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3 (b): Sustainable cities, human mobility and international migration

Statement submitted by International Planned Parenthood Federation, a non-governmental organization in general consultative status with the Economic and Social Council²

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

¹ [E/CN.9/2018/1](#).

² The present statement is issued without formal editing.



Statement

Sustainable cities, human mobility and international migration

The International Planned Parenthood Federation (IPPF) welcomes the special theme of the fifty-first session of the Commission on Population and Development. As a leading advocate of sexual and reproductive health and rights (SRHR) and a global service provider, IPPF works through 152 Member Associations and Collaborating Partners in 172 countries to empower the most vulnerable women, men and young people, in all their diversity, to access life-saving services and programmes, and to live with dignity. The organization has the general consultative status with the Economic and Social Council since 1973 ([E/2010/INF/4](#)).

(B) Introduction

Globally, some organizations have estimated the number of internal migrants at 76 million and the United Nations is estimating the number of international migrants at 244 million, of which over half are women. One in seven people work or live away from their habitual place of residence. People migrate for a number of reasons, from social, economic, conflict and climate change. Forced migration which has been fuelled by conflict and climate change has displaced more than 60 million people.

Increased migration, both forced and voluntary, over the last few decades has been a key driver of rapid urbanization, with the majority of fast-growing countries being located in Africa and Asia. Urbanization rates differ across regions and countries with various levels of development, and context-specific policies and interventions are needed to overcome the challenges of (rapid) urbanization.

Migrants are key agents of change, yet they face particular barriers in accessing healthcare services, including comprehensive sexual and reproductive health care and in realizing their sexual and reproductive rights. Migrants are some of the most marginalized and vulnerable members of society, and there is growing international recognition of the unique challenges for the health of migrants as demonstrated by the sixty-first World Health Assembly Resolution which included “Health of Migrants” in 2008 and is currently under review for update.

Migration is a gendered issue. Women migrant workers are more likely to be over-represented in the informal and/or care sector such as domestic work, agricultural, manufacturing and sex work. Migrant and immigrant women are often forced into the informal sector as a result of their migration status, where the lack of regulations makes them more vulnerable to lower wages and workplace discrimination and abuse, including sexual assault. They are also less likely to be able to access health care, let alone maternity leave or child care. If we are to achieve gender equality and universal access to sexual and reproductive health rights, as outlined in Sustainable Development Goals 3 and 5, the poorest and most marginalized women and girls cannot be left behind.

For migrant women, existing gender inequalities and barriers in accessing sexual and reproductive health and rights are compounded by living in an unfamiliar place with no social network and they often face language barriers. These barriers include but are not limited to: scarce availability of comprehensive, high quality sexual and reproductive health information, education, services and supplies; barriers to accessing health care services related to residency rights, education and other social services; vulnerability to sexual and gender based violence and harmful traditional practices; and a disproportionate impact by the gendered impacts of climate change and humanitarian disasters. Situations of crisis exacerbate pre-existing gender inequalities.

The experiences of internal and international migrants are contextual and will differ based on their gender, age, socioeconomic status, ethnicity, ability, sexual orientation and gender identity. It is especially important to consider the needs of young migrants and particularly young girls in urban settings. Young migrants face increased vulnerabilities due to their age and economic dependence. Access to education, including comprehensive sexuality education, is critical for girls' personal development, empowerment, and the ability make their own choices about their futures and their families, all essential for strong communities and sustainable development.

(C) Urbanization and sexual and reproductive health and rights

Poverty is a key driver of rural-urban migration and any policies addressing rural-urban migration should consider strategies to combat rural poverty. Urban poverty and inequalities are characterized by people living in informal settlements (slums), working in informal, unregulated and unsafe conditions, and being exposed to poor quality and overcrowded housing, risk of forceful eviction, lack of safe, reliable water supplies, poor provision of sanitation, drainage, sewage and solid waste collection, pollution, lack of access to health services and education, high rates of crime and violence, and high risk of (natural) disasters such as floods and landslides. All of these factors can exacerbate vulnerabilities for women and girls to sexual and gender based violence.

Increased HIV vulnerability in urban areas can be related to a high concentration of people with serious health problems and inconsistent lack of access to health services such as treatment and testing and immune systems already compromised by malnutrition. The feminization of poverty is also characteristic of urban areas, with a large number of women-headed households in urban slums and informal settlements. Fulfilling the sexual and reproductive health and rights of a fast-growing urban population is a challenge, particularly in meeting the particular needs of adolescents, women and girls living in vulnerable situations or marginalized conditions in urban settings. As a result, these groups are more vulnerable to HIV transmission as well as other sexually transmitted infections, adolescent and unplanned pregnancies, unsafe abortions, and maternal mortality and morbidity.

(D) The sexual and reproductive health and rights of migrants

The intersections of gender, health and rights have significant effects on women and girls within the context of migration. Almost half of all international migrants are women and girls, and they risk being exposed to sexual and gender-based violence and discrimination. Migrants and refugees face particular challenges and violations of their sexual and reproductive health and rights, including limited access to sexual and reproductive health services including family planning and modern methods of contraception, as well as higher rates of child, early and forced marriage, and transmission of HIV infection as well as other sexually transmitted infections. Barriers for migrants accessing comprehensive sexual and reproductive health services include restrictive and discriminatory legal frameworks, language barriers, as well as a lack of awareness of their health rights. Migrants' sexual and reproductive health and rights need to be respected, protected and fulfilled. Policies, programmes and investments are required and should be tailored to the specific context in which international migrants are placed and should ensure access to:

- sexual and reproductive health information and education, including comprehensive sexuality education;
- a comprehensive package of sexual and reproductive health services, including commodities such as a wide range of modern contraceptive methods, emergency

contraceptives, STI and HIV services (information, counselling, treatment and prevention), maternal health services as well as safe abortion services.

Around the world, migrants' human rights are often violated. For instance, some countries have compulsory health, HIV or pregnancy testing as part of application or renewal of (work) permits and visas, or upon arrival, which violates the human rights of migrants to privacy and confidentiality.

Sexual and Gender-Based Violence (SGBV) is both a driver and of human trafficking and a tool to manipulate and control women, men and young persons into sex work and forced labour across all forms of trafficking. Evidence suggests that GBV is a driver in women and girls' vulnerability to being trafficked. Women and girls account for 71 per cent of all victims of trafficking. Many of the factors that make women vulnerable to SGBV, are similar to the root causes of human trafficking and serve as push factors for women and girls' escape from their homes and into the world of traffickers and exploitation.

Sexual and gender-based violence is a serious, life-threatening global problem, under reported in all contexts. Gender norms and unequal power relations are root causes of sexual and gender-based violence. Acts of SGBV occur in both public and private spheres, although most acts are perpetrated by someone known to the survivor. This can include person in authority. Persons in migration are reliant on informal networks which can increase vulnerability to SGBV.

(E) Conclusions

To meet SDG 11 — make cities and human settlements inclusive, safe, resilient and sustainable — the sexual and reproductive health and rights of all migrants, in all their diversity, must be protected. Policies must recognise migrant women, in all their diversity, as active agents in the development of sustainable cities, entitled to their full human rights, including access to sexual and reproductive health and rights. Migration status, whether internal or international, is still too often a factor leading to exclusion from social services, and face discrimination on the basis of their migration status. Investments in the diverse needs of internal and international migrants, particularly taking into account gender, age and other characteristics, are needed in order to make cities and human settlements inclusive, safe, resilient and sustainable.

(F) Recommendations

(i) Prioritize women's universal human rights especially their sexual and reproductive health and rights, in order to strengthen the sustainability of global cities and contribute to the wellbeing of migrant women worldwide. Ultimately, migration issues must be structurally addressed through jus global socioeconomic policies that enhance sustainable development, and make migration a choice rather than a necessity.

(ii) Governments must ensure access to the full range of comprehensive sexual and reproductive health services, supplies, information and education for migrants, at all stages of the migration cycle. Governments from origin and destination countries must work together with civil society and other stakeholders in creating an enabling environment for migrant workers to make meaningful choices regarding their body and sexuality, and to fully exercise their sexual and reproductive health and rights.

(iii) Governments and multilateral institutions, including UN agencies, must invest in targeted disaggregated data collection methods among internal and international migrants to fill existing data gaps (recognizing that regular methods of data collection such as Demographic Health Surveys and national household surveys often do not

include migrants), the data should also be disaggregated by gender, age, ethnicity, locality and ability.

(iv) Prevent and eliminate all forms of trafficking of persons, including migrant workers, and in particular the forced labour, sexual exploitation, violence or sexual abuse of girls and women.

(v) Governments must ensure policies and programmes to promote women's leadership and to address existing and new risk factors for gender-based violence against women — including sexual gender-based violence within the context of disaster risk reduction and climate resilience planning in rural areas.
