

The changes in global migration patterns: challenges for reproductive health services

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Global migration patterns

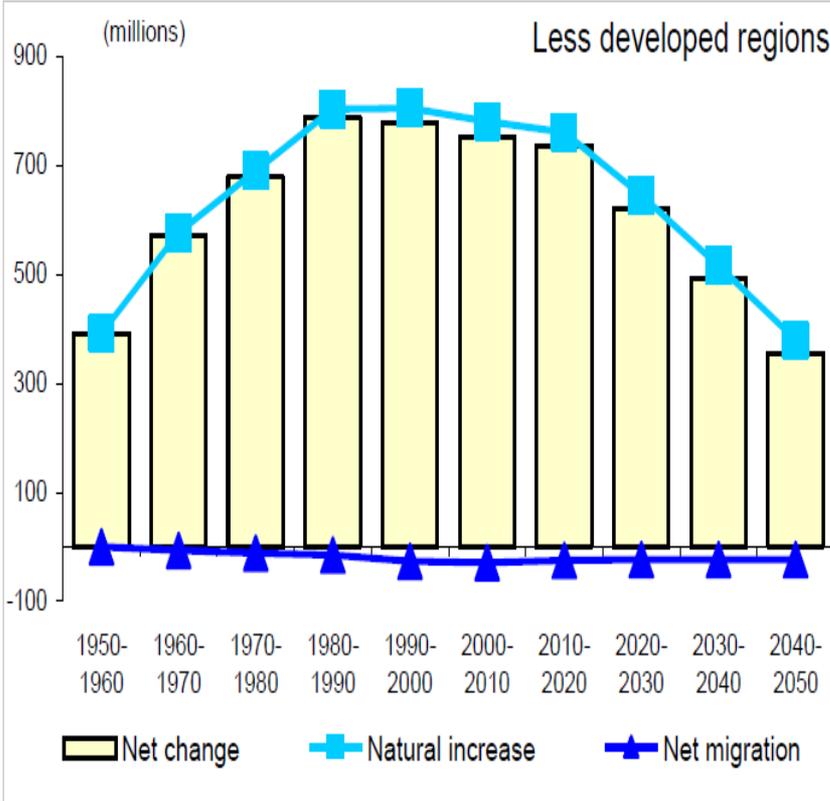
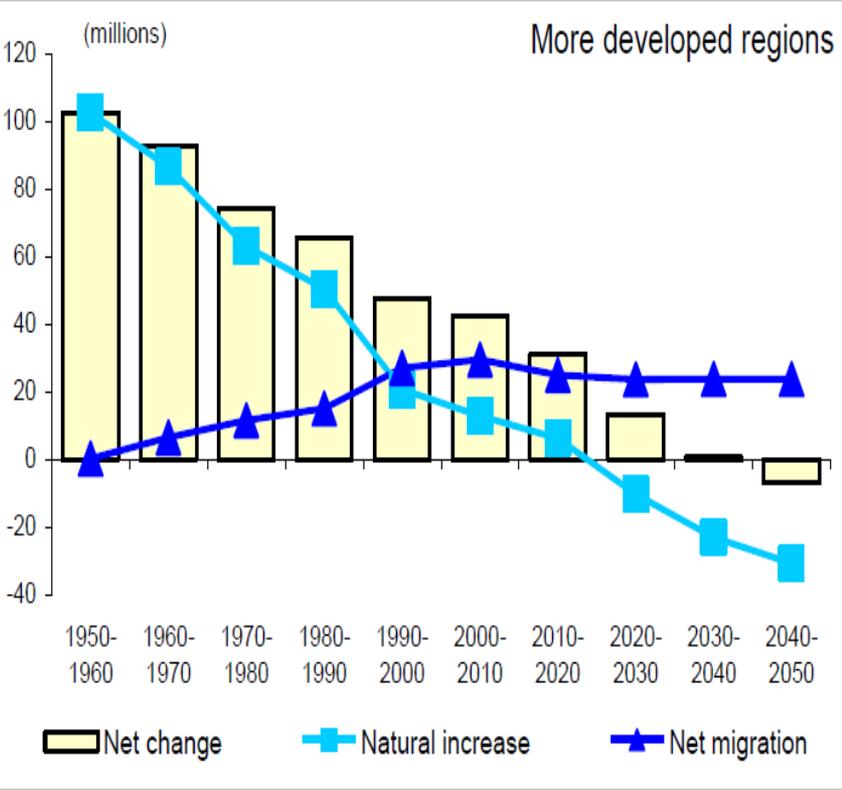
- World Migration Report 2013 published by IOM (International Organization for Migration) indicate that :

“there has been increasing international debate about how best to harness the benefits of migration for development. Yet migration remains inadequately integrated into development frameworks at national and local levels”

Background: Key points

- Placing migration at the centre of the debate
 - Demographic shift contribution of migration to growth population
- Migration is not just a South-North phenomenon
- Migrants improve human development but many struggle to access services including RH
- Developing a global barometer of migrant wellbeing

Contribution of Natural Increase and Net migration to pop change



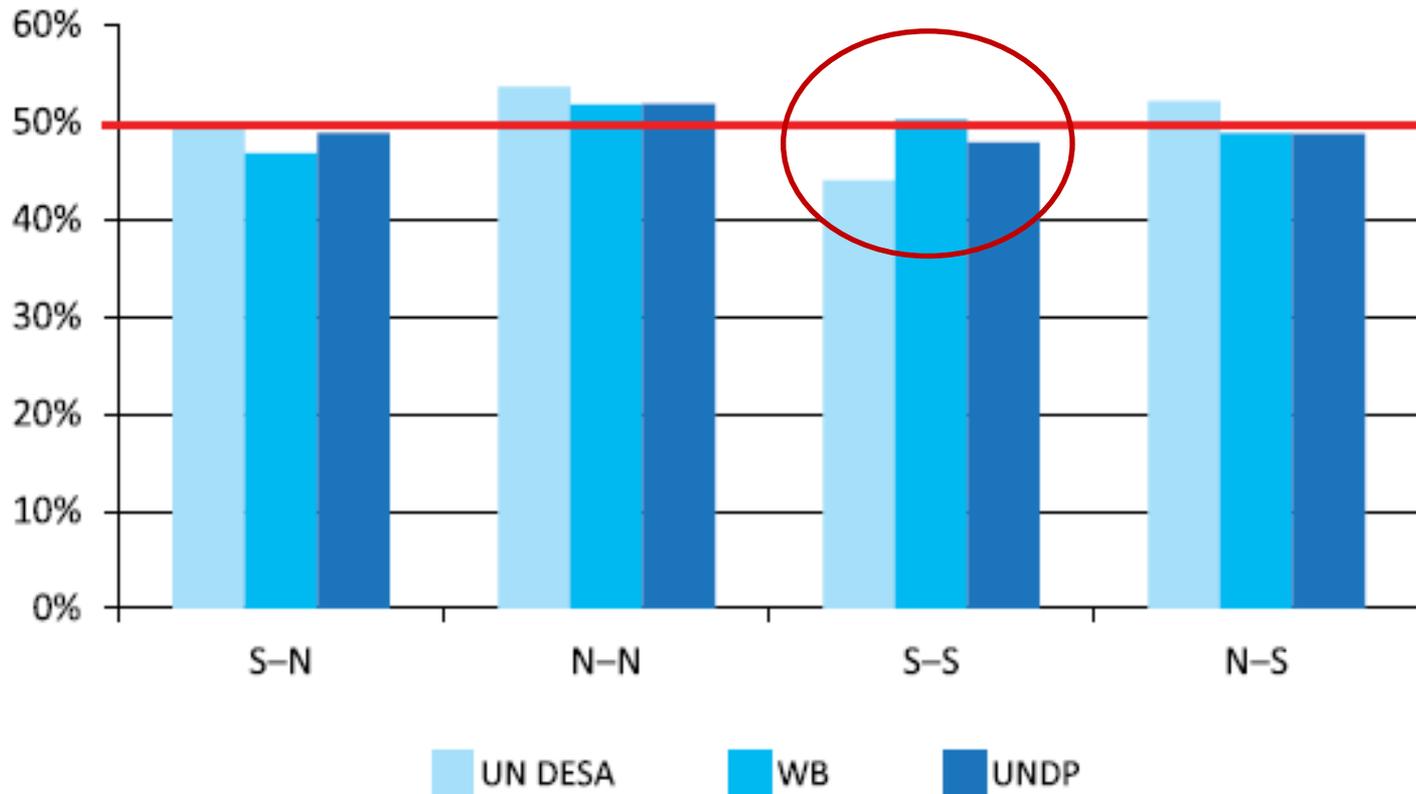
South-South Migration

	S - N		N - N		S - S		N - S	
	Stock	%	Stock	%	Stock	%	Stock	%
UN DESA	74,297	35	53,464	25	73,158	34	13,279	6
WB	95,091	45	36,710	17	75,355	35	7,044	3
UNDP	86,873	41	32,757	15	87,159	41	7,410	3

Challenges for health

- Migration is becoming an important aspect of population change even in developing countries
- S-N and S-S represent major migratory flows
- S-S movements increasing
- Important to note that informal movements are more common in S-S movements leading to:
 - higher unrecorded moves
 - Greater vulnerability of migrants in accessing health care facilities
- Challenge in projecting future migration change

Gender and migration: Female migrants as a share of total migrant stock

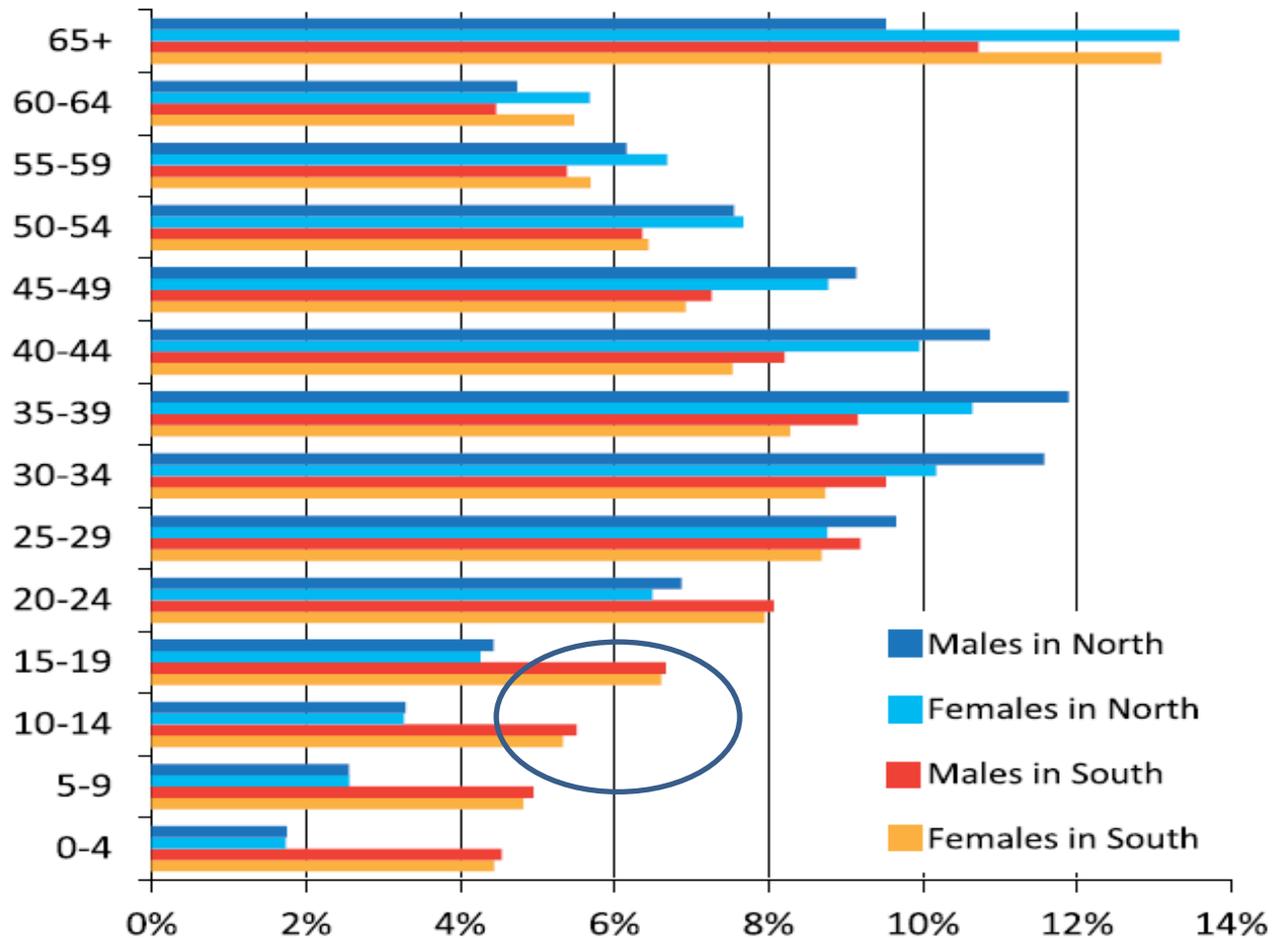


Source: IOM calculations, based on UN DESA, 2012b.

Implications and challenges for reproductive health

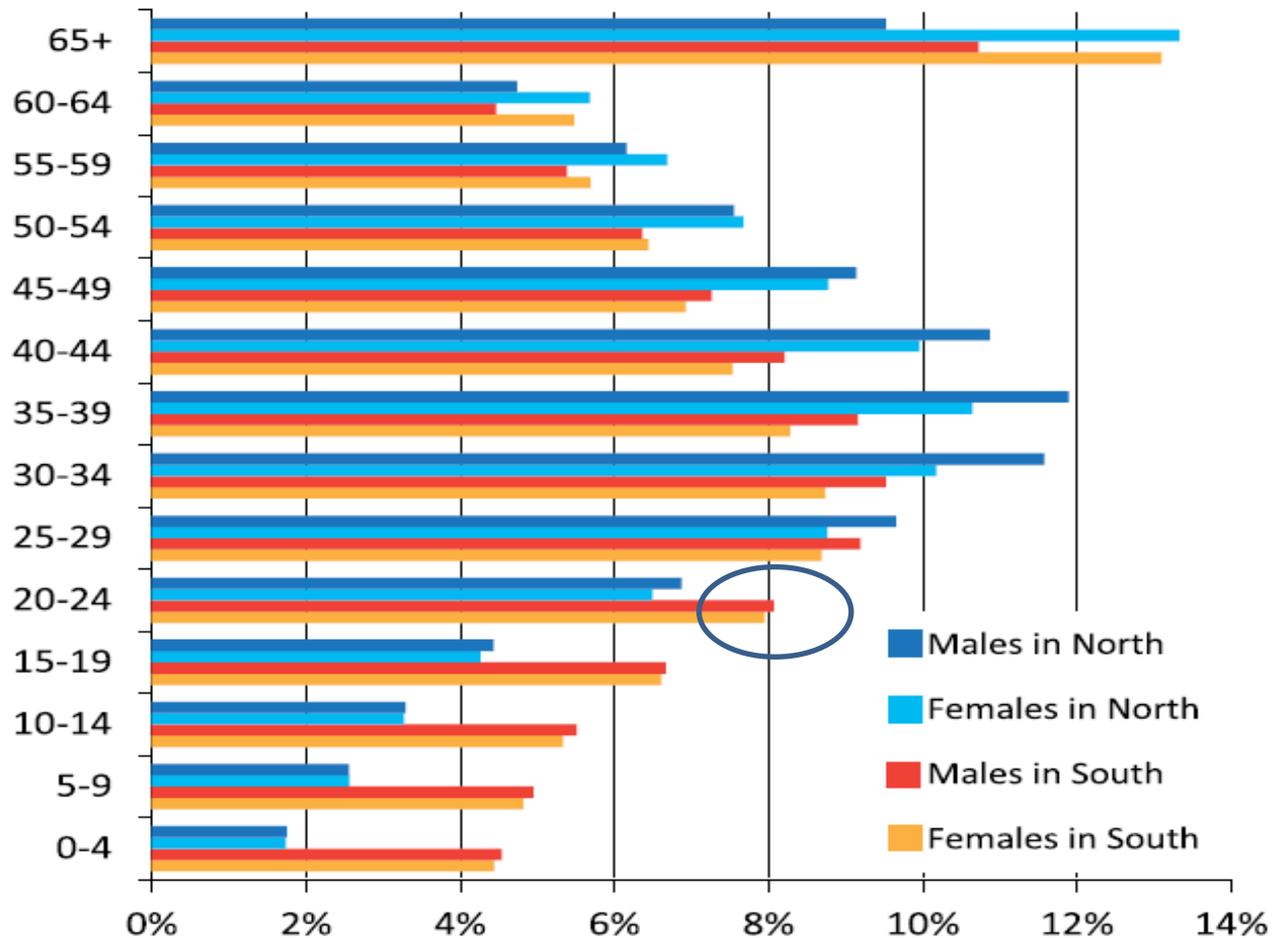
- Although a greater part of migrants (both males and females) reside in the North – it is worth noting that **female migration is on the rise**
- **S-S** migration is economically important due to
 - Potential scale of remittances
 - **But** life experiences (wellbeing) of the migrants is not understood – including access to health

Migrants my age and gender



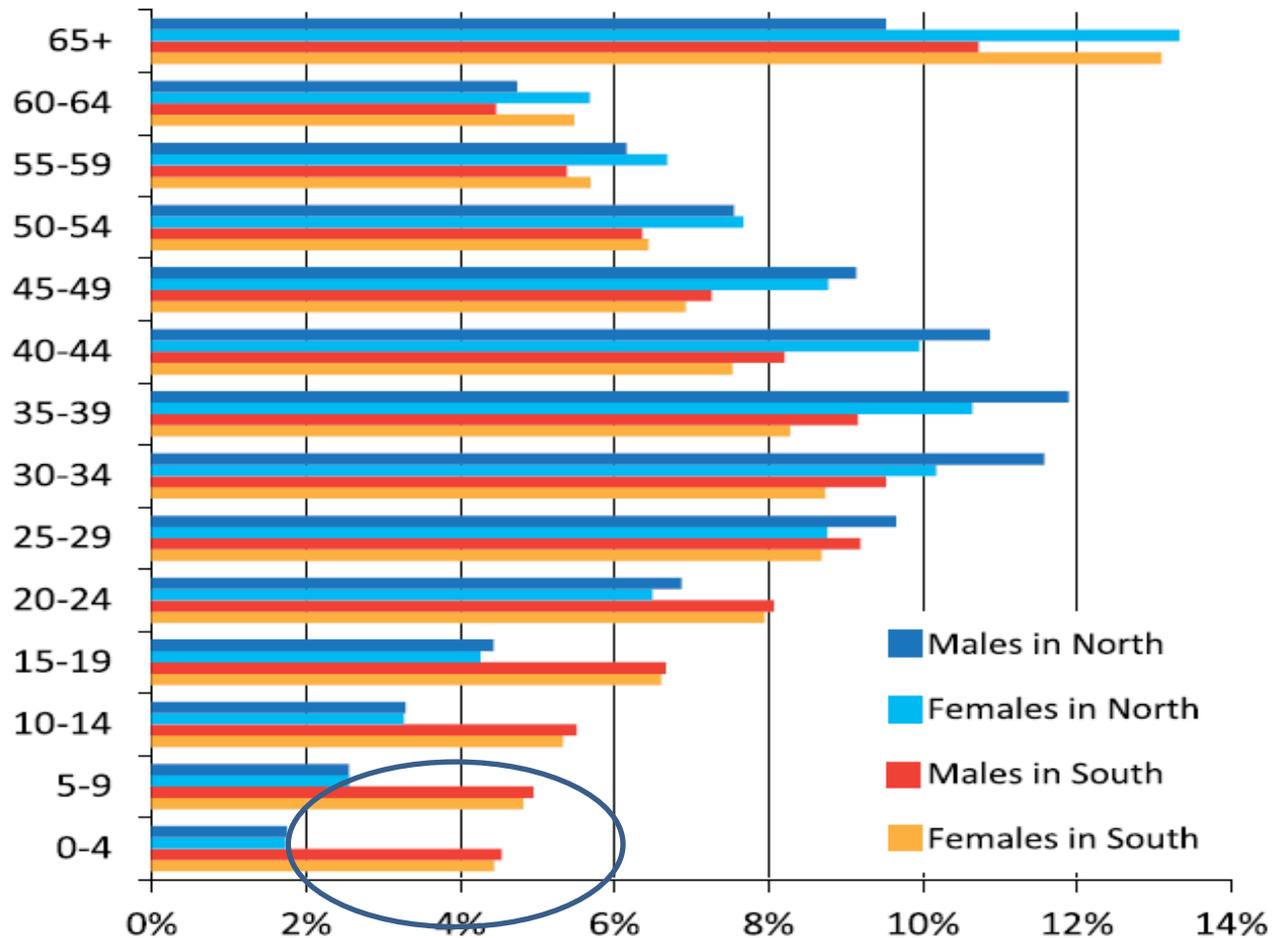
Source: IOM calculations, based on UN DESA, 2011a.

Migrants my age and gender



Source: IOM calculations, based on UN DESA, 2011a.

Migrants my age and gender



Source: IOM calculations, based on UN DESA, 2011a.

Implications for reproductive health

- The percentage of migrants up to 24 years of age is higher in the South
- RH important for both sexes
- Feminization of migration needs to be matched with relevant services
- Moreover, younger female migrants in reproductive ages require RH services

Global stock of refugees and students

	S-N	N-N	S-S	N-S
Stock (in thousands)	1,756	19	7,939	61
% of global refugee stock	18%	0.2%	81.2%	0.6%
% of total migrants (in each pathway)	1.8%	0.1%	10.5%	0.9%

	S-N	N-N	S-S	N-S
Stock of international students	535,694	297,102	191,739	17,031
% of global student stock	51%	29%	18%	2%

Implications for reproductive health

- Majority of refugees originate and live in the South
- Refugees are more vulnerable
- Policies and plans have to acknowledge this:
 - e.g. South Africa has developed a capacity building program on “population migration, urbanization and planning for development”

Implications for reproductive health

- The figure for S-S students is lower compared to S-N
- Important to note that “more than half of the international students originating in countries belonging to SADC decide to study within the region, more precisely South Africa” (UNESCO, 2012)