 / 55.8	850	111 / 86	70 / 69	34 / 18	52 / 77	120	19	7	1.4 / 2.2
Burkina Faso	118	47.9 / 49.4	1,000	59 / 47	74 / 78	14 / 10	71 / 85	151	14	9	1.6 / 2.4
Côte d'Ivoire	116	45.3 / 46.7	690	80 / 63	88 / 87	32 / 18	39 / 61	107	15	7	5.6 / 8.5
Gambia	70	55.7 / 58.3	540	79 / 84		51 / 42		109	10	9	2.0 / 2.9

	Indicators of Mortality			Indicators of Education				Reproductive Health Indicators			
	Infant mortality Total per 1,000 live births	Life expectancy M/F	Maternal mortality ratio	Primary enrolment (gross) M/F	Proportion reaching grade 5 M/F	Secondary enrolment (gross) M/F	% Illiterate (>15 years) M/F	Births per 1,000 women aged 15-19	Contraceptive Prevalence Any method	Modern methods	HIV prevalence rate (%) (15-49) M/F
Ghana	58	57.1 / 57.9	540	90 / 87	62 / 65	47 / 40	34 / 50	55	25	19	1.6 / 3.0
Guinea	99	54.0 / 54.4	740	87 / 71	87 / 76	34 / 17	57 / 82	176	6	4	0.9 / 2.1
Guinea-Bissau	114	43.8 / 46.5	1,100	84 / 56		23 / 13		188	8	4	3.1 / 4.5
Liberia	135	41.7 / 43.2	760	115 / 83		37 / 27		219	6	6	
Mali	128	48.0 / 49.3	1,200	71 / 56	78 / 70	28 / 17	73 / 88	189	8	6	1.4 / 2.1
Mauritania	91	52.3 / 55.5	1,000	95 / 93	81 / 83	22 / 18	40 / 57	92	8	5	0.5 / 0.8
Niger	148	45.0 / 45.1	1,600	52 / 37	75 / 72	9 / 6	57 / 85	244	14	4	0.9 / 1.4
Nigeria	110	43.6 / 43.8	800	107 / 91		38 / 31		126	13	8	3.0 / 4.7
Senegal	79	55.3 / 57.8	690	78 / 74	79 / 77	22 / 16	49 / 71	75	11	8	0.7 / 1.1
Sierra Leone	161	40.1 / 42.9	2,000	93 / 65		31 / 22	53 / 76	160	4	4	1.3 / 1.8
Togo	89	53.3 / 56.8	570	110 / 92	79 / 73	52 / 26	31 / 62	89	26	9	2.6 / 3.9
ASIA	49	66.4 / 70.4						40	63	58	
EASTERN ASIA (7)	29	71.4 / 75.7						5	82	81	
China	32	70.6 / 74.2	56	118 / 117		73 / 73	5 / 13	5	84	83	0.1 / <0.1
Democratic People's Republic of Korea	43	61.1 / 66.9	67					2	62	53	
Hong Kong SAR, China (8)	4	79.1 / 85.0		111 / 105	100 / 100	86 / 83		5	86	80	
Japan	3	78.9 / 86.1	10 [9]	100 / 101		101 / 102		4	56	51	<0.1 / <0.1
Mongolia	53	63.3 / 67.3	110	104 / 105		84 / 95	2 / 2	52	67	54	0.1 / <0.1
Republic of Korea	3	74.2 / 81.5	20	105 / 104	98 / 98	93 / 93		4	81	67	<0.1 / 0.1
SOUTH-EASTERN ASIA	36	66.2 / 70.8						38	60	51	
Cambodia	90	53.7 / 60.8	450	142 / 131	58 / 61	35 / 24	15 / 36	42	24	19	1.8 / 1.5
Indonesia	36	66.2 / 69.9	230	118 / 116	88 / 90	64 / 64	6 / 13	52	60	57	0.2 / <0.1
Lao People's Democratic Republic	82	54.6 / 57.1	650	124 / 109	62 / 63	52 / 39	23 / 39	85	32	29	0.2 / <0.1
Malaysia	9	71.6 / 76.2	41	94 / 93	99 / 98	71 / 81	8 / 15	18	55	30	0.7 / 0.2
Myanmar	69	58.4 / 64.2	360	96 / 98	68 / 73	41 / 40	6 / 14	16	37	33	1.7 / 0.8
Philippines	25	69.1 / 73.4	200	113 / 111	71 / 80	82 / 90	7 / 7	33	49	33	<0.1 / <0.1
Singapore	3	77.3 / 81.1	30				3 / 11	5	62	53	0.4 / 0.2
Thailand	18	67.7 / 74.6	44	100 / 95		72 / 74	5 / 9	46	72	70	1.7 / 1.1
Timor-Leste, Democratic Republic of	85	55.9 / 58.1	660					168	10	9	
Viet Nam	27	69.5 / 73.5	130	101 / 94	87 / 86	75 / 72	6 / 13	17	79	57	0.7 / 0.3
SOUTH CENTRAL ASIA	64	62.7 / 65.8						65	48	42	
Afghanistan	144	46.9 / 47.3	1,900	127 / 56		25 / 5	57 / 87	113	5	4	<0.1 / <0.1
Bangladesh	52	63.3 / 65.1	380	107 / 111	63 / 67	49 / 54		108	58	47	<0.1 / <0.1
Bhutan	50	63.0 / 65.5	420		89 / 93			27	19	19	0.1 / <0.1
India	62	62.7 / 66.1	540	120 / 112	81 / 76	59 / 47	27 / 52	63	48	43	1.3 / 0.5
Iran (Islamic Republic of)	29	69.7 / 73.0	76	98 / 108	91 / 90	84 / 79	17 / 30	17	73	56	0.2 / 0.1
Nepal	58	62.4 / 63.4	740	118 / 108	57 / 66	49 / 42	37 / 65	102	39	35	0.8 / 0.2
Pakistan	73	64.0 / 64.3	500	95 / 69		31 / 23	37 / 64	68	28	20	0.2 / <0.1
Sri Lanka	15	72.2 / 77.5	92	93 / 99		81 / 81	8 / 11	17	70	50	0.1 / <0.1
WESTERN ASIA	44	66.7 / 70.9						40	46	28	
Iraq	87	58.6 / 61.6	250	108 / 89	67 / 63	54 / 36	16 / 36	37	14	10	
Israel	5	78.2 / 82.3	17	110 / 111	100 / 100	93 / 93	2 / 4	14	68	52	
Jordan	21	70.6 / 73.8	41	98 / 99	99 / 99	87 / 88	5 / 15	25	56	41	
Kuwait	10	75.6 / 80.0	5	96 / 97		87 / 92	6 / 9	22	50	41	
Lebanon	20	70.5 / 74.9	150	109 / 105	95 / 100	85 / 93		25	61	37	0.2 / 0.1
Occupied Palestinian Territory	18	71.5 / 74.7	100	93 / 93		91 / 96	3 / 12	77			

Monitoring ICPD Goals – Selected Indicators

	Indicators of Mortality			Indicators of Education				Reproductive Health Indicators			
	Infant mortality Total per 1,000 live births	Life expectancy M/F	Maternal mortality ratio	Primary enrolment (gross) M/F	Proportion reaching grade 5 M/F	Secondary enrolment (gross) M/F	% Illiterate (>15 years) M/F	Births per 1,000 women aged 15-19	Contraceptive Prevalence Any method	Modern methods	HIV prevalence rate (%) (15-49) M/F
Oman	14	73.4 / 76.4	87	88 / 87	97 / 98	88 / 85	13 / 26	41	24	18	
Saudi Arabia	20	70.8 / 74.7	23	69 / 66	94 / 93	72 / 64	13 / 31	30	32	29	
Syrian Arab Republic	16	72.2 / 75.8	160	126 / 120	93 / 92	65 / 61	14 / 26	30	40	28	
Turkey (10)	38	67.1 / 71.7	70	96 / 90	95 / 94	90 / 68	5 / 20	36	64	38	
United Arab Emirates	8	77.1 / 81.8	54	85 / 82	94 / 95	65 / 68		18	28	24	
Yemen	62	60.6 / 63.4	570	102 / 72	78 / 67	64 / 31		86	21	10	
ARAB STATES (11)	**51**	**66.1 / 69.4**	**252**	**99 / 89**	**89 / 88**	**68 / 62**	**20 / 41**	**30**	**43**	**36**	**0.4 / 0.4**
EUROPE	**9**	**69.9 / 78.3**						**17**	**68**	**50**	
EASTERN EUROPE	**14**	**62.5 / 73.7**						**26**	**62**	**36**	
Bulgaria	12	69.5 / 76.1	32	106 /104		104 / 100	1 / 2	41	42	26	
Czech Republic	5	72.8 / 79.2	9	103 / 101	98 / 99	95 / 96		11	72	63	<0.1 / <0.1
Hungary	8	69.4 / 77.5	16	99 / 97		97 / 96		20	77	68	0.1 / <0.1
Poland	8	70.9 / 78.9	13	99 / 99		96 / 97		14	49	19	0.2 / 0.1
Romania	17	68.4 / 75.5	49	107 / 106		85 / 86	2 / 4	32	64	30	
Slovakia	7	70.8 / 78.4	3	100 / 98		94 / 95		19	74	41	
NORTHERN EUROPE (12)	**5**	**75.8 / 81.0**						**18**	**79**	**74**	
Denmark	5	75.3 / 79.9	5	104 / 104	100 / 100	122 / 127		6	78	72	0.3 / 0.1
Estonia	9	66.5 / 77.7	63	101 / 98	98 / 99	97 / 99	0 / 0	23	70	56	2.0 / 0.6
Finland	4	75.7 / 82.2	6	101 / 100	100 / 100	107 / 112		9	77	75	0.1 / 0.1
Ireland	5	75.7 / 80.9	5	107 / 106	100 / 100	108 / 116		12			0.3 / 0.2
Latvia	9	66.7 / 77.5	42	94 / 91		97 / 96	0 / 0	17	48	39	1.2 / 0.3
Lithuania	8	67.4 / 78.4	13	98 / 97		99 / 98	0 / 0	20	47	31	0.3 / 0.0
Norway	3	77.5 / 82.3	16	99 / 99	99 / 100	114 / 117		9	74	69	0.2 / 0.1
Sweden	3	78.4 / 82.8	2	99 / 99		101 / 105		7			0.3 / 0.1
United Kingdom	5	76.5 / 81.1	13	107 / 107		103 / 106		23	84	81	0.3 / 0.1
SOUTHERN EUROPE (13)	**7**	**75.7 / 82.1**						**11**	**68**	**49**	
Albania	23	71.5 / 77.2	55	105 / 104		79 / 77	1 / 2	16	75	8	
Bosnia and Herzegovina	12	71.9 / 77.3	31				1 / 6	22	48	16	
Croatia	6	72.0 / 78.9	8	95 / 94		87 / 89	1 / 3	14			
Greece	6	75.9 / 81.2	9	102 / 101		96 / 97	2 / 6	8			0.3 / 0.1
Italy	5	77.3 / 83.4	5	102 / 101	96 / 97	100 / 98	1 / 2	7	60	39	0.7 / 0.4
Macedonia (Former Yugoslav Republic of)	15	71.8 / 76.8	23	98 / 98		85 / 83	2 / 6	22			
Portugal	5	74.4 / 81.0	5	119 / 114		92 / 102		17			1.2 / 0.1
Serbia and Montenegro	12	71.5 / 76.2	11	98 / 98		88 / 89	1 / 6	22	58	33	0.3 / 0.1
Slovenia	5	73.3 / 80.5	17	123 / 122		100 / 100		6	74	59	
Spain	4	76.3 / 83.6	4	109 / 107		116 / 123		9	81	67	0.9 / 0.3
WESTERN EUROPE (14)	**4**	**76.3 / 82.4**						**6**	**74**	**70**	
Austria	4	76.6 / 82.2	4	106 / 106		104 / 98		11	51	47	0.5 / 0.1
Belgium	4	76.2 / 82.5	10	104 / 104		111 / 107		7	78	74	0.3 / 0.2
France	4	76.4 / 83.3	17	105 / 104	98 / 97	110 / 111		1	75	69	0.6 / 0.3
Germany	4	76.2 / 81.9	8	100 / 100		101 / 99		9	75	72	0.2 / 0.1
Netherlands	4	76.1 / 81.4	16	109 / 106	100 / 100	120 / 118		4	79	76	0.3 / 0.2
Switzerland	4	78.1 / 83.6	7	103 / 102		97 / 89		4	82	78	0.6 / 0.3
LATIN AMERICA & CARIBBEAN	**23**	**69.3 / 75.7**						**76**	**72**	**63**	
CARIBBEAN (15)	**31**	**66.1 / 70.5**						**63**	**61**	**57**	
Cuba	5	76.4 / 79.9	33	103 / 98	98 / 97	92 / 93	0 / 0	50	73	72	0.1 / 0.1

	Indicators of Mortality			Indicators of Education				Reproductive Health Indicators			
	Infant mortality Total per 1,000 live births	Life expectancy M/F	Maternal mortality ratio	Primary enrolment (gross) M/F	Proportion reaching grade 5 M/F	Secondary enrolment (gross) M/F	% Illiterate (>15 years) M/F	Births per 1,000 women aged 15-19	Contraceptive Prevalence Any method	Modern methods	HIV prevalence rate (%) (15-49) M/F
Dominican Republic	31	64.8 / 71.8	150	115 / 109	54 / 65	61 / 76	13 / 13	89	70	66	1.1 / 1.1
Haiti	58	52.2 / 53.4	680					58	28	22	3.5 / 4.1
Jamaica	14	69.1 / 72.5	87	95 / 95	88 / 93	87 / 89	26 / 14	74	66	63	2.2 / 0.8
Puerto Rico	9	72.3 / 80.9	25					48	78	68	
Trinidad and Tobago	13	67.3 / 72.5	160	104 / 101	67 / 76	81 / 86		34	38	33	2.3 / 3.0
CENTRAL AMERICA	**21**	**71.9 / 77.0**						**73**	**66**	**58**	
Costa Rica	10	76.3 / 81.1	43	112 / 111	92 / 93	67 / 73	5 / 5	71	80	71	0.4 / 0.2
El Salvador	23	68.4 / 74.6	150	116 / 112	71 / 75	60 / 61		81	67	61	1.4 / 0.5
Guatemala	33	64.5 / 71.8	240	118 / 108	79 / 76	51 / 46	25 / 37	107	43	34	1.3 / 0.5
Honduras	29	66.7 / 70.8	110	105 / 107		58 / 73	20 / 20	93	62	51	2.3 / 0.8
Mexico	18	73.4 / 78.3	83	110 / 108	92 / 94	77 / 82	8 / 10	63	68	60	0.5 / 0.1
Nicaragua	27	68.2 / 73.0	230	113 / 111	55 / 63	59 / 68	23 / 23	113	69	66	0.4 / 0.1
Panama	19	72.8 / 78.0	160	114 / 111	82 / 87	68 / 73	7 / 9	83			1.3 / 0.5
SOUTH AMERICA (16)	**23**	**68.8 / 75.8**						**78**	**75**	**66**	
Argentina	14	71.3 / 78.8	82	113 / 112	84 / 85	84 / 89	3 / 3	57			0.9 / 0.3
Bolivia	48	62.9 / 67.2	420	114 / 113	87 / 86	90 / 87	7 / 19	78	58	35	0.2 / 0.1
Brazil	24	67.7 / 75.3	260	145 / 137		97 / 107	12 / 11	89	77	70	0.7 / 0.4
Chile	7	75.4 / 81.4	31	106 / 101	99 / 99	89 / 90	4 / 4	60			0.4 / 0.2
Colombia	23	70.1 / 76.0	130	112 / 111	75 / 80	71 / 78	7 / 7	73	77	64	0.9 / 0.3
Ecuador	22	71.9 / 77.9	130	117 / 117	75 / 77	61 / 61	8 / 10	83	66	50	0.2 / 0.3
Paraguay	35	69.4 / 73.9	170	108 / 104	80 / 83	62 / 63		60	73	61	0.5 / 0.2
Peru	30	68.3 / 73.5	410	114 / 114	85 / 83	91 / 92	7 / 18	51	69	50	0.8 / 0.3
Uruguay	12	72.3 / 79.6	27	110 / 108	87 / 90	100 / 116		69			0.4 / 0.6
Venezuela	16	70.6 / 76.5	96	106 / 104	89 / 94	67 / 77	7 / 7	90			1.0 / 0.4
NORTHERN AMERICA (17)	**6**	**75.3 / 80.6**						**45**	**76**	**71**	
Canada	5	78.0 / 82.9	6	100 / 100		109 / 108		12	75	73	0.5 / 0.2
United States of America	7	75.0 / 80.4	17	100 / 100		94 / 95		49	76	71	1.2 / 0.4
OCEANIA	**26**	**72.7 / 77.0**						**26**	**62**	**57**	
AUSTRALIA-NEW ZEALAND	**5**	**78.1 / 83.0**						**15**	**76**	**72**	
Australia (18)	5	78.3 / 83.3	8	103 / 103	84 / 87	152 / 145		13	76	72	0.3 / <0.1
Melanesia (19)	57	58.2 / 59.9						46			
New Zealand	5	77.4 / 81.8	7	102 / 102		110 / 119		21	75	72	
Papua New Guinea	66	56.0 / 57.1	300	80 / 70	68 / 68	29 / 23	37 / 49	49	26	20	1.4 / 2.2
COUNTRIES WITH ECONOMIES IN TRANSITION OF THE FORMER USSR (20)											
Armenia	29	68.3 / 75.0	55	99 / 103		90 / 93	0 / 1	29	61	22	0.2 / 0.1
Azerbaijan	73	63.6 / 70.9	94	98 / 96		84 / 82	1 / 2	30	55	12	0.2 / <0.1
Belarus	14	62.8 / 74.3	35	103 / 99		93 / 94	0 / 1	25	50	42	0.5 / 0.2
Georgia	39	66.8 / 74.6	32	95 / 95		83 / 82		30	41	20	0.4 / 0.1
Kazakhstan	60	58.4 / 69.5	210	110 / 109		99 / 97	0 / 1	27	66	53	0.2 / 0.3
Kyrgyzstan	53	63.3 / 71.7	110	98 / 98		88 / 88	1 / 2	31	60	49	0.2 / <0.1
Republic of Moldova	24	65.3 / 72.5	36	95 / 94		81 / 84	1 / 2	29	62	43	0.9 / 1.2
Russian Federation	16	58.7 / 71.9	67	123 / 123		93 / 93	0 / 1	28			1.7 / 0.5
Tajikistan	87	61.4 / 66.8	100	102 / 97		89 / 75	0 / 1	28	34	27	0.3 / <0.1
Turkmenistan	76	58.7 / 67.2	31				1 / 2	16	62	53	
Ukraine	15	60.4 / 72.5	35	95 / 95		94 / 92	0 / 1	28	68	38	1.6 / 1.3
Uzbekistan	56	63.7 / 70.1	24	100 / 99		96 / 93		34	68	63	0.4 / 0.1

Demographic, Social and Economic Indicators

	Total population (millions) (2006)	Projected population (millions) (2050)	Ave. pop. growth rate (%) (2005-2010)	% urban (2005)	Urban growth rate (2005-2010)	Population/ ha arable & perm. crop land	Total fertility rate (2006)	% births with skilled attendants	GNI per capita PPP$ (2004)	Expenditures/ primary student (% of GDP per capita)	Health expenditures, public (% of GDP)	External population assistance (US$,000)	Under-5 mortality M/F	Per capita energy consumption	Access to improved drinking water sources
World Total	6,540.3	9,075.9	1.1	49	2.0		2.58	62	8,760			(4,696,000)	80/ 77	1,734	83
More developed regions (*)	1,214.5	1,236.2	0.2	74	0.5		1.58	99					10 / 9		
Less developed regions (+)	5,325.8	7,839.7	1.3	43	2.5		2.79	57					87 / 85		
Least developed countries (‡)	777.4	1,735.4	2.3	27	4.0		4.80	34	1,330				155 / 144	306	58
AFRICA (1)	925.5	1,937.0	2.1	38	3.2		4.77	47				1,195,052 [21]	155 / 143		
EASTERN AFRICA	294.5	678.7	2.3	22	3.7		5.35	35					153 / 138		
Burundi	7.8	25.8	3.7	10	6.8	4.7	6.81	25	660	19.9	0.7	2,960	185 / 162		79
Eritrea	4.6	11.2	3.1	19	5.2	5.5	5.20	28	1,050	9.8	2.0	8,183	84 / 78		57
Ethiopia	79.3	170.2	2.3	16	4.0	5.1	5.56	6	810		3.4	68,629	164 / 149	299	22
Kenya	35.1	83.1	2.6	21	3.9	4.7	5.00	42	1,050	25.2	1.7	70,577	115 / 99	494	62
Madagascar	19.1	43.5	2.6	27	3.5	3.6	5.04	51	830	8.7	1.7	16,043	123 / 113		45
Malawi	13.2	29.5	2.2	17	4.7	3.6	5.81	61	620	14.4	3.3	68,418	172 / 162		67
Mauritius (2)	1.3	1.5	0.8	42	1.1	1.2	1.95	99	11,870	13.6	2.2	139	18 / 14		100
Mozambique	20.2	37.6	1.8	35	3.9	3.2	5.24	48	1,160		2.9	68,671	171 / 154	430	42
Rwanda	9.2	18.2	2.3	19	6.5	5.4	5.36	31	1,300	7.4	1.6	24,016	204 / 178		73
Somalia	8.5	21.3	3.1	35	4.3	5.0	6.17	34			1.2	3,240	192 / 182		29
Uganda	29.9	126.9	3.6	13	4.8	2.8	7.11	39	1,520	11.6	2.2	61,945	135 / 121		56
United Republic of Tanzania	39.0	66.8	1.8	24	3.5	5.6	4.63	46	660		2.4	64,268	169 / 153	465	73
Zambia	11.9	22.8	1.7	35	2.1	1.4	5.33	43	890	9.3	2.8	80,514	169 / 153	592	55
Zimbabwe	13.1	15.8	0.6	36	1.9	2.3	3.29	73		16.1	2.8	44,253	120 / 106	752	83
MIDDLE AFRICA (3)	112.6	303.3	2.7	40	4.1		6.16	54					203 / 181		
Angola	16.4	43.5	2.8	53	4.0	3.0	6.54	47	2,030		2.4	18,807	245 / 215	606	50
Cameroon	16.6	26.9	1.6	55	3.1	1.1	4.26	62	2,090	8.5	1.2	8,391	164 / 148	429	63
Central African Republic	4.1	6.7	1.4	38	1.9	1.4	4.70	44	1,110		1.5	5,371	183 / 151		75
Chad	10.0	31.5	2.7	25	4.4	1.8	6.66	14	1,420	11.0	2.6	4,202	206 / 183		34
Congo, Democratic Republic of the (4)	59.3	177.3	3.1	32	4.9	4.3	6.72	61	680		0.7	22,886	208 / 186	293	46
Congo, Republic of	4.1	13.7	2.9	60	3.6	2.6	6.30		750	7.9	1.3	2,184	113 / 90	273	46
Gabon	1.4	2.3	1.6	84	2.2	0.9	3.67	86	5,600		2.9	758	92 / 83	1,256	87
NORTHERN AFRICA (5)	194.3	311.9	1.7	51	2.6		2.98	70				63,743 [22]	56 / 47		
Algeria	33.4	49.5	1.5	63	2.5	0.9	2.41	92	6,260	11.3	3.3	1,379	35 / 31	1,036	87
Egypt	75.4	125.9	1.8	43	2.3	7.2	3.08	69	4,120		2.2	33,417	38 / 31	735	98
Libyan Arab Jamahiriya	6.0	9.6	1.9	85	2.2	0.1	2.81	94		3.0	2.6		18 / 18	3,191	72
Morocco	31.9	46.4	1.4	59	2.5	1.1	2.63	63	4,100	19.3	1.7	9,123	44 / 30	378	80
Sudan	37.0	66.7	2.1	41	4.2	1.2	4.10	57	1,870		1.9	11,875	113 / 100	477	69
Tunisia	10.2	12.9	1.0	65	1.6	0.5	1.89	90	7,310	15.5	2.8	1,474	23 / 20	837	82
SOUTHERN AFRICA	54.2	56.0	0.1	56	1.0		2.77	83					81 / 73		
Botswana	1.8	1.7	-0.4	57	0.9	2.0	2.99	94	8,920	6.2	3.3	21,193	103 / 92		95
Lesotho	1.8	1.6	-0.3	19	1.1	2.1	3.37	55	3,210	20.8	4.1	4,802	119 / 106		76
Namibia	2.1	3.1	1.0	35	2.6	1.1	3.58	76	6,960	21.3	4.7	12,092	75 / 68	635	80
South Africa	47.6	48.7	0.2	59	1.0	0.4	2.69	84	10,960	13.7	3.2	96,542	77 / 70	2,587	87
Swaziland	1.0	1.0	-0.4	24	0.7	1.7	3.61	70	4,970	11.0	3.3	7,069	144 / 126		52
WESTERN AFRICA (6)	269.8	587.0	2.3	42	3.7		5.50	41					186 / 178		
Benin	8.7	22.1	3.0	40	4.0	1.4	5.56	66	1,120	12.2	1.9	14,760	149 / 145	292	68
Burkina Faso	13.6	39.1	2.9	18	5.1	2.3	6.45	57	1,220		2.6	15,072	191 / 180		51
Côte d'Ivoire	18.5	34.0	1.7	45	2.7	1.2	4.64	63	1,390	16.0	1.0	20,375	193 / 174	374	84
Gambia	1.6	3.1	2.3	54	3.9	3.5	4.35	55	1,900	7.1	3.2	1,634	117 / 106		82

	Total population (millions) (2006)	Projected population (millions) (2050)	Ave. pop. growth rate (%) (2005-2010)	% urban (2005)	Urban growth rate (2005-2010)	Population/ ha arable & perm. crop land	Total fertility rate (2006)	% births with skilled atten-dants	GNI per capita PPP$ (2004)	Expen-ditures/ primary student (% of GDP per capita)	Health expen-ditures, public (% of GDP)	External population assistance (US$,000)	Under-5 mortality M/F	Per capita energy con-sumption	Access to im-proved drinking water sources
Ghana	22.6	40.6	1.9	48	3.4	1.8	4.00	47	2,280		1.4	34,123	92 / 88	400	79
Guinea	9.6	23.0	2.2	33	3.6	4.2	5.64	35	2,130	10.3	0.9	12,807	145 / 149		51
Guinea-Bissau	1.6	5.3	2.9	30	3.2	2.2	7.10	35	690		2.6	1,506	206 / 183		59
Liberia	3.4	10.7	2.9	58	4.1	3.5	6.80	51			2.7	2,675	217 / 200		62
Mali	13.9	42.0	2.9	30	4.7	2.1	6.69	41	980	15.8	2.8	25,070	209 / 203		48
Mauritania	3.2	7.5	2.7	40	3.3	3.0	5.57	57	2,050	14.4	3.2	3,978	147 / 135		56
Niger	14.4	50.2	3.3	17	4.4	0.8	7.64	16	830	19.0	2.5	6,175	245 / 250		46
Nigeria	134.4	258.1	2.1	48	3.7	1.2	5.49	35	930		1.3	81,796	193 / 185	777	60
Senegal	11.9	23.1	2.3	42	2.9	3.2	4.63	58	1,720	16.0	2.1	26,130	124 / 118	287	72
Sierra Leone	5.7	13.8	2.1	41	3.8	4.8	6.50	42	790	21.5	2.0	6,803	291 / 265		57
Togo	6.3	13.5	2.5	40	4.3	1.3	4.98	49	1,690	6.7	1.4	6,365	136 / 119	445	51
ASIA	**3,950.6**	**5,217.2**	**1.1**	**40**	**2.5**		**2.38**	**58**				**609,901**	**64 / 66**		
EASTERN ASIA (7)	**1,532.7**	**1,586.7**	**0.5**	**44**	**2.3**		**1.68**	**97**					**29 / 38**		
China	1,323.6	1,392.3	0.6	40	2.7	5.5	1.72	83	5,530		2.0	32,141	30 / 41	1,094	77
Democratic People's Republic of Korea	22.6	24.2	0.4	62	0.9	2.1	1.95	97			5.3	2,550	56 / 49	896	100
Hong Kong SAR, China (8)	7.1	9.2	1.0	100	1.0	4.0	0.94	100	31,510	16.0			5 / 4	2,428	
Japan	128.2	112.2	0.1	66	0.4	0.9	1.35	100	30,040	22.2	6.4	(128,068) [23]	5 / 4	4,053	100
Mongolia	2.7	3.6	1.2	57	1.5	0.5	2.28	99	2,020	15.7	4.3	3,881	75 / 71		62
Republic of Korea	48.0	44.6	0.3	81	0.6	1.9	1.19	100	20,400	16.3	2.8		5 / 5	4,291	92
SOUTH-EASTERN ASIA	**563.0**	**752.3**	**1.2**	**44**	**3.0**		**2.37**	**69**					**49 / 39**		
Cambodia	14.4	26.0	2.0	20	4.9	2.5	3.85	32	2,180	6.5	2.1	36,969	130 / 120		34
Indonesia	225.5	284.6	1.1	48	3.3	2.7	2.25	66	3,460	2.9	1.1	48,084	46 / 37	753	78
Lao People's Democratic Republic	6.1	11.6	2.2	21	4.0	4.2	4.45	19	1,850	6.7	1.2	3,351	129 / 123		43
Malaysia	25.8	38.9	1.7	67	3.0	0.5	2.71	97	9,630	20.2	2.2	700	12 / 10	2,318	95
Myanmar	51.0	63.7	0.9	31	2.9	3.1	2.17	56			0.5	14,340	107 / 89	276	80
Philippines	84.5	127.1	1.6	63	2.8	2.8	2.94	60	4,890	11.1	1.4	36,120	33 / 22	525	85
Singapore	4.4	5.2	1.2	100	1.2	2.6	1.30	100	26,590		1.6	1	4 / 4	5,359	
Thailand	64.8	74.6	0.8	32	1.8	1.7	1.89	99	8,020	13.8	2.0	16,109	26 / 16	1,406	85
Timor-Leste, Democratic Republic of	1.0	3.3	5.5	26	7.1	3.5	7.64	24			7.3	1,680	118 / 110		52
Viet Nam	85.3	116.7	1.3	26	3.0	6.0	2.19	85	2,700		1.5	21,441	36 / 27	544	73
SOUTH CENTRAL ASIA	**1,636.3**	**2,495.0**	**1.5**	**31**	**2.5**		**2.97**	**39**					**87 / 90**		
Afghanistan	31.1	97.3	3.5	23	5.1	2.2	7.18	14			2.6	21,652	234 / 240		13
Bangladesh	144.4	242.9	1.8	25	3.5	8.6	3.04	13	1,980	7.2	1.1	85,760	65 / 64	159	75
Bhutan	2.2	4.4	2.2	11	5.1	15.1	4.00	24			2.6	870	71 / 68		62
India	1,119.5	1,592.7	1.4	29	2.4	3.3	2.85	43	3,100	12.5	1.2	99,471	84 / 88	520	86
Iran (Islamic Republic of)	70.3	101.9	1.3	67	2.1	0.9	2.04	90	7,550	10.5	3.1	2,472	32 / 31	2,055	93
Nepal	27.7	51.2	1.9	16	4.8	9.7	3.40	11	1,470	12.7	1.5	26,421	71 / 75	336	84
Pakistan	161.2	304.7	2.1	35	3.3	3.7	3.87	23	2,160		0.7	57,075	95 / 106	467	90
Sri Lanka	20.9	23.6	0.8	15	0.8	4.8	1.89	97	4,000		1.6	15,862	20 / 13	421	78
WESTERN ASIA	**218.6**	**383.2**	**1.9**	**65**	**2.2**		**3.17**	**73**				**67,968** [22]	**56 / 48**		
Iraq	29.6	63.7	2.4	67	2.3	0.4	4.42	72			1.4	14,330	109 / 102	943	81
Israel	6.8	10.4	1.7	92	1.7	0.4	2.72		23,510	23.0	6.1	3	6 / 5	3,086	100
Jordan	5.8	10.2	2.1	82	2.5	1.4	3.22	100	4,640	15.2	4.2	27,202	23 / 21	1,027	91
Kuwait	2.8	5.3	2.5	98	2.5	1.5	2.29	100		25.9	2.7		11 / 11	9,566	
Lebanon	3.6	4.7	1.1	87	1.2	0.3	2.22	93	5,380	5.1	3.0	1,261	27 / 17	1,700	100
Occupied Palestinian Territory	3.8	10.1	3.1	72	3.3	1.9	5.18					12,613	23 / 18		94

Demographic, Social and Economic Indicators

	Total population (millions) (2006)	Projected population (millions) (2050)	Ave. pop. growth rate (%) (2005-2010)	% urban (2005)	Urban growth rate (2005-2010)	Population/ ha arable & perm. crop land	Total fertility rate (2006)	% births with skilled atten-dants	GNI per capita PPP$ (2004)	Expen-ditures/ primary student (% of GDP per capita)	Health expen-ditures, public (% of GDP)	External population assistance (US$,000)	Under-5 mortality M/F	Per capita energy con-sumption	Access to im-proved drinking water sources
Oman	2.6	5.0	2.2	71	2.2	10.7	3.32	95		13.1	2.7	162	16 / 15	4,975	79
Saudi Arabia	25.2	49.5	2.4	81	2.6	0.5	3.71	93	14,010	31.9	2.5		25 / 17	5,607	
Syrian Arab Republic	19.5	35.9	2.4	51	2.8	0.9	3.19	70	3,550	14.5	2.5	3,550	20 / 16	986	79
Turkey (10)	74.2	101.2	1.3	67	2.0	0.8	2.35	83	7,680	13.9	5.4	1,008	47 / 37	1,117	93
United Arab Emirates	4.7	9.1	2.3	77	2.3	0.7	2.38	100		7.7	2.5	4	9 / 8	9,707	
Yemen	21.6	59.5	3.1	27	4.6	5.6	5.81	22	820		2.2	7,816	83 / 75	289	69
ARAB STATES (11)	**328.0**	**598.5**	**2.1**	**55**	**2.8**	**1.5**	**3.50**	**67**	**4,818**	**15.3**	**2.5**	**135,890**	**54 / 48**	**1,472**	**74**
EUROPE	**728.1**	**653.3**	**-0.1**	**72**	**0.1**		**1.42**	**99**					**12 / 10**		
EASTERN EUROPE	**295.9**	**223.5**	**-0.5**	**68**	**-0.4**		**1.29**	**99**				**114,546** [22, 24]	**20 / 16**		
Bulgaria	7.7	5.1	-0.7	70	-0.4	0.1	1.23	99	7,870	16.2	4.1	1,646	16 / 14	2,494	100
Czech Republic	10.2	8.5	-0.1	74	-0.1	0.2	1.20	100	18,400	12.0	6.8	38	6 / 5	4,324	
Hungary	10.1	8.3	-0.3	66	0.3	0.2	1.28	100	15,620	20.8	6.1	100	11 / 9	2,600	99
Poland	38.5	31.9	-0.1	62	0.2	0.5	1.22	100	12,640	23.5	4.5	343	10 / 9	2,452	
Romania	21.6	16.8	-0.4	54	0.0	0.3	1.25	98	8,190	9.9	3.8	10,501	23 / 17	1,794	57
Slovakia	5.4	4.6	0.0	56	0.2	0.3	1.17	99	14,370	11.3	5.2	47	9 / 9	3,443	100
NORTHERN EUROPE (12)	**96.1**	**105.6**	**0.3**	**84**	**0.4**		**1.66**	**99**					**6 / 6**		
Denmark	5.4	5.9	0.3	86	0.4	0.1	1.76		31,550	24.9	7.5	(59,527)	6 / 6	3,853	100
Estonia	1.3	1.1	-0.3	69	-0.2	0.3	1.41	100	13,190	19.8	4.1	1,077	13 / 9	3,631	
Finland	5.3	5.3	0.2	61	0.4	0.1	1.72	100	29,560	18.3	5.7	(23,697)	5 / 4	7,204	100
Ireland	4.2	5.8	1.3	60	1.8	0.3	1.95	100	33,170	12.4	5.8	(26,786)	6 / 6	3,777	
Latvia	2.3	1.7	-0.5	68	-0.4	0.1	1.29	100	11,850	22.4	3.3	113	14 / 12	1,881	
Lithuania	3.4	2.6	-0.4	67	-0.5	0.2	1.25	100	12,610		5.0	163	13 / 9	2,585	
Norway	4.6	5.4	0.5	77	0.6	0.2	1.79		38,550	20.5	8.6	(91,648)	4 / 4	5,100	100
Sweden	9.1	10.1	0.3	84	0.4	0.1	1.70		29,770	24.4	8.0	(80,029)	4 / 4	5,754	100
United Kingdom	59.8	67.1	0.3	90	0.4	0.2	1.66	99	31,460	16.4	6.9	(589,650)	6 / 6	3,893	
SOUTHERN EUROPE (13)	**149.8**	**138.7**	**0.2**	**66**	**0.5**		**1.38**	**98**					**8 / 7**		
Albania	3.1	3.5	0.5	45	2.1	2.1	2.21	94	5,070	7.7	2.7	8,261	32 / 28	674	97
Bosnia and Herzegovina	3.9	3.2	0.1	46	1.4	0.1	1.29	100	7,430		4.8	3,307	15 / 13	1,136	98
Croatia	4.6	3.7	-0.1	56	0.4	0.2	1.33	100	11,670	24.0	6.5	1,312	8 / 7	1,976	
Greece	11.1	10.7	0.2	59	0.4	0.4	1.25		22,000	15.6	5.1	(9,293)	8 / 7	2,709	
Italy	58.1	50.9	0.0	68	0.3	0.2	1.35		27,860	25.4	6.3	(27,068)	6 / 6	3,140	
Macedonia (Former Yugoslav Republic of)	2.0	1.9	0.1	69	1.1	0.4	1.46	98	6,480	23.6	6.0	1,074	17 / 16		
Portugal	10.5	10.7	0.4	58	1.5	0.6	1.47	100	19,250	24.0	6.7	(1,119)	7 / 7	2,469	
Serbia and Montenegro	10.5	9.4	0.0	52	0.4	0.5	1.60	93			7.2	1,401	15 / 13	1,991	93
Slovenia	2.0	1.6	-0.1	51	0.2	0.1	1.21	100	20,730		6.7	2	7 / 7	3,518	
Spain	43.4	42.5	0.4	77	0.6	0.1	1.33		25,070	19.2	5.5	(29,949)	6 / 5	3,240	
WESTERN EUROPE (14)	**186.3**	**185.5**	**0.2**	**77**	**0.4**		**1.56**	**100**					**6 / 5**		
Austria	8.2	8.1	0.1	66	0.3	0.3	1.40		31,790	23.9	5.1	(2,727)	6 / 5	4,086	100
Belgium	10.4	10.3	0.1	97	0.2	0.2	1.66		31,360	19.0	6.3	(26,400)	6 / 5	5,701	
France	60.7	63.1	0.3	77	0.6	0.1	1.86		29,320	17.8	7.7	(56,559)	6 / 5	4,519	
Germany	82.7	78.8	0.0	75	0.1	0.2	1.33		27,950	16.7	8.7	(132,088) [25]	5 / 5	4,205	100
Netherlands	16.4	17.1	0.4	80	1.0	0.5	1.73	100	31,220	18.0	6.1	(275,434)	7 / 6	4,982	100
Switzerland	7.3	7.3	0.1	75	0.6	1.0	1.40		35,370	24.3	6.7	(31,522)	6 / 5	3,689	100
LATIN AMERICA & CARIBBEAN	**568.9**	**782.9**	**1.3**	**77**	**1.7**		**2.43**	**83**				**221,948**	**33 / 27**		
CARIBBEAN (15)	**39.5**	**46.4**	**0.8**	**64**	**1.3**		**2.40**	**74**					**54 / 46**		
Cuba	11.3	9.7	0.2	76	0.0	0.4	1.62	100		30.9	6.3	5,988	6 / 6	1,000	91

	Total population (millions) (2006)	Projected population (millions) (2050)	Ave. pop. growth rate (%) (2005-2010)	% urban (2005)	Urban growth rate (2005-2010)	Population/ ha arable & perm. crop land	Total fertility rate (2006)	% births with skilled atten-dants	GNI per capita PPP$ (2004)	Expen-ditures/ primary student (% of GDP per capita)	Health expen-ditures, public (% of GDP)	External population assistance (US$,000)	Under-5 mortality M/F	Per capita energy con-sumption	Access to im-proved drinking water sources
Dominican Republic	9.0	12.7	1.4	67	2.4	0.8	2.61	99	6,750	5.0	2.3	8,524	48 / 39	923	93
Haiti	8.6	13.0	1.4	39	3.0	4.6	3.71	24	1,680		2.9	39,388	108 / 93	270	71
Jamaica	2.7	2.6	0.4	53	1.0	1.8	2.34	95	3,630	15.5	2.7	4,677	21 / 18	1,543	93
Puerto Rico	4.0	4.4	0.5	98	0.8	1.2	1.87	100				36	12 / 10		
Trinidad and Tobago	1.3	1.2	0.3	12	2.8	0.9	1.61	96	11,180	16.0	1.5	849	20 / 16	8,553	91
CENTRAL AMERICA	**149.2**	**209.6**	**1.4**	**70**	**1.8**		**2.49**	**77**					**29 / 23**		
Costa Rica	4.4	6.4	1.5	62	2.3	1.5	2.14	98	9,530	17.1	5.8	660	13 / 10	880	97
El Salvador	7.0	10.8	1.6	60	2.1	2.3	2.73	69	4,980	9.4	3.7	7,626	32 / 26	675	82
Guatemala	12.9	25.6	2.4	47	3.4	2.8	4.29	41	4,140	4.7	2.1	19,757	48 / 36	608	95
Honduras	7.4	12.8	2.1	46	3.1	1.5	3.42	56	2,710		4.0	11,635	48 / 38	522	90
Mexico	108.3	139.0	1.1	76	1.5	0.8	2.21	86	9,590	14.4	2.9	15,646	22 / 18	1,564	91
Nicaragua	5.6	9.4	2.0	59	2.7	0.5	3.03	67	3,300	9.1	3.7	15,823	39 / 31	588	81
Panama	3.3	5.1	1.6	71	2.8	1.0	2.61	93	6,870	9.9	5.0	594	27 / 20	836	91
SOUTH AMERICA (16)	**380.3**	**526.9**	**1.3**	**82**	**1.8**		**2.41**	**87**					**33 / 26**		
Argentina	39.1	51.4	1.0	90	1.2	0.1	2.27	99	12,460	10.9	4.3	3,478	17 / 14	1,575	
Bolivia	9.4	14.9	1.8	64	2.5	1.1	3.64	61	2,590	16.4	4.3	11,248	65 / 56	504	85
Brazil	188.9	253.1	1.3	84	1.8	0.4	2.27	88	8,020	11.3	3.4	11,489	34 / 26	1,065	89
Chile	16.5	20.7	1.0	88	1.3	1.0	1.95	100	10,500	15.3	3.0	4,162	10 / 8	1,647	95
Colombia	46.3	65.7	1.4	73	1.8	2.2	2.51	91	6,820	16.7	6.4	1,692	30 / 26	642	92
Ecuador	13.4	19.2	1.4	63	2.2	1.1	2.64	69	3,690	3.2	2.0	3,492	29 / 22	708	86
Paraguay	6.3	12.1	2.2	58	3.2	0.7	3.64	77	4,870	12.3	2.3	4,167	46 / 36	679	83
Peru	28.4	42.6	1.4	73	1.8	1.8	2.71	71	5,370	6.4	2.1	18,839	50 / 41	442	81
Uruguay	3.5	4.0	0.6	92	0.8	0.3	2.24	99	9,070	7.9	2.7	288	16 / 12	738	98
Venezuela	27.2	42.0	1.7	93	2.0	0.6	2.60	94	5,760		2.0	1,312	28 / 24	2,112	83
NORTHERN AMERICA (17)	**333.7**	**438.0**	**0.9**	**81**	**1.3**		**1.99**	**99**					**8 / 8**		
Canada	32.6	42.8	0.9	80	1.0	0.0	1.48	98	30,660		6.9	(56,626)	6 / 6	8,240	100
United States of America	301.0	395.0	0.9	81	1.3	0.0	2.04	99	39,710	21.8	6.8	(1,807,643)	8 / 8	7,843	100
OCEANIA	**33.5**	**47.6**	**1.2**	**71**	**1.3**		**2.25**	**84**					**33 / 36**		
AUSTRALIA-NEW ZEALAND	**24.4**	**32.7**	**1.0**	**88**	**1.2**		**1.78**	**100**					**6 / 5**		
Australia (18)	20.4	27.9	1.0	88	1.2	0.0	1.75	99	29,200	16.4	6.4	(38,966)	6 / 5	5,668	100
Melanesia (19)	7.8	13.2	1.7	20	2.5		3.59	61					73 / 80		
New Zealand	4.1	4.8	0.7	86	0.8	0.1	1.96	100	22,130	18.7	6.3	(5,917)	7 / 6	4,333	
Papua New Guinea	6.0	10.6	1.8	13	2.7	4.9	3.74	53	2,300		3.0	11,287	82 / 93		39
COUNTRIES WITH ECONOMIES IN TRANSITION OF THE FORMER USSR (20)															
Armenia	3.0	2.5	-0.2	64	-0.4	0.6	1.32	97	4,270	8.9	1.2	2,445	36 / 31	660	92
Azerbaijan	8.5	9.6	0.8	52	0.9	1.1	1.83	84	3,830	7.6	0.9	994	90 / 81	1,493	77
Belarus	9.7	7.0	-0.6	72	0.1	0.2	1.22	100	6,900	13.7	4.9	144	20 / 14	2,613	100
Georgia	4.4	3.0	-0.8	52	-0.6	0.8	1.41	96	2,930		1.0	3,554	45 / 37	597	76
Kazakhstan	14.8	13.1	0.0	57	0.4	0.1	1.88	99	6,980	10.1	2.0	5,265	86 / 60	3,342	86
Kyrgyzstan	5.3	6.7	1.1	36	1.6	0.9	2.54	98	1,840	7.7	2.2	3,395	67 / 56	528	76
Republic of Moldova	4.2	3.3	-0.2	47	0.3	0.4	1.19	99	1,930	17.1	3.9	7,187	30 / 26	772	92
Russian Federation	142.5	111.8	-0.4	73	-0.6	0.1	1.38	99	9,620		3.3	16,969	24 / 18	4,424	96
Tajikistan	6.6	10.4	1.4	25	1.1	1.9	3.48	71	1,150	6.7	0.9	3,253	116 / 103	501	58
Turkmenistan	4.9	6.8	1.3	46	2.1	0.7	2.57	97	6,910		2.6	1,322	104 / 85	3,662	71
Ukraine	46.0	26.4	-1.0	68	-0.7	0.2	1.13	99	6,250	10.4	3.8	14,181	19 / 14	2,772	98
Uzbekistan	27.0	38.7	1.4	37	1.6	1.3	2.56	96	1,860		2.4	8,388	72 / 60	2,023	89

Selected Indicators for Less Populous Countries/Territories

Monitoring ICPD Goals – Selected Indicators	Indicators of Mortality			Indicators of Education		Reproductive Health Indicators			
	Infant mortality Total per 1,000 live births	Life expectancy M/F	Maternal mortality ratio	Primary enrolment (gross) M/F	Secondary enrolment (gross) M/F	Births per 1,000 women aged 15-19	Contraceptive Prevalence Any method	Modern methods	HIV prevalence rate (%) (15-49) M/F
Bahamas	12	68.2 / 74.4	60	93 / 93	76 / 84	58	62	60	2.6 / 4.0
Bahrain	13	73.6 / 76.4	28	104 / 104	96 / 102	17	62	31	
Barbados	10	72.5 / 78.9	95	108 / 106	109 / 111	42	55	53	2.3 / 0.8
Belize	29	69.4 / 74.2	140	126 / 123	84 / 87	76	47	42	3.6 / 1.4
Brunei Darussalam	6	74.8 / 79.5	37	109 / 109	91 / 96	27			0.1 / <0.1
Cape Verde	26	67.8 / 74.1	150	113 / 108	63 / 69	83	53	46	
Comoros	51	62.4 / 66.7	480	91 / 80	40 / 30	49	26	19	<0.1 / <0.1
Cyprus	6	76.5 / 81.5	47	98 / 97	96 / 99	8			
Djibouti	87	52.3 / 54.5	730	44 / 35	25 / 18	49			2.5 / 3.7
Equatorial Guinea	97	41.8 / 42.2	880	133 / 121	38 / 22	182			2.6 / 3.8
Fiji	20	66.2 / 70.7	75	107 / 105	85 / 91	31			0.2 / <0.1
French Polynesia	8	71.4 / 76.5	20			34			
Guadeloupe	7	75.6 / 82.2	5			18			
Guam	9	73.0 / 77.7	12			61			
Guyana	45	61.6 / 67.7	170	127 / 125	92 / 95	57	37	36	2.0 / 2.9
Iceland	3	79.3 / 83.0	0	102 / 100	111 / 118	15			0.2 / 0.1
Luxembourg	5	75.6 / 81.9	28	100 / 99	92 / 98	8			
Maldives	36	68.1 / 67.6	110	105 / 102	68 / 78	54	42	33	
Malta	7	76.4 / 81.1	21	103 / 102	109 / 102	14			
Martinique	7	76.0 / 82.1	4			30			
Micronesia (26)	26	69.5 / 73.9				42			
Netherlands Antilles	12	73.5 / 79.6	20	127 / 124	83 / 90	22			
New Caledonia	6	73.3 / 78.5	10			29			
Polynesia (27)	17	70.1 / 75.3				28			
Qatar	11	71.9 / 76.7	7	102 / 101	98 / 95	18	43	32	
Réunion	7	71.8 / 80.0	41			35	67	62	
Samoa	23	68.1 / 74.5	130	100 / 100	76 / 85	27			
Solomon Islands	32	62.3 / 63.9	130	121 / 117	33 / 26	40			
Suriname	23	66.6 / 73.1	110	118 / 121	63 / 84	40	42	41	2.8 / 1.1
Vanuatu	30	67.8 / 71.6	130	120 / 116	44 / 38	43			

Demographic, Social and Economic Indicators	Total population (thousands) (2006)	Projected population (thousands) (2050)	% urban (2005)	Urban growth rate (2005-2010)	Population/ ha arable & perm. crop land	Total fertility rate (2006)	% births with skilled attendants	GNI per capita PPP$ (2004)	Under-5 mortality M/F
Bahamas	327	466	90.4	1.5	0.8	2.23	99		16 / 11
Bahrain	739	1,155	96.5	1.9	1.1	2.32	99		15 / 15
Barbados	270	255	52.7	1.3	0.6	1.50	100		12 / 10
Belize	275	442	48.3	2.3	0.8	2.92	84	6,510	40 / 37
Brunei Darussalam	382	681	73.5	2.6	0.1	2.36	100		7 / 6
Cape Verde	519	1,002	57.3	3.5	2.1	3.49	89	5,650	39 / 20
Comoros	819	1,781	37.0	4.3	4.1	4.48	62	1,840	71 / 54
Cyprus	845	1,174	69.3	1.3	0.4	1.59		22,330	8 / 6
Djibouti	807	1,547	86.1	2.1	591.6	4.68	61	2,270	133 / 117
Equatorial Guinea	515	1,146	38.9	2.6	1.4	5.91	65	7,400	178 / 161
Fiji	854	934	50.8	1.7	1.1	2.76	99	5,770	25 / 24
French Polynesia	260	360	51.7	1.3	3.2	2.29	99		11 / 11
Guadeloupe	452	474	99.8	0.6	0.5	2.01	100		10 / 8
Guam	172	254	94.1	1.6	3.8	2.75	99		11 / 9
Guyana	752	488	28.2	0.2	0.2	2.17	86	4,110	68 / 50
Iceland	297	370	92.8	0.9	3.1	1.94		32,360	4 / 4
Luxembourg	471	721	82.8	1.1	0.1	1.74	100	61,220	7 / 6
Maldives	337	682	29.6	4.0	5.9	3.91	70		37 / 48
Malta	403	428	95.3	0.7	0.5	1.47		18,720	8 / 8
Martinique	397	350	97.9	0.3	0.6	1.94	100		9 / 8
Micronesia (26)	566	849	67.7	2.1		3.26	94		35 / 27
Netherlands Antilles	184	203	70.4	1.0	0.1	2.07			16 / 10
New Caledonia	241	382	63.7	2.2	7.9	2.34			8 / 9
Polynesia (27)	662	763	42.1	1.5		3.04	98		21 / 19
Qatar	839	1,330	95.4	2.0	0.4	2.85	100		13 / 11
Réunion	796	1,092	92.4	1.7	0.5	2.48			10 / 9
Samoa	186	157	22.4	1.3	0.5	4.09	100	5,670	28 / 25
Solomon Islands	490	921	17.0	4.2	4.2	3.95	85	1,760	55 / 49
Suriname	452	429	73.9	1.0	1.2	2.49	85		33 / 21
Vanuatu	215	375	23.5	3.6	0.7	3.82	87	2,790	39 / 29

Notes for Indicators

Data for small countries or areas, generally those with population of 200,000 or less in 1990, are not given in this table separately. They have been included in their regional population figures.

(*)   More-developed regions comprise North America, Japan, Europe and Australia-New Zealand.

(+)   Less-developed regions comprise all regions of Africa, Latin America and Caribbean, Asia (excluding Japan), and Melanesia, Micronesia and Polynesia.

(‡)   Least-developed countries according to standard United Nations designation.

(1)   Including British Indian Ocean Territory and Seychelles.

(2)   Including Agalesa, Rodrigues and St. Brandon.

(3)   Including Sao Tome and Principe.

(4)   Formerly Zaire.

(5)   Including Western Sahara.

(6)   Including St. Helena, Ascension and Tristan da Cunha.

(7)   Including Macau.

(8)   On 1 July 1997, Hong Kong became a Special Administrative Region (SAR) of China.

(9)   This entry is included in the more developed regions aggregate but not in the estimate for the geographical region.

(10) Turkey is included in Western Asia for geographical reasons. Other classifications include this country in Europe.

(11) Comprising Algeria, Bahrain, Comoros, Djibouti, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libyan Arab Jamahiriya, Mauritania, Morocco, Occupied Palestinian Territory, Oman, Qatar, Saudi Arabia, Somalia, Sudan, Syria, Tunisia, United Arab Emirates and Yemen. Regional aggregation for demographic indicators provided by the UN Population Division. Aggregations for other indicators are weighted averages based on countries with available data.

(12) Including Channel Islands, Faeroe Islands and Isle of Man.

(13) Including Andorra, Gibraltar, Holy See and San Marino.

(14) Including Leichtenstein and Monaco.

(15) Including Anguilla, Antigua and Barbuda, Aruba, British Virgin Islands, Cayman Islands, Dominica, Grenada, Montserrat, Netherlands Antilles, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Turks and Caicos Islands, and United States Virgin Islands.

(16) Including Falkland Islands (Malvinas) and French Guiana.

(17) Including Bermuda, Greenland, and St. Pierre and Miquelon.

(18) Including Christmas Island, Cocos (Keeling) Islands and Norfolk Island.

(19) Including New Caledonia and Vanuatu.

(20) The successor States of the former USSR are grouped under existing regions. Eastern Europe includes Belarus, Republic of Moldova, Russian Federation and Ukraine. Western Asia includes Armenia, Azerbaijan and Georgia. South Central Asia includes Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan. Regional total, excluding subregion reported separately below.

(21) Regional total, excluding subregion reported separately below.

(22) These subregions are included in the UNFPA Arab States and Europe region.

(23) Estimates based on previous years' reports. Updated data are expected.

(24) Total for Eastern Europe includes some South European Balkan States and Northern European Baltic States.

(25) More recent reports suggest this figure might have been higher. Future publications will reflect the evaluation of this information.

(26) Comprising Federated States of Micronesia, Guam, Kiribati, Marshall Islands, Nauru, Northern Mariana Islands, and Pacific Islands (Palau).

(27) Comprising American Samoa, Cook Islands, Johnston Island, Pitcairn, Samoa, Tokelau, Tonga, Midway Islands, Tuvalu, and Wallis and Futuna Islands.

Technical Notes

The statistical tables in this year's *The State of World Population* report once again give special attention to indicators that can help track progress in meeting the quantitative and qualitative goals of the International Conference on Population and Development (ICPD) and the Millennium Development Goals (MDGs) in the areas of mortality reduction, access to education, access to reproductive health services including family planning, and HIV/AIDS prevalence among young people. The sources for the indicators and their rationale for selection follow, by category.

Monitoring ICPD Goals

INDICATORS OF MORTALITY

Infant mortality, male and female life expectancy at birth. Source: Spreadsheets provided by the United Nations Population Division. These indicators are measures of mortality levels, respectively, in the first year of life (which is most sensitive to development levels) and over the entire lifespan. Data estimates are for 2006.

Maternal mortality ratio. Source: WHO, UNICEF, and UNFPA. 2003. *Maternal Mortality in 2000: Estimates Developed by WHO, UNICEF, and UNFPA*. Geneva: WHO. This indicator presents the number of deaths to women per 100,000 live births which result from conditions related to pregnancy, delivery and related complications. Precision is difficult, though relative magnitudes are informative. Estimates below 50 are not rounded; those 50-100 are rounded to the nearest 5; 100-1,000, to the nearest 10; and above 1,000, to the nearest 100. Several of the estimates differ from official government figures. The estimates are based on reported figures wherever possible, using approaches to improve the comparability of information from different sources. See the source for details on the origin of particular national estimates. Estimates and methodologies are reviewed regularly by WHO, UNICEF, UNFPA, academic institutions and other agencies and are revised where necessary, as part of the ongoing process of improving maternal mortality data. Because of changes in methods, prior estimates for 1995 levels may not be strictly comparable with these estimates.

INDICATORS OF EDUCATION

Male and female gross primary enrolment ratios, male and female gross secondary enrolment ratios. Source: Spreadsheet provided by the UNESCO Institute for Statistics,

April 2006. Population data is based on: United Nations Population Division. 2005. *World Population Prospects: The 2004 Revision*. New York: United Nations. Gross enrolment ratios indicate the number of students enrolled in a level in the education system per 100 individuals in the appropriate age group. They do not correct for individuals who are older than the level-appropriate age due to late starts, interrupted schooling or grade repetition. Data are for the most recent year estimates available for the 1999-2005 period. Data for 2004 and 2005 are provisional.

Male and female adult illiteracy. Source: See gross enrolment ratios above for source; data adjusted to illiteracy from literacy. Illiteracy definitions are subject to variation in different countries; three widely accepted definitions are in use. Insofar as possible, data refer to the proportion who cannot, with understanding, both read and write a short simple statement on everyday life. Adult illiteracy (rates for persons above 15 years of age) reflects both recent levels of educational enrolment and past educational attainment. The above education indicators have been updated using estimates from: United Nations Population Division. 2005. *World Population Prospects: The 2004 Revision*. New York: United Nations. Data are for the most recent year estimates available for the 2000-2004 period.

Proportion reaching grade 5 of primary education. Source: See gross enrolment ratios above for source. Data are most recent within the school years 1999-2005. Data for 2004 and 2005 are provisional.

INDICATORS OF REPRODUCTIVE HEALTH

Births per 1,000 women aged 15-19. Source: Spreadsheet provided by the United Nations Population Division. This is an indicator of the burden of fertility on young women. Since it is an annual level summed over all women in the age cohort, it does not reflect fully the level of fertility for women during their youth. Since it indicates the annual average number of births per woman per year, one could multiply it by five to approximate the number of births to 1,000 young women during their late teen years. The measure does not indicate the full dimensions of teen pregnancy as only live births are included in the numerator. Stillbirths and spontaneous or induced abortions are not reflected. Estimates are for the 2005-2010 period.

Contraceptive prevalence. Source: Spreadsheet provided by the United Nations Population Division. These data are

derived from sample survey reports and estimate the proportion of married women (including women in consensual unions) currently using, respectively, any method or modern methods of contraception. Modern or clinic and supply methods include male and female sterilization, IUD, the pill, injectables, hormonal implants, condoms and female barrier methods. These numbers are roughly but not completely comparable across countries due to variation in the timing of the surveys and in the details of the questions. All country and regional data refer to women aged 15-49. The most recent survey data available are cited, ranging from 1986-2004.

HIV prevalence rate, M/F, 15-49. Source: UNAIDS. 2006. "Estimated HIV Prevalence (%) among Men and Women (ages 15-49) in 2005." Spreadsheet. Geneva: UNAIDS. These data derive from surveillance system reports and model estimates. Data provided for men and women aged 15-49 are point estimates for each country. The reference year is 2005. Male-female differences reflect physiological and social vulnerability to the illness and are affected by age differences between sexual partners.

DEMOGRAPHIC, SOCIAL AND ECONOMIC INDICATORS

Total population 2006, projected population 2050, average annual population growth rate for 2005-2010. Source: Spreadsheets provided by the United Nations Population Division. These indicators present the size, projected future size and current period annual growth of national populations.

Per cent urban, urban growth rates. Source: United Nations Population Division. 2006. *World Urbanization Prospects: The 2005 Revision.* Pre-release spreadsheet and CD-ROM. New York: United Nations. These indicators reflect the proportion of the national population living in urban areas and the growth rate in urban areas projected.

Agricultural population per hectare of arable and permanent crop land. Source: Data provided by Food and Agriculture Organization, Statistics Division, using population data based on the total populations from: United Nations Population Division. 2005. *World Population Prospects: The 2004 Revision.* New York: United Nations; and activity rates of economically active population from: ILO. 1996. *Economically Active Population, 1950-2010,* 4th Edition. Geneva: ILO. This indicator relates the size of the agricultural population to the land suitable for agricultural production. It is responsive to changes in both the structure of national economies (proportions of the workforce in agriculture) and in technologies for land development. High values can be related to stress on land productivity and to fragmentation of land holdings. However,

the measure is also sensitive to differing development levels and land use policies. Data refer to the year 2003.

Total fertility rate (2006). Source: Spreadsheet provided by the United Nations Population Division. The measure indicates the number of children a woman would have during her reproductive years if she bore children at the rate estimated for different age groups in the specified time period. Countries may reach the projected level at different points within the period.

Births with skilled attendants. Source: WHO. 2006. *Skilled Attendant at Birth: 2006 Updates.* Factsheet. Geneva: WHO. This indicator is based on national reports of the proportion of births attended by "skilled health personnel or skilled attendant: doctors (specialist or non-specialist) and/or persons with midwifery skills who can diagnose and manage obstetrical complications as well as normal deliveries". Data for more developed countries reflect their higher levels of skilled delivery attendance. Because of assumptions of full coverage, data (and coverage) deficits of marginalized populations and the impacts of chance and transport delays may not be fully reflected in official statistics. Data estimates are the most recent available from 1995 through 2004.

Gross national income per capita. Source: Most recent (2004) figures from: The World Bank. *World Development Indicators Online.* Web site: http://devdata.worldbank.org/dataonline/ (by subscription). This indicator (formerly referred to as gross national product [GNP] per capita) measures the total output of goods and services for final use produced by residents and non-residents, regardless of allocation to domestic and foreign claims, in relation to the size of the population. As such, it is an indicator of the economic productivity of a nation. It differs from gross domestic product (GDP) by further adjusting for income received from abroad for labour and capital by residents, for similar payments to non-residents, and by incorporating various technical adjustments including those related to exchange rate changes over time. This measure also takes into account the differing purchasing power of currencies by including purchasing power parity (PPP) adjustments of "real GNP". Some PPP figures are based on regression models; others are extrapolated from the latest International Comparison Programme benchmark estimates. See original source for details.

Central government expenditures on education and health. Source: The World Bank. *World Development Indicators Online.* Web site: http://devdata.worldbank.org/dataonline/ (by subscription). These indicators reflect the priority afforded to education and health sectors by a country through the government expenditures dedicated to them. They are not sensitive to differences in allocations within sectors, e.g., pri-

mary education or health services in relation to other levels, which vary considerably. Direct comparability is complicated by the different administrative and budgetary responsibilities allocated to central governments in relation to local governments, and to the varying roles of the private and public sectors. Reported estimates are presented as shares of GDP per capita (for education) or total GDP (for health). Great caution is also advised about cross-country comparisons because of varying costs of inputs in different settings and sectors. Data are for the most recent year estimates available for the 1999-2005 period.

External assistance for population. Source: UNFPA. 2005. *Financial Resource Flows for Population Activities in 2003.* New York: UNFPA. This figure provides the amount of external assistance expended in 2003 for population activities in each country. External funds are disbursed through multilateral and bilateral assistance agencies and by non-governmental organizations. Donor countries are indicated by their contributions being placed in parentheses. Regional totals include both country-level projects and regional activities (not otherwise reported in the table).

Under-5 mortality. Source: Spreadsheet provided by the United Nations Population Division. This indicator relates to the incidence of mortality to infants and young children. It reflects, therefore, the impact of diseases and other causes of death on infants, toddlers and young children. More standard demographic measures are infant mortality and mortality rates for 1 to 4 years of age, which reflect differing causes of and frequency of mortality in these ages. The measure is more sensitive than infant mortality to the burden of childhood diseases, including those preventable by improved nutrition and by immunization programmes. Under-5 mortality is here expressed as deaths to children under the age of 5 per 1,000 live births in a given year. Estimates are for the 2005-2010 period.

Per capita energy consumption. Source: The World Bank. *World Development Indicators Online.* Web site: http://devdata.worldbank.org/dataonline/ (by subscription). This indicator reflects annual consumption of commercial primary energy (coal, lignite, petroleum, natural gas and hydro, nuclear and geothermal electricity) in kilograms of oil equivalent per capita. It reflects the level of industrial development, the structure of the economy and patterns of consumption. Changes over time can reflect changes in the level and balance of various economic activities and changes in the efficiency of energy use (including decreases or increases in wasteful consumption). Data estimates are for 2003.

Access to improved drinking water sources. Source: UNICEF. 2005. *The State of the World's Children 2005: Childhood Under Threat.* New York: UNICEF. This indicator

reports the percentage of the population with access to an *improved source* of drinking water providing an *adequate amount of safe water* located within a *convenient distance* from the user's dwelling. The italicized words use country-level definitions. The indicator is related to exposure to health risks, including those resulting from improper sanitation. Data are estimates for the year 2002.

UNFPA, the United Nations Population Fund, is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect.

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