

Chapter 7

Migrant Women: Implications for Policy Development of Effective User–Driven Health Care

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ABSTRACT

Women across the world migrate for a wide range of reasons. Some gravitate to towns and cities in their own countries seeking safety, education, health care, and employment opportunities. Others cross international boundaries, fleeing from the atrocities of war and extreme poverty. Migration within countries is also on the rise, as people move seeking resources, services, education, and employment opportunities. In addition, they may want to escape from violence or natural disasters. This movement of people from rural to urban areas has resulted in an explosive growth of cities around the globe. Women migrate to enhance their life experiences and that of their children and kinsfolk. This chapter draws on a research case study undertaken with the Kewapi language group in Port Moresby and the Batri Villages of the Southern Highlands in Papua New Guinea. It highlights the perspectives of women migrating from their home communities in order to seek education and health care. It explores the implications for developing user-focused health care systems designed to meet the needs of mobile and vulnerable women. The study suggests that if women and their families from remote rural communities participate in health promoting initiatives, they can dramatically improve their life and health experiences and that of their community.

INTRODUCTION

Women across the world migrate for a wide range of reasons. Some gravitate to urban centres in their own countries seeking safety, education, health care and employment opportunities and to escape violence or natural disaster. Others travel across

national boundaries fleeing from war atrocities and extreme poverty. The movement of people from rural to urban areas has contributed to the explosive growth of cities around the globe.

Whilst figures for in country migration are incomplete in Papua New Guinea the United Nations reported that in 2005 three per cent of the world's

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population, 191 million people, lived outside their region and country of origin. Approximately 50 per cent were women, mostly of reproductive age. Migration is thus a high-priority issue for both developing and developed countries, in particular for the development of sexual and reproductive and infant health services (UNFPA, 2005). The International Organisation on Migration (IOM, 2012) highlights the need to address women's health and safety as they migrate and negotiate further adverse conditions. They raise awareness of the lack of education and political and social power that further compound rural women's life chances.

In Papua New Guinea official figures suggest that 80% of the population (estimated 6.3 million) live in rural areas. Most of these are remote communities and many people have little or no direct access to even primary health care facilities. The transport infrastructure in Papua New Guinea (PNG) is at best hazardous. There are no road links between the capital city of Port Moresby and the Highlands and there is no rail or waterway infrastructure. The people rely on air transport which is supported by mission organisations. Even this is compromised by the hazardous terrain and poor landing facilities (Fitzpatrick 2006).

Papua New Guinea has a dual economy namely a formal, corporate-based sector and a large informal sector where subsistence farming accounts for the bulk of economic activity. The corporate based sector provides a narrow employment base, including workers involved in mineral production, a small manufacturing sector, public sector employees and service industries. The latter include finance, construction, transportation and utilities. The majority of the population of Papua New Guinea is engaged in the informal sector. However migration to major city centres in the past decade has contributed to urban unemployment and social problems (UNFPA, 2005). As the World Health Organisation report on migration and women's health highlights addressing the needs of rural female migrants is of

crucial importance in achieving the Millennium Development Goals. In particular those focused on Maternal and Child health.

The ultimate aim of women who migrate is to enhance their life chances and experiences and that of their children and kinsfolk. Some assist their relatives by sending remittances for health and welfare costs back to their home communities. Today the international news reflects the arduous lives that women and children live in remote rural communities often cut off from even meagre resources such as food and shelter (UNFPA, 2005).

This research case study was undertaken with the Kewapi language group in Port Moresby and the Batri villages of the Southern Highlands in Papua New Guinea. It highlights the perspectives of women traveling vast distances from their home communities in order to seek education and health care. Although in some provinces such as the Southern Highlands education is free the difficulties in accessing schools means that families prioritise the education of male children. Often in traditional communities the female children stay at home to assist with domestic chores. This means that girls and women are less likely to achieve the level of education required for employment in the formal sector. This paper therefore seeks to explore the implications for developing effective service user focused health care systems designed to meet the needs of mobile and vulnerable women.

Women's migration has been different than the men's and their access to education and skills have been more limited (Fitzpatrick 2006; Ausaid, 2007). The education policy of PNG derived from its former history as a British colony. It requires children to be taught in English however, the 'history' of the rural population in the Southern Highlands means that the women are less likely to speak English and may not speak pidgin, the lingua franca, fluently. This has an effect on their access to employment and resources (Ako, 2002; 2009). Members of the community living in Port Moresby participated in an empowerment research project, which was ethically approved from The

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