



IOM International Organization for Migration
OIM Organisation Internationale pour les Migrations
OIM Organización Internacional para las Migraciones

STATEMENT

BY

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TO THE

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COMMISSION ON THE STATUS OF WOMEN**

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Mr. President, Distinguished Delegates, Ladies and Gentlemen,

The International Organization for Migration (IOM) appreciates the opportunity to take part in this debate and would like to make a few comments on the challenges that urbanization and migration place on migrant families, particularly on women left behind, in terms of social responsibilities and household tasks, as well as the special problems posed by gender inequalities in the labour market.

Mr. President,

First, countries of origin are increasingly dependent on the significant amount of remittances being provided by migrants, and see their overseas workers as of major value to their economic development. However, for spouses and children left behind, the absence of a parent from the day-to-day running of the family brings social and economic problems of its own. These social consequences have frequently been overlooked in migration and development policies. International remittances to developing countries, amounting to an estimated \$283 billion in 2008, are often the main income of a receiving family and are usually used for day-to-day expenses including school fees and materials. However, the long-term absence of a parent can undermine the very objective that led to the migration in the first place – undermining a family's prospects.

Studies among families of low and semi-skilled migrants in source countries show that being a single head of household usually entails a significant increase in workload and responsibilities, including in care-giving. Whilst for women this situation can be empowering, a husband's return often signals the resumption of a traditional role. IOM's research in some East European and Asian countries has found that wives left behind suffer from an increase in health problems due to depression, loneliness and fatigue. Women and girls are also more vulnerable to sexual abuse by male members of an extended household or from within the community. The school performance of girl children left behind is often compromised by increased household responsibilities and obligations to care for their younger siblings.

Mr. President,

a second challenge is due to the brain drain of health care workers that siphons away nearly one quarter of the few African doctors available in the poorest parts of the continent, according to WHO and threatens the achievement of any of the three health related MDGs by 2015. Endogenous "push factors" such as search for better economic prospects, poor governance and professional dissatisfaction, coupled with active recruitment efforts by industrialized countries are draining health professionals from their countries of origin. As a result, about 23 percent of doctors trained in sub-Saharan Africa are working in industrialized countries, attracted by better pay, working conditions and the tools to exercise their profession. Wages for trained health workers are about 15 times higher in wealthy nations. Since the early 1970s there have been more Filipino nurses in Canada and the United States than in the Philippines. There are now over 21,000 Nigerian doctors in the United States, while Nigeria's national health system is acutely lacking in specialists. The number of Beninese doctors in France now far exceeds the number in Benin. This list could continue ad infinitum.

Health is a labor intensive and labor dependent service. While these nurses and doctors have helped care for the aging populations in developed countries, the situation in their countries of origin has become dire. The emigration of health care professions has become a major impediment to the functioning of some national healthcare systems, often leaving patients without the necessary care and burdening family members and relatives with care giving responsibilities they are not qualified to perform.

Finally, Mr. President, as the Secretary-General's report states, "*the gender-based division of labour and undervaluing of care work in the household have been replicated in the public sphere. Women do more unpaid care work than men, and they are also overrepresented in the paid care sector, in both developing and developed countries. Although the wages and working conditions of paid care workers vary across employment categories and skills levels, many care workers receive lower wages than workers with comparable skills levels in non-care related occupations. The lower status and pay of care work are influenced by the dominance of women in the sector*". This phenomenon of lower status and pay of care workers is further amplified for migrant women, who represent a significant percentage of care workers in developed countries. In particular in the informal sectors, this care-giving work is done primarily by migrant women. These women due to their increased vulnerability as migrants, as females and as unprotected workers in the informal sector are disproportionately affected by a variety of risks and discriminatory practices. Poor working conditions as well as risks of physical and psychological abuse is even greater for domestic workers as their relative isolation further limits access to health and social services or consular protection.

In conclusion, Mr. Chairman, it is crucial not to neglect these migrant women, whether those left behind, or those migrating as qualified nurses, or those migrating irregularly into informal sectors who play such an important role in care-giving and yet most of the time remain socially invisible. To ensure their protection and breaking the cycle of violence against women, including women migrants requires broad and active commitment of state and non-state actors, including men and boys, as well as a change in thinking among families, communities and societies: much remains to be done for all of us.

I thank you, Mr. President.