



**Redressing Gendered Health
Inequalities of Displaced
Women and Girls**

Preliminary results: ReGHID
Survey-Honduras.

Healthcare Needs and Access to Services during Displacement

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Preliminary results: ReGHID Survey-Honduras

A study of the sexual and reproductive health of returnee migrant women

Healthcare needs and access to services during displacement

This study of the health needs of Honduran migrant women¹ has highlighted relevant information about their behaviours when they find themselves in a situation that requires medical attention. The results showed that migrant women travelling with children were the group most likely to seek – and be able to access medical attention while displacement, compared to women travelling alone or with others.

However, around 40% of those women who accessed a health service indicated that their issue was not met, while 11% of them reported a partial resolution of their health problem. Hence over 50% of those who sought care were not satisfied with the outcome.

This could indicate that, although there is greater healthcare coverage to migrant women with children, healthcare facilities are not equipped with the infrastructure nor the technical resources to provide adequate attention in paediatric healthcare (see facilitator factors for healthcare access, the types of healthcare facilities).

Issues about access to healthcare services

- One out of two migrant women who are travelling with children who access healthcare are not able to meet their health needs whilst in displacement.
- Only 43% of women with antenatal needs are able to access healthcare, identifying this group as the least likely to access services during their migratory journey.

¹ Survey implemented in collaboration with International Organisation for Migration (IOM). Sample size was 1,235 returnee woman and adolescents in Returnee Reception Centres in San Pedro Sula, Honduras. June-July 2022. See infographic and preliminary report of ReGHID survey in the following link <https://gcrf-reghid.com/publications/>

Table 1. Health care needs by travelling condition type in displacement

Health care needs		Travelling condition							
		Travelling alone		Travelling with others		Travelling with children		Total	
Health need	Yes	147	22.5%	62	28.4%	97	28.2%	306	25.2%
	No	506	77.4%	155	71.1%	245	71.2%	906	74.5%
	N/A	1	0.2%	1	0.5%	2	0.6%	4	0.3%
	Subtotal	654	100%	218	100%	344	100%	1216	100%
Seeking medical attention	Yes	108	74.0%	45	72.6%	93	95.9%	246	80.7%
	No	37	25.3%	16	25.8%	4	4.1%	57	18.7%
	N/A	1	0.7%	1	1.6%	0	0.0%	2	0.6%
	Subtotal	146	100%	62	100%	97	100%	305	100%
Access to healthcare service	Yes	100	68.0%	42	67.7%	90	92.8%	232	75.8%
	No	47	32.0%	19	30.6%	7	7.2%	73	23.9%
	N/A	0	0.0%	1	1.6%	0	0.0%	1	0.3%
	Subtotal	147	100%	62	100%	97	100.0%	306	100%
Health need solved	Yes	73	73.7%	38	90.5%	44	48.9%	155	67.1%
	No	24	24.2%	3	7.1%	36	40.0%	63	27.3%
	Partially	2	2.0%	1	2.4%	10	11.1%	13	5.6%
	Subtotal	99	100%	42	100%	90	100%	231	100%

The following table (Tab. 2) shows that women who were able to reach the United States had a slightly higher percentage of healthcare needs than those who were only able to reach Mexico. However, the more relevant point is that these women were able to meet their healthcare needs in a greater proportion compared to the rest of migrant women reaching USA; nine out of ten migrant women who reached Mexico met their health needs, whereas five out of ten migrant women who reached the United States succeeded in doing so.

Results are associated to the characteristics of the migratory journey through Mexican territory, specifically due to harsher geographical conditions and high-risk situations- in terms of personal safety and security- and availability of healthcare facilities in the Northern border of Mexico.

Table 2. Healthcare needs by last country reached

Healthcare needs		Last Country Reached					
		Mexico		USA		Total	
Health need	Yes	145	22.6%	161	28.1%	306	25.2%
	No	495	77.0%	411	71.7%	906	74.5%
	N/A	3	0.5%	1	0.2%	4	0.3%
	Subtotal	643	100%	573	100%	1216	100.0%
Seeking medical attention	Yes	113	77.9%	133	83.1%	246	80.7%
	No	30	20.7%	27	16.9%	57	18.7%
	N/A	2	1.4%	0	0.0%	2	0.6%
	Subtotal	145	100%	160	100%	305	100%
Access to healthcare service	Yes	105	72.4%	127	78.9%	232	75.8%
	No	39	26.9%	34	21.1%	73	23.9%
	N/A	1	0.7%	0	0.0%	1	0.3%
	Subtotal	145	100%	161	100%	306	100%
Health need solved	Yes	95	90.5%	60	47.6%	155	67.1%
	No	10	9.5%	53	42.1%	63	27.3%
	Partially	0	0.0%	13	10.3%	13	5.6%
	Subtotal	105	100%	126	100%	231	100%

Access to Healthcare by type of Health Need

The health needs most reported by migrant women during their displacement are illnesses, accessing health care for their offspring and accidents or injuries. Among these, seeking medical attention for their children was the greatest driver for accessing health care services. However, women reported that their child's health issue was met in less than half of the cases, as shown in the following tables (Tab.3-4).

Table 3. Type of health need and access to healthcare service

Health need	Access to health care service				
	Yes	No	N/A	Total	% healthcare need
Illness (pain, fever, diarrhoea, etc.) or ongoing treatment of an illness	155	51	0	206	75%
Healthcare for Offspring	41	6	0	47	87%
Accident, Injury or fracture	14	7	0	21	67%
Antenatal care	3	4	0	7	43%
Throat / eye infection, allergy, blisters on feet	4	1	0	5	80%
Cough, general cold	6	1	0	7	86%
Covid	2	0	0	2	100%
Blood pressure reading (high / low)	2	0	0	2	100%
Contraceptive methods	1	0	0	1	100%
Diagnostic test (blood, urine, imaging etc.)	1	1	0	2	50%
Dental problem, tooth pain or routine dentist visit	0	2	0	2	0%
Prefer not to answer	3	1	1	5	60%
Total	232	74	1	307	76%

Those migrant women who reported the greatest difficulty in accessing healthcare services, were those who had sought antenatal care. Although the numbers of women expecting a baby are small, exploring their characteristics takes special relevance given the risks associated with pregnancy during migration and specifically to the guarantee their sexual and reproductive rights.

Table 4. Type of health need by solved need

Type of health need	Health need solved				
	Yes	No	Partially	Total	% N. resolved
Illness (pain, fever, diarrhoea, etc.) or ongoing treatment of an illness	108	40	7	155	69.7%
Healthcare for Offspring	17	19	5	41	41.5%
Accident, Injury or fracture	12	2	0	14	85.7%
Antenatal Care	3	0	0	3	100.0%
Throat / eye infection, allergy, blisters on feet	2	1	1	4	50.0%
Cough, general cold	5	1	0	6	83.3%
Covid	2	0	0	2	100.0%
Blood pressure Reading (high / low)	2	0	0	2	100.0%
To obtain contraception	1	0	0	1	100.0%
Diagnostic test (blood, urine, imaging etc.)	1	0	0	1	100.0%
Dental problem, tooth pain or routine dentist visit	3	0	0	3	100.0%
Prefer not to answer	156	63	13	232	67.2%

Barriers to access healthcare services during displacement

- The main barrier to reach the healthcare system during displacement is for **being undocumented**
- Equal percentages of migrant women travelling with their children stated that the fear of deportation, discrimination and the difficulty of accessing a healthcare facility were the main barriers for accessing healthcare during displacement.

Returnee migrant women reported that the main barrier for accessing healthcare services during their displacement was that they were undocumented (43%), followed equally by the costs of the service and discrimination (12%). When this indicator is viewed by travelling companion groups (travelling alone, travelling with others and travelling with children), different perceptions of these barriers are shown among groups: women travelling with their children reported that the main factors

limiting their access to health care services were the fear of being deported, discrimination and the service being difficult to reach - 28% in each case (see Tab.5).

Table 5. Reasons for not seeking medical attention by travelling condition

Reasons for not seeking medical attention	Travelling condition							
	Travelling alone		Travelling with others		Travelling with children		Total	
Being Undocumented	26	55.3%	7	36.8%	0	0.0%	33	45.2%
Issue no considered to be serious	2	4.3%	0	0.0%	0	0.0%	2	2.7%
Money / cost	6	12.8%	3	15.8%	0	0.0%	9	12.3%
Lack of Information	2	4.3%	1	5.3%	0	0.0%	3	4.1%
Fear of Deportation	1	2.1%	0	0.0%	2	28.6%	3	4.1%
Discrimination	3	6.4%	4	21.1%	2	28.6%	9	12.3%
Health Service Required Not Available	1	2.1%	0	0.0%	0	0.0%	1	1.4%
Embarrassment	0	0.0%	3	15.8%	0	0.0%	3	4.1%
Difficult to Access	2	4.3%	0	0.0%	2	28.6%	4	5.5%
Safety	2	4.3%	0	0.0%	0	0.0%	2	2.7%
Other	2	4.3%	1	5.3%	1	14.3%	4	5.5%
Subtotal	47	100%	19	100%	7	100%	73	1

More than half of the women travelling alone reported that being undocumented was the main barrier to reach healthcare services during their migratory journey (55%). While women travelling with others gave the same reason with less percentage (37%), followed by discrimination (21%) and money / costs and embarrassment, both being reported with same frequency of cases (16%).

The following table shows the places where migrant women were able to access medical attention, by travelling companion (Tab. 6). The most frequently reported place was migrant shelters, followed by hospital or health centre. Disaggregating this variable by travelling condition, however, shows that the majority of women travelling with offspring obtained healthcare services in an Official Migration point (41%) and shelters (29%). Women with other travelling companions who were not children with health needs attended migrant shelters and hospitals.

Facilitators to access healthcare services during displacement

- In overall, women were able to meet their health needs through migrant shelters and refuges.
- Women travelling with children primarily accessed medical attention at migration centres during their journey.
- Closeness to the health service location was the key facilitating factor reported by women that got medical attention during their displacement

Table 6. Type of facility where healthcare was sought by travelling condition

Type of facility	Travelling condition							
	Travelling alone		Travelling with others		Travelling with children		Total	
Migrant shelter	54	54.0%	19	45.2%	26	28.9%	99	42.7%
Hospital or Health Centre	25	25.0%	14	33.3%	11	12.2%	50	21.6%
Home (other than your own)	0	0.0%	0	0.0%	1	1.1%	1	0.4%
Private hospital	4	4.0%	0	0.0%	3	3.3%	7	3.0%
NGO	8	8.0%	3	7.1%	0	0.0%	11	4.7%
Reception centre	4	4.0%	6	14.3%	12	13.3%	22	9.5%
Official Migration point	4	4.0%	0	0.0%	37	41.1%	41	17.7%
Other	1	1.0%	0	0.0%	0	0.0%	1	0.4%
Subtotal	100	100%	42	100%	90	100%	232	100%

The following table (Tab. 7) shows that most women who reached Mexico sought healthcare in migrant shelters (52%), with lower percentages to hospitals or health centres (28%). In comparison, most migrant women reaching the United States sought help in a migrant shelter or official migration centre.

Table 7. Place where health care was sought by last country reached

Type of facility	Last country reached					
	México		USA		Total	
Migrant Refuge	55	52.4%	44	34.6%	99	42.7%
Hospital or Health Centre	30	28.6%	20	15.7%	50	21.6%
Home (other than your own)	0	0.0%	1	0.8%	1	0.4%
Private Hospital	2	1.9%	5	3.9%	7	3.0%
NGO	10	9.5%	1	0.8%	11	4.7%
Reception Centre	6	5.7%	16	12.6%	22	9.5%
Official Migration Point	1	1.0%	40	31.5%	41	17.7%
Other	1	1.0%	0	0.0%	1	0.4%
Subtotal	105	100%	127	100%	232	100%

Migrant women indicated that the facilitating factor most frequently considered by themselves during displacement was the proximity. This reason was the most relevant irrespective travelling companion, type of health facility used (Tab. 8-9) and last country reached (data not shown).

Table 8. Reason for attending given place by travelling condition.

Reasons for attending given place	Travelling condition							
	Travelling alone		Travelling with others		Travelling with children		Total	
It was the closest	80	80.8%	32	78.0%	70	77.8%	182	79.1%
Offered the medical attention required	1	1.0%	3	7.3%	0	0.0%	4	1.7%
Already known about	5	5.1%	3	7.3%	5	5.6%	13	5.7%
It was recommended	8	8.1%	2	4.9%	2	2.2%	12	5.2%
Other	5	5%	1	2.4%	13	14.4%	19	8.3%
Subtotal	99	100%	41	100%	90	100%	230	100%

Table 9. Place where health service provided by reason for attending given place

Place where health service provided	Reasons for attending given place											
	It was the closest		Offered the medical attention required		Already known about		It was recommended		Other		Total	
Migrant Refuge	90	49.5%	2	50.0%	3	23.1%	4	33.3%	0	0.0%	99	43.0%
Hospital or Health Centre	40	22.0%	0	0.0%	7	53.8%	2	16.7%	1	5.3%	50	21.7%
A Home (other than your own)	1	0.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.4%
Private Hospital	3	1.6%	0	0.0%	1	7.7%	3	25.0%	0	0.0%	7	3.0%
NGO	6	3.3%	1	25.0%	1	7.7%	3	25.0%	0	0.0%	11	4.8%
Reception Centre	12	6.6%	1	25.0%	1	7.7%	0	0.0%	6	31.6%	20	8.7%
Official Migration Point	30	16.5%	0	0.0%	0	0.0%	0	0.0%	11	57.9%	41	17.8%
Other	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	5.3%	1	0.4%
Subtotal	182	100%	4	100%	13	100%	12	100%	19	100%	230	100%

Recommendations

- Bring forward initiatives which facilitate access to healthcare services for women and adolescent girls considering their specific needs and especially vulnerable groups, such as women travelling with their children and adolescent girls travelling unaccompanied.
- Promote the inclusion of healthcare services to displaced children (paediatrics) and antenatal care in those places offering medical attention in places with great influx of migrant population.
- Equip migration offices and detention centres for migrants with the infrastructure, technical resources and training to staff that provide healthcare services to migrant population in displacement considering specific needs of minors, mothers travelling with their offspring and pregnant women.