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Stigma as a barrier to treatment access
for migrant and refugee women with SUD.
An intersectional perspective.

Data on migrants and refugees in Latin America and the Caribbean

In 2023, there are **15,4 million** international migrants in Latin America and the Caribbean.

Between 2000 and 2024 the percentage of MP in the region increased **1,3%** (an increase of a **109%**)
(From 1,1% to 2,4%)

It is both a **transit** region and a **permanent** destination.

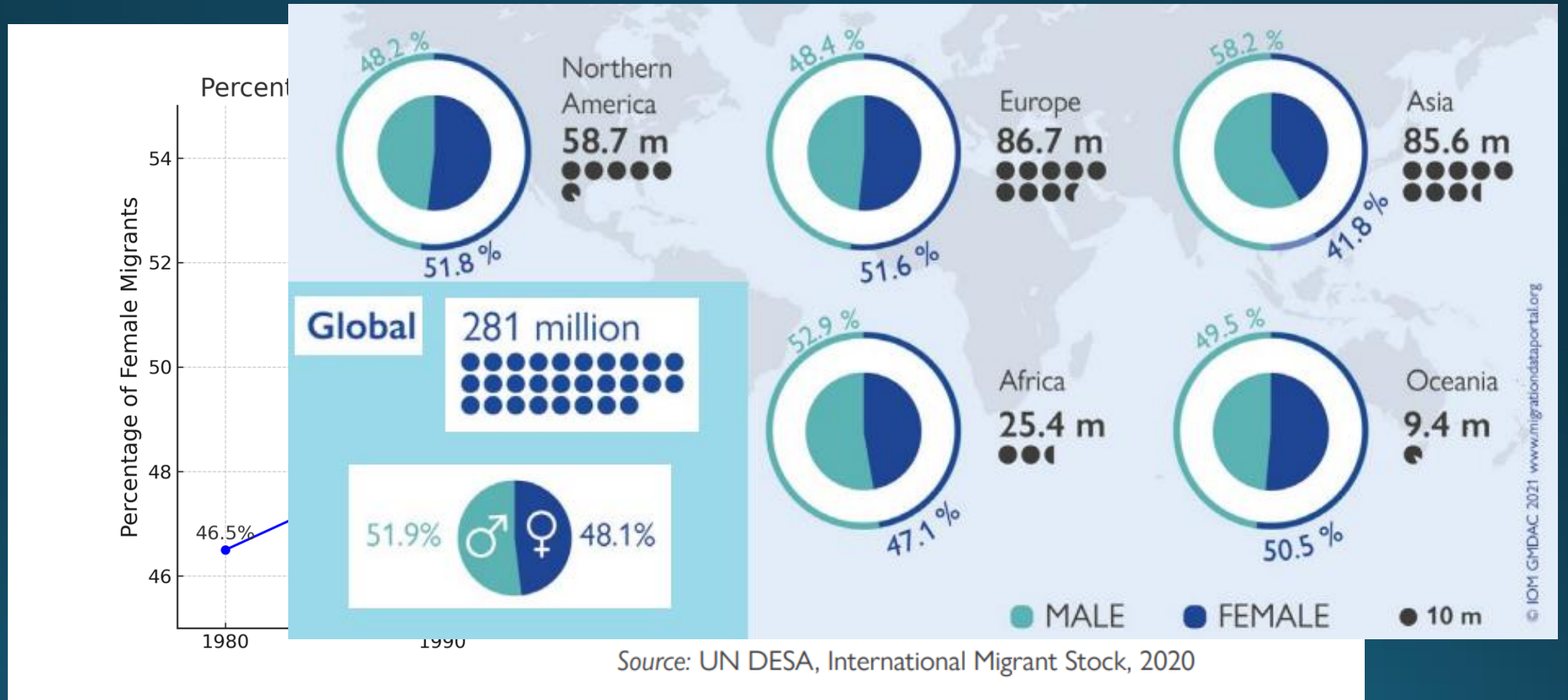
The Bolivarian Republic of **Venezuela** has the largest population abroad in the region (**7,3** million people).

The Oriental Republic of Uruguay has the highest proportion of emigrants (**18,3%** of its total population).

300,000 refugees and nearly **1.2** million asylum seekers.

Source: Migration Data Portal
OIM- ONU Migración, 2024

Data on migrant women in Latin America and the Caribbean



Graph based on data from the Migration Data Portal

Indicators of health and social protection

¿EN QUÉ SITUACIÓN ESTÁN LOS MIGRANTES EN AMÉRICA LATINA Y EL CARIBE?

Mapeo de la integración socioeconómica

2023

Apoiado por el Gobierno de la República de Corea

PROGRAMA DE LAS NACIONES UNIDAS PARA EL DESARROLLO

OCDE

BID

Uruguay	
TUS /SUD	Sí
son nacionales deben pagar por sus tratamientos)	Sí

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to complete public health services (including prevention, diagnosis, treatment and rehabilitation

seguro de salud)

National budgets reflect the gaps and perpetuate stigma

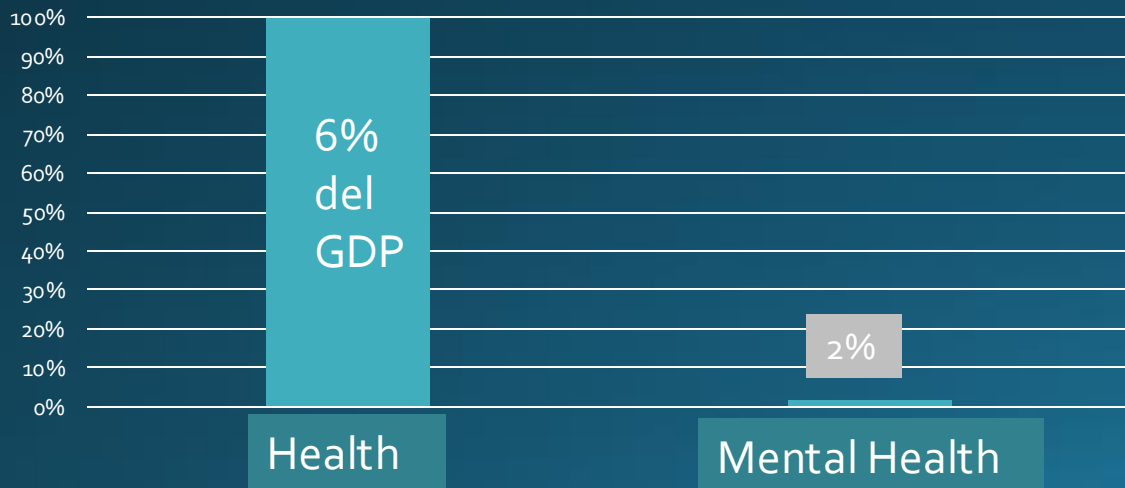
According to PAHO data, on average, LAC countries allocate less than 2% of their health budget to mental health. ([World Bank Blogs](#)) ([PAHO](#)).

Total Health: Approximately 6% of GDP is allocated to the total health budget.

Mental Health: Less than 2% of the total health budget is dedicated to mental health.

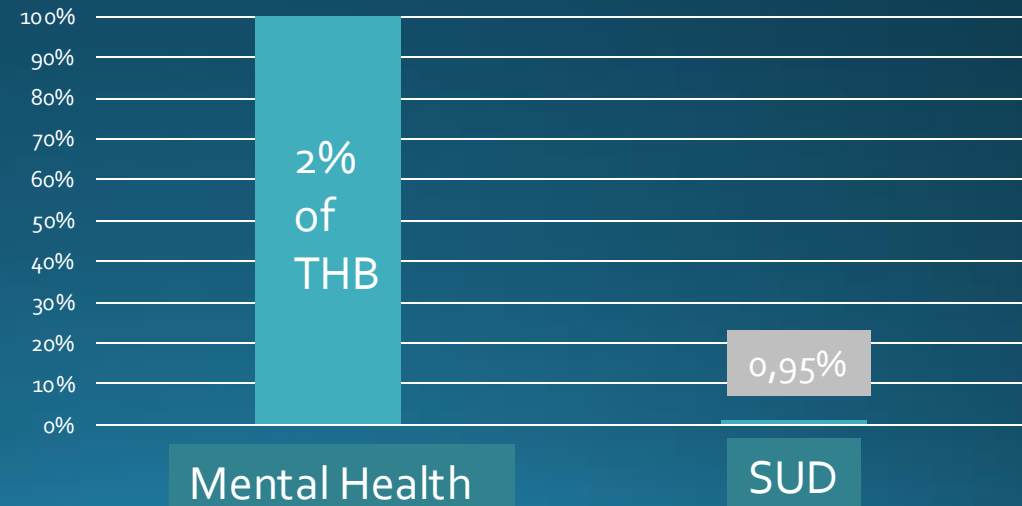
SUD: Approximately 0.95% of the total mental health budget is allocated to Substance Use Disorders.

Average percentage of the total Health budget allocated to Mental Health in the region



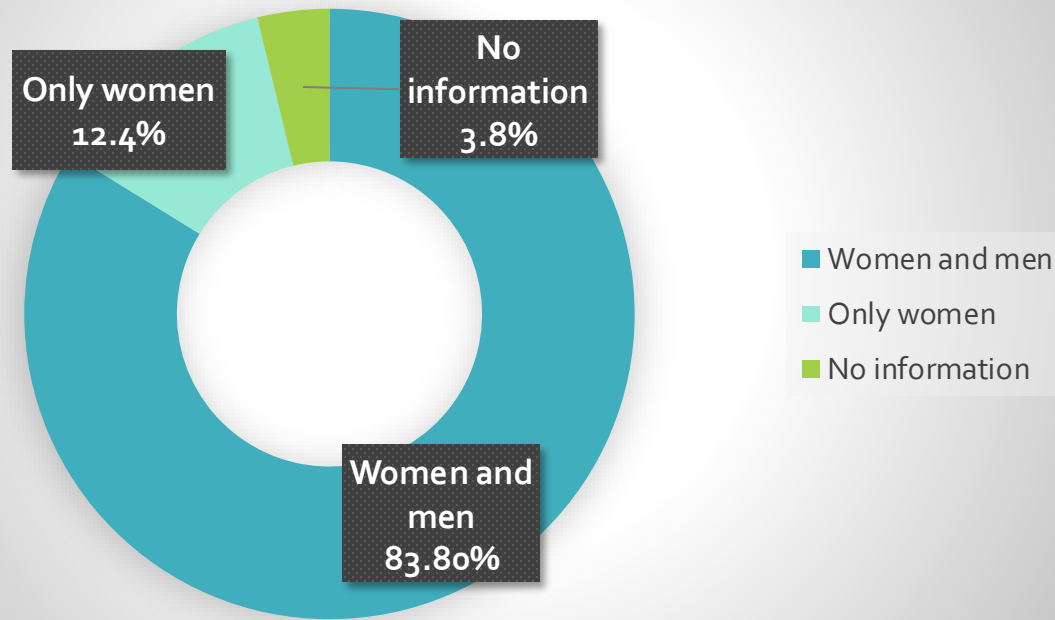
28/6/2024

Average porcentaje of the Mental Health Budget allocated to SUD in te region

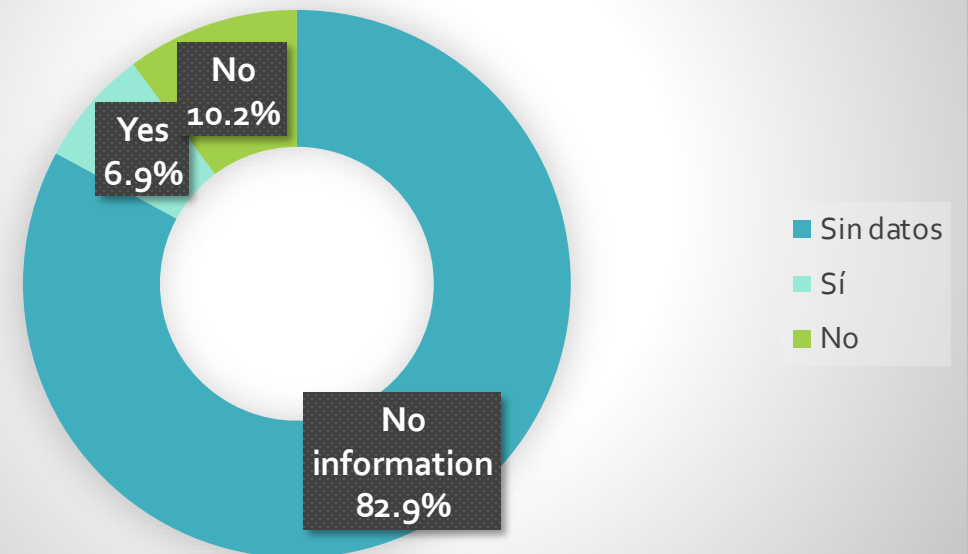


How much of that budget goes to treatment for women?

Assisted population by gender



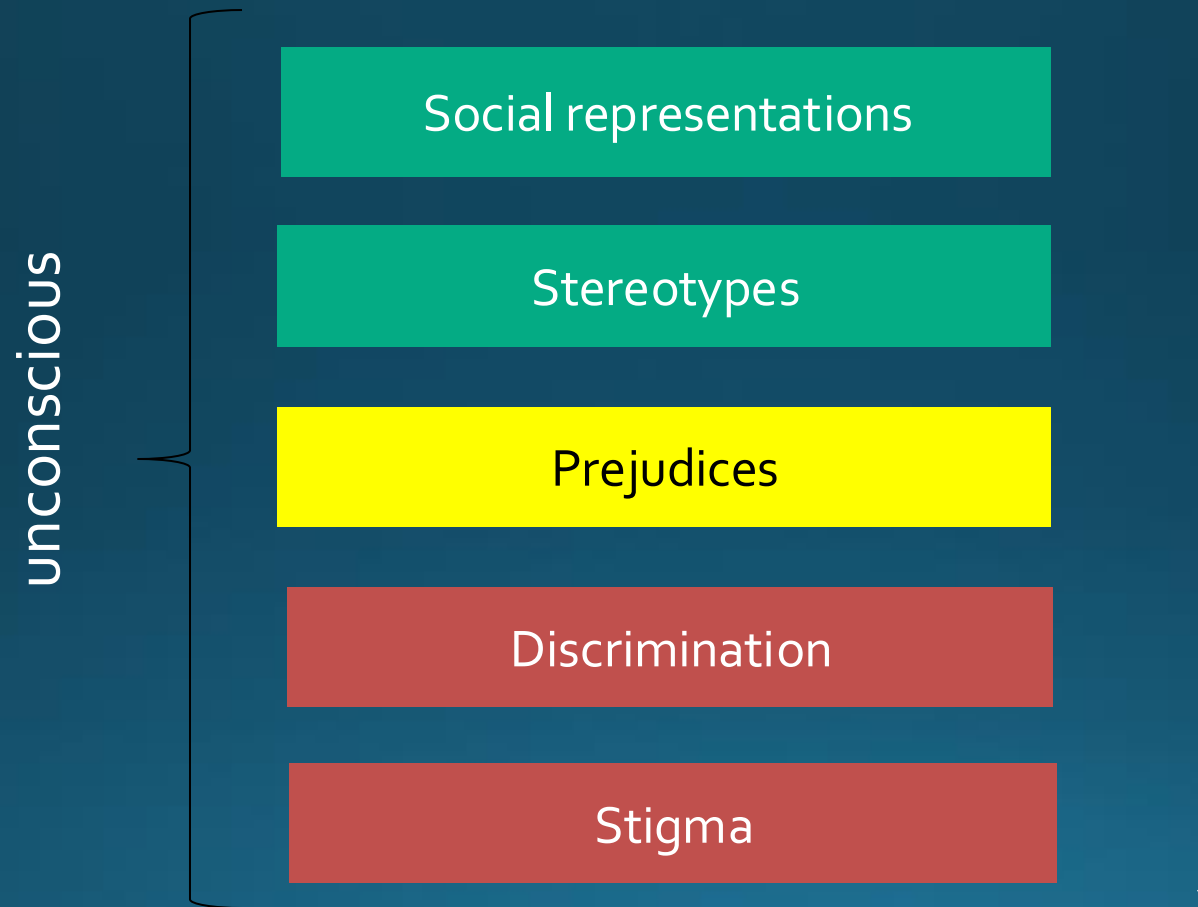
Average of centres that offer services for children



Stigma from an intersectional perspective



Stigma: How do we conceptualize the world around us?



Common myths about migrants

- Myth 1 - "Migrants do not perform essential tasks and take the best jobs from natives"
- Myth 2 - "Migrants abuse the health system"
- Myth 3 - "Migrant women come to countries with social protection to collect subsidies"
- Myth 4 - "Countries are full of criminal migrants"
- Myth 5 - "In public education countries, migrants take away the possibility of studying from natives"
- Myth 6 - "Migrants are a burden on host countries"

Source: Le Monde Diplomatique
https://www.eldiplo.org/wp-content/uploads/2022/09/Suplemento_OIM.pdf

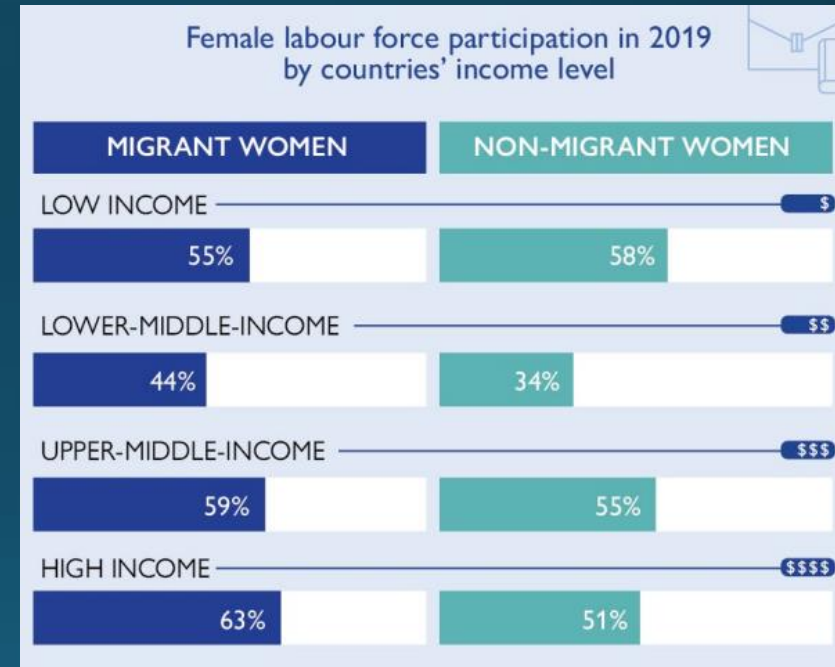


Deconstructing myths: Data on migrant women in relation to the global workforce

Migrant women are less likely to participate in the workforce than migrant men but are more economically active than native women.



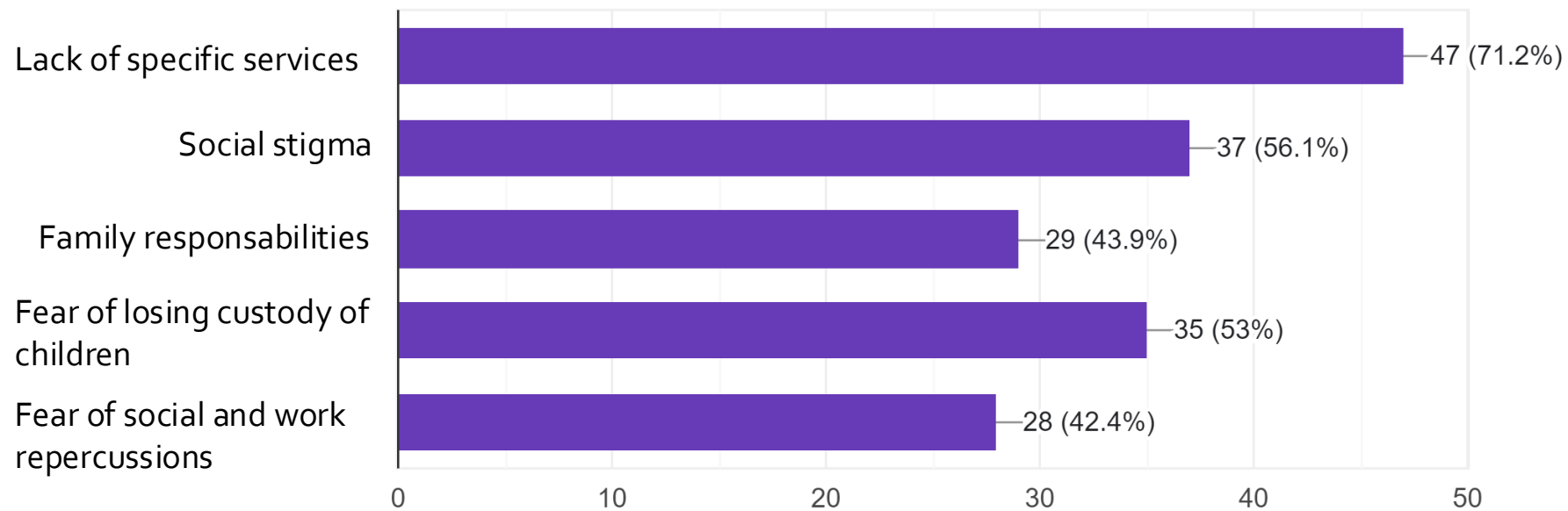
Fuente ILO, 2021



When these data are disaggregated by the World Bank countries' income level, migrant women's labor force participation is higher than non-migrant women in three out of the four country income groups.

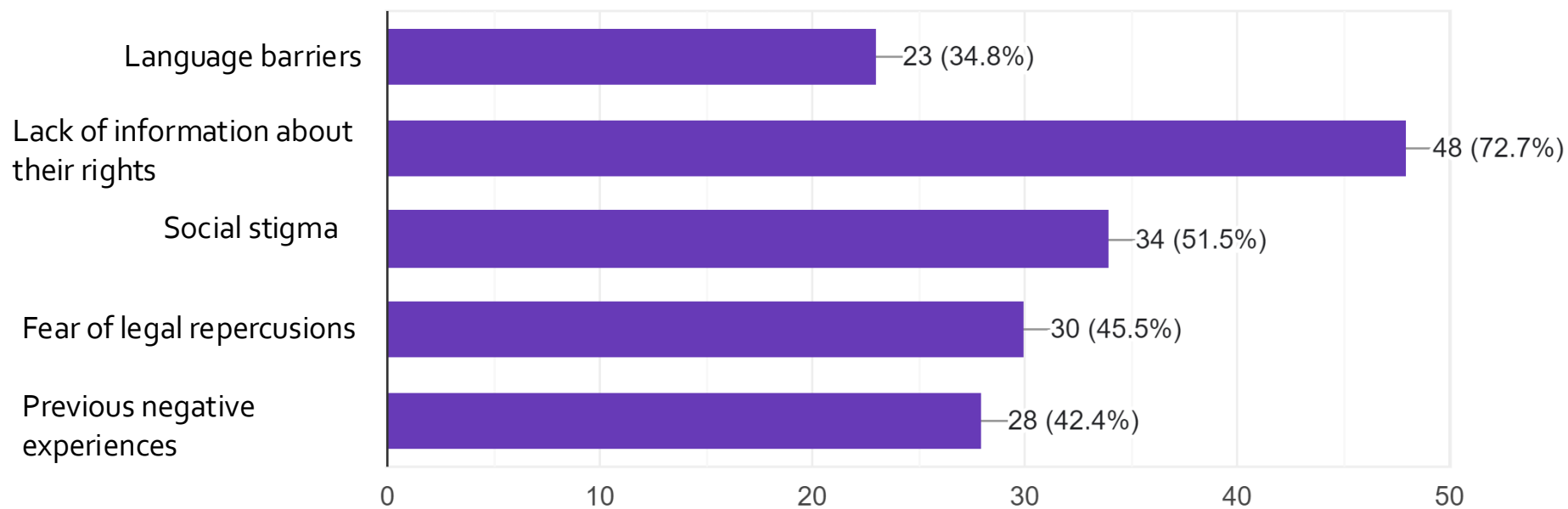
Survey results. Barriers to treatment access for women with SUD.

What do you think are the main barriers that women who use alcohol and other drugs face in accessing treatment in your community?



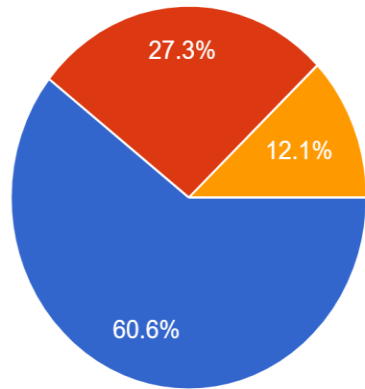
Survey results. Barriers to treatment access for migrant women

What do you think are the main barriers that migrant women face in accessing mental health services and substance use treatment in their community?



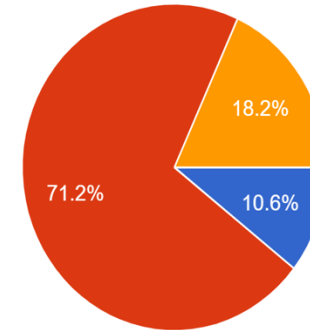
Survey results: Stigma and women with SUD

In your opinion, how common is the stigma towards women who use alcohol and other drugs in your community?



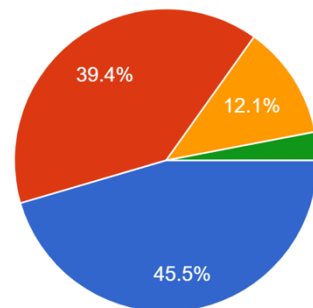
- Very common
- Quite common
- Unusual
- Not at all common

Do you believe that health personnel in your community are adequately trained to address the specific needs of women with substance use disorders?



- Yes
- No
- Not sure

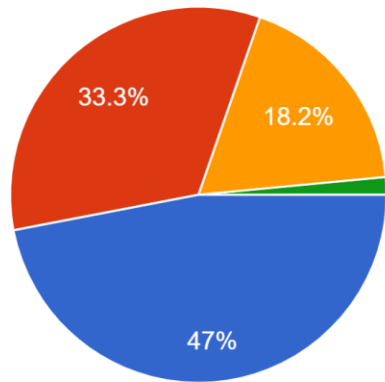
Have you observed stigmatizing attitudes on the part of health professionals towards women who consume alcohol and other drugs in institutions in your community?



- Frequently
- Occasionally
- Rarely
- Never

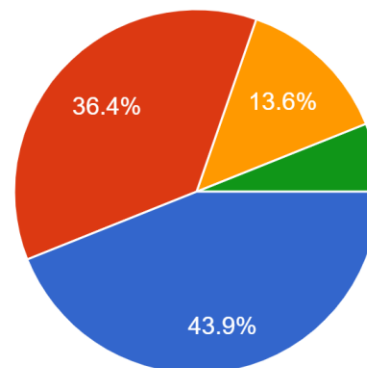
Stigma and migrant women

In your opinion, how common is stigma towards migrant women in mental health and addiction institutions in your community?



- Very common
- Quite common
- Unusual
- Not at all common

Have you observed stigmatizing attitudes by healthcare professionals towards migrant women in the institutions of your community?

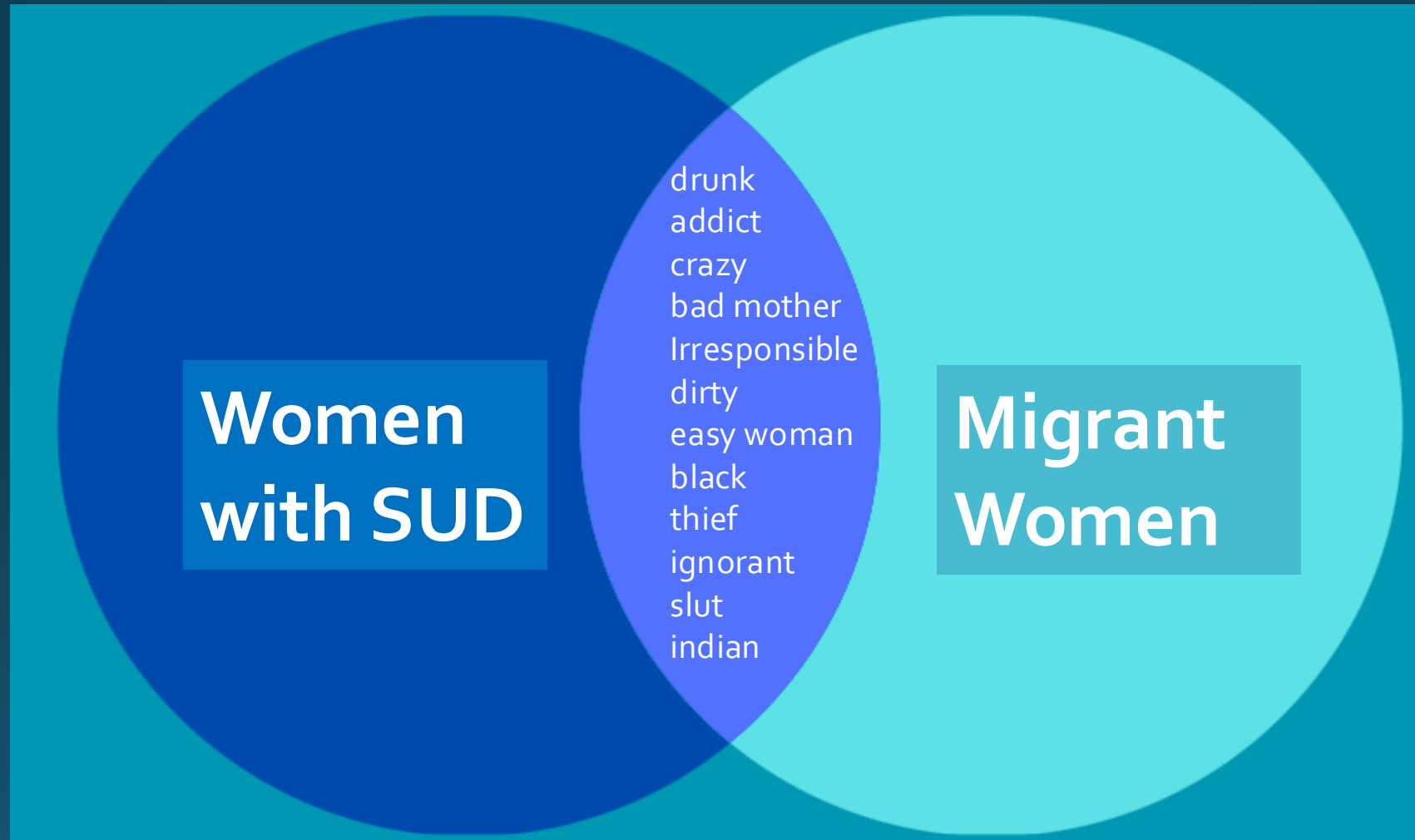


- frequently
- occasionally
- rarely
- never

What are the most common stigmatizing words or terms used to refer to migrant women in your community?



Intersection of stigmatizing representations



Stereotyped representations as a barrier to access to health and mental health care

- What opportunities do healthcare workers have to avoid adopting and reproducing stigmatizing views towards migrants and refugees?

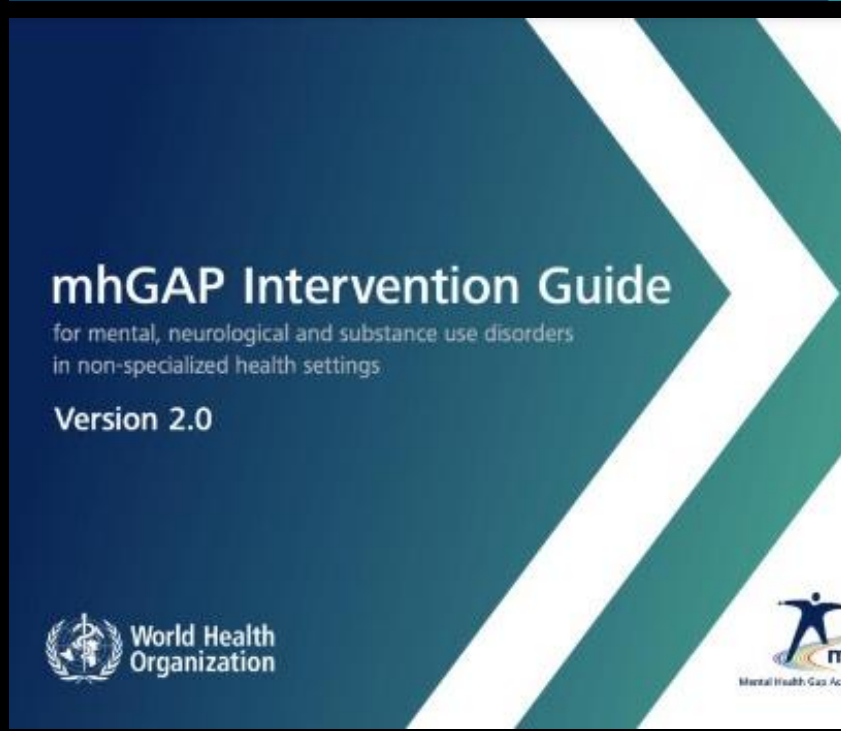
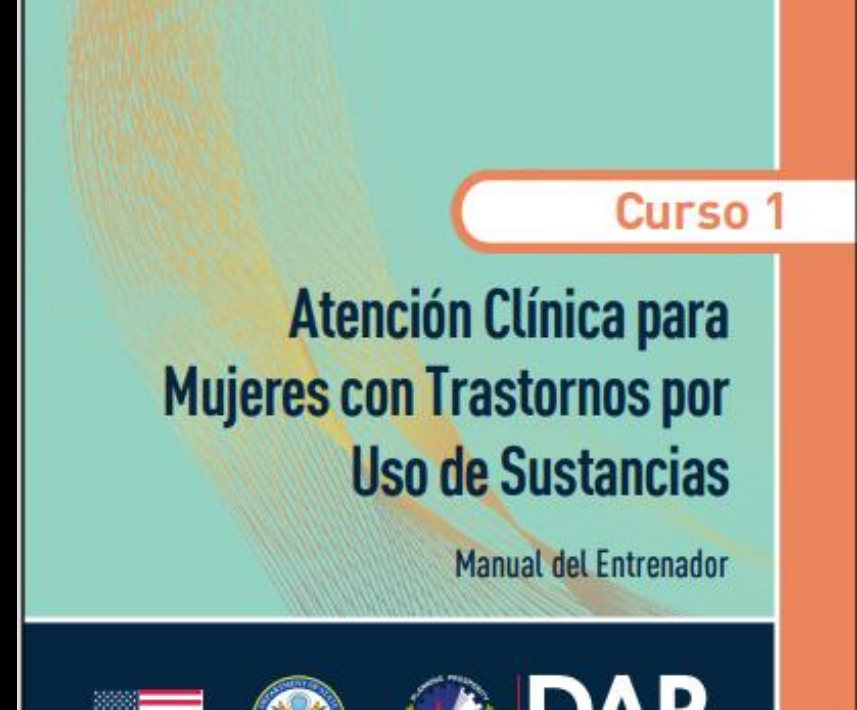
The following categories of perceptions help to understand how stereotyped representations can act as a barrier to access to care:

1. "Service exploiters": astutes.
2. Users who bring challenges and/or difficulties: slow and lost.
3. Users in vulnerable conditions: exploited.
4. Carriers of imported, exotic, and/or "sanitary dangers.

Stereotyped representations as a barrier to access to health and mental health care

1. Pregnant women with SUD perceived as "not knowing what they're doing": promiscuous.
2. Women with SUD arriving at detox services perceived as "dealers", "mulas"
3. Women with SUD seeking treatment perceived as "hopeless": they are lost, beyond help.
4. Women with SUD asking for help with their children perceived as "irresponsible": bad mothers..

The real challenge is to break down the deep-rooted stigmas in society to guarantee full access to the right to health. Stigma is a significant barrier to treatment access for women and even more so for migrant women with SUD.



Address and reduce stigma levels (individual, social, cultural, institutional, structural) based on the intersections and how they specifically affect each woman

At the interior of the working teams

Training on the specific needs of women and how to address them.

Training on mental health and psychosocial support for migrants and refugees, focusing on their rights.

Addressing stigma using evidence-based approaches and tools.

Strengthening intercultural communication skills from an intersectional perspective.

At the policy level

Implementation and promotion of inclusive policies that protect the rights and opportunities of these groups.

Promotion of social support networks and assistance.

Implementation of specific budgets in various sectors (Health, Labor, Justice, Education, Social Development).

Thank you!
¡Muchas gracias!

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