

# POLICY BRIEF **03.20.23**

## **Migrant Women in Morocco: Improving Sexual Health and Tackling Gender-based Violence**

Mohamed Khalis, MPH, Ph.D.;<sup>i, ii, iii, iv</sup> Oumnia Bouaddi, M.D.;<sup>ii, iii, iv</sup> Laila Acharai, MPH, Ph.D.;<sup>iii</sup> Aasmaa Chaoui, MPH, M.D.;<sup>v</sup> Sanae Elomrani, MPH;<sup>vi</sup> Abdelhakim Yahyane, MPH, M.D.;<sup>vii</sup> Bouchra Assarag, MPH, M.D., Ph.D.<sup>vi</sup>

### **INTRODUCTION**

Migration can expose women and girls to sexual and gender-based violence (SGBV) in countries of transit and destination. SGBV has several repercussions on the physical, psychosocial, and economic well-being of those who experience it. In addition, migrant women can also experience significant sexual and reproductive health (SRH) problems due to inadequate access to care, harsh circumstances during their migratory journey, stigma, lack of information on support services, and lack of coordination between civil society and institutional structures.

In this policy brief, we summarize our research on the sexual and reproductive health of women migrants in Morocco, as well as their history of violence and utilization of support services. Our findings show a high prevalence of SGBV among women migrants in Morocco, poor utilization of support services, as well as significant SRH issues. We recommend improving access to adequate information about existing protection and support services, establishing and strengthening support networks, improving research and data collection on SGBV and the barriers to access services, improving coordination mechanisms between actors in migrant health and protection, and promoting transparency and accountability.

### **CONTEXT**

Over the last decade, Morocco has experienced significant growth in the numbers of migrants arriving in the country. According to the International Organization for Migration (IOM) 2022 Interactive Report, more than 102,000 migrants live in Morocco as of 2020, which accounts for 0.3% of the total population.<sup>1</sup> The majority of the migrant population living in Morocco comes from sub-Saharan Africa.<sup>2</sup> In 2013, a study conducted by the United Nations AIDS Agency and the Global Fund indicated that migrants in Morocco face a multitude of health issues, such as skin and pulmonary infections, digestive problems, and psychological disorders.<sup>3</sup> In addition, migrants' access to health care services is hampered by numerous barriers, including a shortage of health care personnel, lack of information about services, and migrant-specific issues such as discrimination, language difficulties, and cultural barriers.<sup>4</sup>

Recognizing the needs of the migrant population, Morocco has ratified several human rights instruments to ensure their protection and integration.<sup>5</sup> Similarly, the Moroccan government has put in place policies, measures, and multidisciplinary actions to ensure the protection of migrants' rights, and to improve their living and working conditions.<sup>6</sup>



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### Regularization Campaigns

Two regularization<sup>7</sup> campaigns were launched in Morocco in 2014 and 2016. About 17,916 migrants were regularized as a result of the first campaign in 2014.<sup>8</sup> In 2016, a second campaign chaired by the National Council for Human Rights (CNDH) received more than 28,000 applications.<sup>9</sup> In total, the two campaigns led to the regularization of more than 49,000 migrants. Concurrently, the Moroccan government launched the National Strategy for Immigration and Asylum (SNIA), which included several health-related objectives such as standardizing care procedures for all immigrants in need of emergency care; raising awareness about health care services; and increasing the cultural competency of health care providers and their sensitivity toward migrant health issues.<sup>10</sup> In addition, Article 57 of the Moroccan hospital regulations stipulates that “non-Moroccan patients or wounded are admitted, regardless of their status, under the same conditions as nationals.”<sup>11</sup>

These regularization campaigns were a turning point in Morocco's efforts to better integrate migrants and increase their access to and utilization of public health care services. Regularized migrants can benefit from a wide range of care offered by a network of health services as part of the Régime d'Assistance Médicale insurance scheme. Known as RAMED, it was first established to ensure access to public health services among Moroccans living in precarious conditions.<sup>12</sup>

Since its latest regularization campaign, Morocco has taken additional steps to improve migrant health. Recently, the Moroccan Ministry of Health, in partnership with the IOM, developed a National Strategic Plan for Health and Immigration (PSNSI) for the period 2021 to 2025.<sup>13</sup> The PSNSI includes a reference document and an instrument that coordinates efforts geared toward improving migrant health.

Despite the many public policies aimed at improving migrants' health and well-being, the use of existing services is low due to several cultural, communication, and structural barriers. These barriers mean that poor health continues to be a challenge within the migrant population.

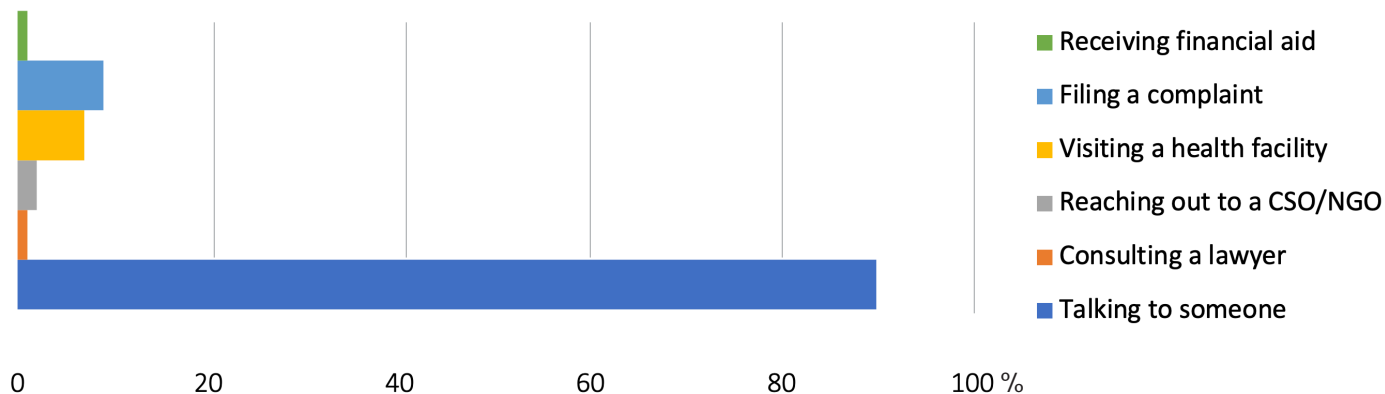
### MIGRANT HEALTH IN MOROCCO

During their migratory journeys and even while living in host countries, migrants may be victims of human rights violations. These include SGBV, abuse, sexual and labor exploitation, and precarious living conditions. We note that victims of SGBV are more prone to negative SRH outcomes — including, but not limited to, sexually-transmissible infections and unintended pregnancies.<sup>14</sup> In addition, access to health care services by migrant women and girls in host countries is often impaired by various structural, contextual, legal, and organizational barriers.<sup>15</sup> In Morocco, the data on SGBV against migrant women and girls is scarce, so the scale of the problem is unclear.

### Methodology

To gain an in-depth understanding of SGBV against migrant women in Morocco, we conducted a study in the capital city of Rabat using both qualitative and quantitative methods. Our study explored the forms of SGBV experienced by the female migrant population in Morocco, as well as how they made use of support services. To conduct the survey, we developed a questionnaire that was distributed to participants recruited from public health care facilities. Face-to-face interviews were also conducted with study participants to gain deeper insights into their experiences. Ultimately, we interviewed 151 female migrants over the course of six months in 2021.

**FIGURE 1 — USE OF SUPPORT SERVICES AMONG VICTIMS OF SEXUAL AND GENDER-BASED VIOLENCE**



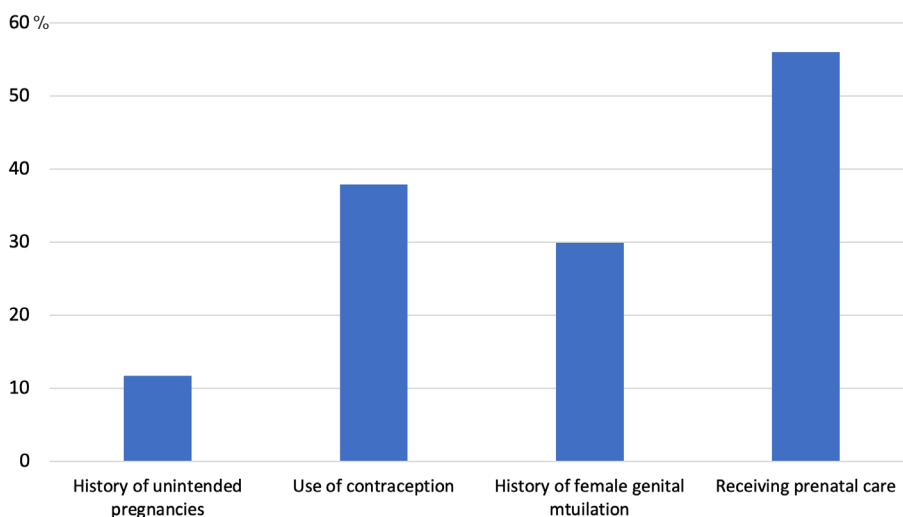
SOURCE Authors.

**Findings**

Our findings revealed that the majority of female migrants (76%) in Morocco have experienced one or more forms of SGBV during migration. Additionally, only a minority have sought social, health, or legal support services after being exposed to some form of SGBV (Figure 1). In terms of the SRH of migrants, we found that over half of pregnant migrant women were receiving antenatal care, and almost 30% had experienced female genital mutilation. In addition, moderate contraception coverage among sexually active migrant women (37.9%) was reported (Figure 2).

Our study indicates a high prevalence of SGBV against migrant women in Morocco, as well as poor utilization of support systems. While diverse support services are provided to migrants by multiple institutional and civil society<sup>16</sup> actors in Morocco, it appears that these services remain under-used by migrants impacted by SGBV. Our findings shed light on important unmet psychosocial needs of SGBV survivors and show that there is abundant room for further research on the determinants of uptake of support services by migrant SGBV survivors.

**FIGURE 2 — SEXUAL AND REPRODUCTIVE HEALTH OF MIGRANT WOMEN**



SOURCE Authors.

## POLICY RECOMMENDATIONS

To reduce the risk of SGBV, support victims, and improve access to essential SRH services, we propose the following recommendations:

### Raise Awareness

- Provide adequate and culturally sensitive information to migrant women in Morocco about the risks of SGBV as well as the available health care, psychosocial support, and protection services, irrespective of migration status.
- Emphasize the role of civil society organizations in providing information about the availability of free health care services, adequate referral and support cells for the victims of SGBV, and HIV screening and treatment services.

### Establish Adequate Support Networks

- Support the establishment of networks for and by migrant women.
- Provide funding for existing civil society organizations that offer psychosocial support to survivors of SGBV.
- Support civil society organizations that offer essential quality SRH services to migrant women.

### Improve Data Collection and Data Sharing Between Different Stakeholders

- Collect more specific and comparable data, and invest in research to investigate SGBV against the female migrant population in Morocco.
- Investigate the barriers — structural and otherwise — that prevent access to essential SRH and psychosocial support services among migrants and migrant victims of SGBV.
- Strengthen community-based participatory research to improve understanding of the needs of migrant women and girls.

### Increase Resilience and Empowerment

- Prioritize resilience measures to ensure the socioeconomic inclusion and empowerment of the migrant

community, especially women, who make up half of the migrant population in Morocco.

### Improve Access to Quality SRH Services

- Ensure access to quality SRH services adapted to the real needs of migrant women, taking into consideration the diversity of migrant women's cultural backgrounds, as these affect their SRH beliefs and attitudes.

### Improve Coordination Mechanisms

- Ensure complementarity of health and psychosocial rehabilitation services offered by different actors by improving coordination between civil society organizations and other institutions providing support to migrants.

### Promote Transparency and Accountability

- Develop multidisciplinary, evidence-based initiatives that consider accountability and transparency with reference to the human rights approach, in order to improve the safety and gender-sensitivity of complaint mechanisms and the victims' access to the judicial system.

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## CONSIDERATIONS FOR IMPLEMENTATION: BARRIERS AND STRATEGIES

In conclusion we summarize the known barriers to effective implementation of these recommendations and then provide strategies to overcome these barriers.

- Underreporting of SGBV is common worldwide due to fear of slander, stigma, and risk of deportation. There is insufficient information on available services, and low uptake of services among undocumented migrants due to fear of deportation. To overcome these challenges, we recommend the development of a non-punitive reporting culture and policies through the separation of immigration enforcement activities from the provision of essential services. We also recommend improving

the dissemination of these policies in migrant communities through appropriate communication channels.

- Inadequate training of health care professionals and social workers in the delivery of culturally appropriate and gender-sensitive care may shape the health care experiences of migrants. To overcome this challenge, we propose the embedding of gender and culture in the training of health professionals.
- Insufficient coordination with various stakeholders, and scarcity of data and monitoring can prevent the development and dissemination of adequate resources. To overcome this barrier, we recommend improving coordination with stakeholders, enhancing data collection, and monitoring migrant treatment and health outcomes.

## ENDNOTES

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7. Regularization refers to a state's policy toward irregular migrants living in that country. Regularization helps to stabilize a migrant's status, decreases the likelihood of their being exploited, improves the availability of more accurate data on labor market and irregular migration, and — because it weakens the underground economy — regularization increases the State's tax and social security revenues. See <https://www.iom.int/sites/g/files/tmzbd1486/files/documents/regularization.pdf>.

8. National Strategic Plan on Health and Immigration, see note 3.

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14. World Health Organization, “Violence Against Women,” March 9, 2021, <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>.

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16. Civil society organizations are voluntary groups that operate in the community and are not state or business entities.

## AUTHOR AFFILIATIONS

i. Higher Institute of Nursing Professions and Technical Health

ii. Mohammed VI Center of Research and Innovation

iii. International School of Public Health, Mohammed VI University of Health Sciences

iv. Knowledge for Health Policy Center, Mohammed VI University of Health Sciences

v. Unit of Migration Health, Ministry of Health and Social Protection

vi. National School of Public Health

vii. Direction of Population, Ministry of Health and Social Protection

## AUTHORS

**Mohamed Khalis, Ph.D.**, is an associate professor of epidemiology and public health at the International School of Public Health, Mohammed VI University of Health Sciences in Casablanca, Morocco. He is an assistant professor at the Higher Institute of Nursing Professions and Technical Health of Rabat. He is also a visiting scientist at the World Health Organization's International Agency for Research on Cancer. His research focuses on sexual and reproductive health and migrant health, as well as lifestyle, dietary and environmental risk factors related to chronic diseases.

**Oumnia Bouaddi, M.D.**, is a dentist and early-career public health researcher in Morocco. She is a Ph.D. student in migrant health at Mohammed VI University of Health Sciences and the University of Barcelona. Her work focuses on vaccination and vaccine-

preventable diseases among migrant populations in the Middle East and North Africa.

**Laila Acharai, MPH, Ph.D.**, is in charge of the Reproductive Health Program at the UNFPA office in Morocco. She holds a Ph.D. in biology and health from Cadi Ayad University and an MPH from the Mohammed VI University of Health Sciences.

**Aasmaa Chaoui, MPH, M.D.**, is a medical doctor and specialist in public health and health management, and public health epidemiology (field epidemiology training program, CDC). She is the head of the Health and Migration Unit at the Ministry of Health and Social Protection in Morocco.

**Sanae Elomrani, MPH**, is a midwife with a master's degree in education and public health and health management. She is a doctoral candidate in public health and works at the National School of Public Health in Rabat, Morocco.

**Abdelhakim Yahyane, MPH, M.D.**, is the director of population direction at the Ministry of Health and Social Protection in Morocco. He graduated from the Faculty of Medicine of Rabat, and earned a degree in management at ISCAE and at the University of Paris Est Créteil. He served as the former head of the Maternal and Child Health Division, and former provincial delegate of the Ministry of Health in Morocco.

**Bouchra Assarag, MPH, M.D., Ph.D.**, is a medical doctor and holds a doctorate in public health. She is an expert in sexual and reproductive health and rights. She is author or co-author of several journal articles and serves on the editorial boards of a number of international journals focusing on public health and sexual and reproductive health.

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