



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

# Health Condition, Access to Services, and the Identification of Risk Factors and Specific Vulnerabilities of Migration in Honduras

## *Study Results*



Manuel Sierra, MD, MPH, PhD  
October 8<sup>th</sup>, 2014

# Presentation Outline

Study Background

Study Design

Results from Quantitative Study Component

- Analysis of Secondary Data Sources
- CCAP Study and Mental health

Results from Qualitative Study Component

- Population Goal
- Institutional Key Informants

Conclusions

Recommendations





# Project Team

## Equipo de Investigación

- ❑ Dr. Manuel Sierra (Research Methods)
- ❑ Lic. Rosa María Hernández (Qualitative Research)
- ❑ Lic. Gertalina Cerrato (Qualitative Research)
- ❑ Dr. Carlos Sosa (Psychiatrist)
- ❑ Ing. Jorge López (Data Analysis)
- ❑ Dra. Hazel Villalobos (Surveyor- Mental Health)
- ❑ Lic. Grethel Alvarado (Surveyor- CCAP)
- ❑ Lic. Darwin Omar Martínez (Surveyor- CCAP)



## Consulting Group

- ❖ Organización Internacional para las Migraciones (OIM)
- ❖ Centro de Atención al Migrante Retornado (CAMR)
- ❖ Dirección General de Migración y Extranjería (DGME)
- ❖ Comisión Nacional de Apoyo a Migrantes Retornados con Discapacidad (CONAMIREDIS) / Comité de Familiares de Migrantes Retornados con Discapacidad
- ❖ Dirección General de Migración y Extranjería (DGME)
- ❖ Honduran Red Cross
- ❖ Programa Nacional de Tuberculosis / Secretaría de Salud
- ❖ Unidad de Vigilancia de la Salud / Secretaría de Salud

## IRB Results

UNIVERSIDAD NACIONAL AUTONOMA DE HONDURAS  
FACULTAD DE CIENCIAS MÉDICAS

UNIDAD DE INVESTIGACION CIENTIFICA  
COMITÉ DE ETICA EN INVESTIGACION BIOMEDICA

CONFIDENCIAL  
CONSTANCIA

Por este medio El Comité de Ética en Investigación Biomédica (CEIB), de la Unidad de Investigación Científica (UIC), con **Registro N° IRB 00003070** hace **CONSTAR** que el

"Condición de acceso de salud, a los servicios, e identificación de factores de riesgo, riesgos y vulnerabilidades específicos a la migración"

**Investigador Principal:** Dr. Manuel Sierra, Dra. Edna Madariaga, Lic. Rosa María Hernández, Lic. Geraldina Cerrato

**Consultores:** Dr. Carlos Sosa y Lic. Mauricio Gonzales

**Institución (es)** Organización Internacional para las Migraciones (OIM), Centro de Atención al Migrante Retornado (CAMR), Dirección General de Migración y Extranjería (DGME), Comisión Nacional de Apoyo a Migrantes Retornados con Discapacidad (CONAMIREDIS)/Comité de Familiares de Migrantes Retornados con Discapacidad, Secretaría de Salud.

Fue sometido a un proceso de revisión y análisis la solicitud de aprobación del proyecto, quedando dicho protocolo en calidad de:

**APROBADO**

Conforme a las Normas Éticas Nacionales e Internacionales Vigentes.

Para los fines que al interesado (a) convenga se extiende a la presente a los 06 días del mes de agosto del 2014.

Dr. Denis Padgett  
Cordinador CEIB-UIC



Condición de salud, acceso a los servicios, e identificación de factores de riesgo, riesgos y vulnerabilidades específicos a la migración en Honduras

Fecha de la Entrevista			
	DD	MM	AA

Población retornada	Migrantes en Tránsito	Familias fragmentadas
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1. Sexo: ☐ Masculino ☐ Femenino

2. Edad en años:

**Consentimiento Informado / Encuesta CCAP**

Muy buenos días o buenas tardes, le agradecemos por aceptar nuestra invitación para participar en este estudio.

Condición de salud, acceso a los servicios, e identificación de factores de riesgo, riesgos y vulnerabilidades específicos a la migración en Honduras

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**Consentimiento Informado / Grupos Focales / Entrevistas a Profundidad**

Muy buenos días o buenas tardes, le agradecemos por aceptar nuestra invitación para participar en este estudio.



# Study Methods

## **Type and General Study Design**

This is a transversal study that used mixed research methods, both qualitative and quantitative, for the analysis and gathering of primary and secondary data.

- Systematization and analysis of secondary sources of data
- Quantitative Aspect of the Study
- Qualitative Aspect of the Study

## **Purpose**

To provide evidence concerning the health outcomes of Honduran migrant people and their families experience so that institutions may build capacity on how to address the issues migrant people and their families face.

## **Objectives**

- ☐ Establish a social-epidemiological profile of the migrant population under study.
- ☐ Evaluate the level of availability and access of services related to the health of the migrant population under study.
- ☐ Identify risk factors associated with migration and the vulnerability to negative health outcomes associated with migration.

## **Stance of IRB Concerning the Investigation**

The migrant population in Latinamerica and the Carribean has been significantly increasing since the 90s. A large part of this population is young and with an increasing participation of women, who are subject to even greater conditions of vulnerability. There are alos great gaps in the information available to explain migration dynamics, socio-demographic characteristis and access and barriers to access reproductive and health services, particularly in the border.

Every year, 100.000 people migrate from Honduras, that means 277 each day. In 2012, the deportation record hit a peak. According to the Centro de Atención al Migrante Retornado (CAMR), 52 thousand Hondurans were deported from Mexico and the United States that year. In 2011, a bit over 22 thousand Hondurans were deported, 10 thousand less than the previous year. The 2012 deportation record only compare with the 2007 and 2008 when 29,348 and 30,018 Hondurans were deported, respectively. In the first 6 months of 2014, about 33, 00 Hondurans were deported from the United States and Mexico, according CAMR.

The study had three conveniently gathered migrant populations and were classified in the following categories:

**❑ Population Deported**

- People that returned to their country of origin in the past two years.
- People returned by air or land transportation.

**❑ Migrants in Transit**

- People who have left their communities and are on their way to their destination country.
- People in transit by land.

**❑ Fragmented Families**

- Families that have stayed in their original communities, ranging with a separation period from 6 months to 5 years
- A key informant per family older than 20 years old and younger than 60; man or woman

## **Field Work**

The study protocols and tolls were designed with the support of the Assessment Committee and submitted for IRB approval within the first week of June; they were approved the 1<sup>st</sup> week of August

Study Period: August 7th till September 23rd

The study was also made possible with the support of governmental and non governmental institutions.



## **Analysis of Secondary Sources of Data**

We only analysed the sources of data from CAMR - DGME

Data access to CICR or the Tuberculosis PN of SESAL could not be obtained

## **Qualitative Study**

Focus groups, in-depth interviews and short interviews were used to gather data concerning the population described in the study.

A semi-structured guide was used for each population.

## **CCAP Study – Mental Health**

A structured survey was developed to determine the socio-epidemiological profile, the knowledge and practices concerning sexual and reproductive health, the morbidity associated with migration, the use and abuse of alcohol and drugs associated with migration, as well as the risk and vulnerabilities.

To evaluate the mental health of the populations, three scales were applied:

- ☐ Scale of Hoplessness (Eguiguz)
- ☐ Hamilton Scale for Anxiety
- ☐ Hamilton Scale for Depression



## Analysis of Quantitative Data

To gather the data from the CCAP survey, a data base on EPI-INFO 7.0 was designed. The data was processed and analyzed electronically using the statistical program of EPI-INFO 7.0 in combination with SPSS version 20. Indicators for knowledge, behavior and practices were structured for each of the survey themes. When comparing percentages between groups or sex, T Test was used. We also used 2x2 tables and Chi Square Test. Statistical significance was determined when  $p < 0.05$ .

For the interpretation of the mental health score obtained, standardized values were used in the following way:

Hamilton Anxiety Scale: <17 Mild Anxiety; 18–24 Moderate Anxiety; 25-30 Severe Anxiety; 31-56 Very Severe Anxiety.

Hamilton Depression Scale: 0-7 Normal; 8-13 Mild Depression; 14-18 Moderate Depression; 19-22 Severe Depression;  $\geq 23$  Very Severe Depression

Eguiguz Hopelessness Scale: The median score for each group was taken and then classified in the following way: Low Hopelessness (15-30, under the median), Medium Hopelessness (31-40, median + 1 STD), High Hopelessness (41-75, 41+ 2 STDs).

# Analysis of Qualitative Data

The information was recorded electronically in its majority. Recordings were transcribed and categorized according to themes and populations addressed. Subsequently, a content analysis was performed. When no electronic recording was available, group notes were used.

Matriz Temática para Volcado y Análisis de Datos Cualitativos								
Población Meta  Estratos	Áreas Temáticas							
	Violencia y migración	Estigma y discriminación	Riesgos específicos asociados al ciclo migratorio	Recursos y autocuidado de la salud al migrar	Apropiación de la oferta existente / Necesidades de salud	Consecuencias de salud de las emigraciones dentro de la familia y de los que migran	Proceso de re-integración familiar /roles	Otros hallazgos

Matriz Temática para Volcado y Análisis de Datos Cualitativos / Entrevistas a Informantes Claves					
Organizaciones / Sectores	Áreas Temáticas				
	Convenios y Tratados	Respuesta institucional	Riesgos específicos asociados al ciclo migratorio	Consecuencias de salud de las emigraciones dentro de la familia y de los que migran	Otros hallazgos y sugerencias de las entrevistas

Focus groups were conveniently selected, taking into account variables such as age and gender, as well as rural or urban origin. In the case of the Deported Population, you were considered if you were immediately returned or already incorporated into your community. With the In Transit Population, it was not possible to get Focus Groups. However, short interviews were conducted with the population. The majority of the informants for the Fragmented Families were women, because the men found were not willing to participate.

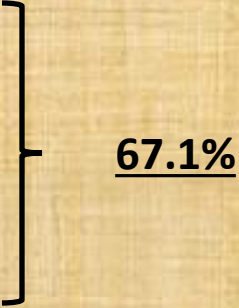






The database provided by CAMR y DGME contained 71,772 records till July 2014. However, only records for 2013 and 2014 were digitally completed. Therefore, the analysis was done only on these two years. For this period, that included 59,611 deportations; the majority were returned by the MESA delegation (San Pedro Sula, by air).

Age Groups	2013				2014			
	Women	Men	Total	%	Women	Men	Total	%
10 to 14	9	74	83	0.3	3	18	21	0.1
15 to 19	388	2312	2700	8.4	519	2117	2636	9.6
20 to 24	1040	7441	8481	26.4	1206	6328	7534	27.4
25 to 29	862	6790	7652	23.8	928	5256	6184	22.5
30 to 34	609	5170	5779	18.0	645	4088	4733	17.2
35 to 39	373	3290	3663	11.4	365	2809	3174	11.6
40 to 44	230	1858	2088	6.5	215	1450	1665	6.1
45 to 49	97	862	959	3.0	128	728	856	3.1
50 +	79	659	738	2.3	153	512	665	2.4
Total	3687	28456	32143	100.0	4162	23306	27468	100.0

**67.1%**



- ❑ 68% of the deported people are between 20 to 34 years old and 10% are younger than 20 years old. There is a decrease in the Men:Woman ratio of 7.7 in 2013 to 6.0 in 2014.
- ❑ In regards to education levels, 46% and 61% of women and men, respectively either completed or partially completed elementary schools. The occupations of the women prior to being deported were: maids (202), factory worker (182), stay at home (56) and cook (47); while the men were: construction workers (4340), painters (978), mechanics (501) and cooks (444).
- ❑ The 10 municipalities with the greatest amount of deportations were: San Pedro Sula (3599), Central District (2003), Juticalpa (1909), El Progreso (1899), La Ceiba (1534), Catacamas (1426), Choluteca (1272), Tela (1269), Tocoa (1214) and Comayagua (988).
- ❑ Women: 24% had been previously deported; 7% stated having children in the United States; and 3% sent money back to their families before they were being deported; 22% were considering migrating again.
- ❑ Men: 43% had been previously deported; 11% stated having children in the United States; and 15% sent money back to their families before they were being deported; 37% were considering migrating again.

Parameters	Deported Population	Population in Transit	Members of Fragmented Families
No. Of participants	122	126	123
Age			
• Average	31.2	30.5	39.3
• Median	30.0	27.0	39.0
• Range in Years	18-60	18-60	17-78
Sex			
• Men	93 (76.2%)	88 (69.8%)	25 (20.3%)
• Women	29 (23.8%)	38 (30.2%)	98 (79.7%)
Ethnicity			
• Mestizo	107 (87.7%)	104 (82.5%)	104 (84.6%)
• White	12 (9.8%)	19 (7.9%)	16 (13.0%)
Place of Residence in Honduras			
• Urban	61 (50.0%)	76 (60.3%)	53 (43.1%)
• Rural	59 (48.4%)	36 (28.6%)	68 (55.3%)
Education Level			
• Average Years of Schooling	7.2	8.7	6.6
• Median	6.0	6.0	6.0
• Knows how to read and write	108 (88.5%)	126 (100.0%)	107 (87.0%)
Civil State			
• Single/Separated/Widowed	66 (54.0%)	63 (50.0%)	49 (39.8%)
• Married/Living Together	56 (46.0%)	57 (45.2%)	73 (59.3%)

- ❑ En el estudio CCAP participaron un total de There were a total of 371 people in the CCAP study. The majority were over 30 and predominately male in the Deported or In Transit populations; the majority were women in the Members of Fragmented Families.
- ❑ The most frequent origins by descending order were: Francisco Morazán (22, 18.0%), Yoro (21, 17.2%), Cortés (19, 15.6%), Copán (10, 8.2%), and Colón (8, 6.6%).
- ❑ Of the 122 Deported Population surveyed, 80% (97) were administered the survey in points of return and 20% (24) had 1 month to 2 yrs of having returned to the country.



Parameters	Deported Population	Population in Transit	Members of Fragmented Families
<b>Last Month's Personal Income</b>			
• Average	\$ 1552.37	L 7460.98	L 3801.60
• Median	\$ 1400.00	L 6000.00	L 2250.00
<b>Last Month's Family Income</b>			
• Average	-	L 10081.41	L 5506.08
• Median	-	L 8000.00	L 3650.00
<b>Housing Situation</b>			
• Owned	-	77 (61.1%)	102 (82.9%)
• Rented	-	33 (26.2%)	12 (9.8%)
• Borrowed	-	7 (5.6%)	7 (5.7%)
<b>% in Overcrowded Conditions</b>	-	14 (11.1%)	35 (28.5%)
<b>No. Of dependents in Honduras</b>			
• ≤ 2	75 (61.5%)	87 (69.0%)	60 (48.8%)
• 3-4	33 (27.0%)	25 (19.8%)	33 (26.8%)
• ≥ 5	10 (8.2%)	12 (9.5%)	28 (22.8%)
<b>No. Of dependents in another country</b>			
• ≤ 2	100 (82.0%)	98 (77.8%)	-
• 3-4	10 (8.2%)	7 (5.6%)	-
• ≥ 5	7 (5.7%)	5 (4.0%)	-

- ❑ The average income both individually and the total family income is less in Population in Transit and the Members of Fragmented Families compared to the Deported Population.
- ❑ Only 38 Deported People had paid work in the last month and the average salary they use to earn was six to seven times the minimum wage in Honduras.
- ❑ The percentage of population living in their owned homes is greater in the Members of Fragmented Families but there is also a greater percentage of overcrowded conditions when compared to the Population in Transit.
- ❑ About 90%-95% of the Deported Population or the Population In Transit had people that depended on them in another country.

## History of Migration

❑ Unemployment, poverty and searching for work were some of the most frequently mentioned motivations to emigrate.

❑ More than 50% in each population has a history of emigrating or having been deported more than once, with the greatest percentage in the Deported Population; in this group, only 29% stated seeking help with Honduran consulate services and less than half of them received the help they needed.

<u>Parámetros</u>	<u>Población Retornada*</u>	<u>Migrantes en Tránsito</u>	<u>Miembros de Familias Fragmentadas</u>
<b>Primera vez que emigra</b>	-	59 (46.8%)	-
<b>No. veces que ha emigrado / o ha sido deportado</b>			
• 1	52 (42.6%)	11 (8.7%)	34 (27.6%)
• $\geq 2$	25 (20.5%)	53 (42.1%)	20 (16.3%)
<b>Razones para emigrar</b>			
• <u>Desempleo</u>	69 (56.6%)	65 (51.6%)	59 (48.0%)
• Tiene familia en otro país	22 (18.0%)	29 (23.0%)	12 (9.8%)
• Violencia / inseguridad	6 (4.9%)	17 (13.5%)	12 (9.8%)
• Pobreza	38 (31.1%)	69 (54.8%)	62 (50.4%)
<b>Razones para elegir país de destino</b>			
• Oportunidades de trabajo	95 (77.9%)	75 (59.5%)	-
• Tiene familia en otro país	21 (17.2%)	35 (27.8%)	-
• Ya ha estado antes en ese país	5 (4.1%)	12 (9.5%)	-
• Ha escuchado cosas positivas de ese país	15 (12.3%)	17 (13.5%)	-



## History of Migration

<u>Parámetros</u>	<u>Población Retornada*</u>	<u>Migrantes en Tránsito</u>	<u>Miembros de Familias Fragmentadas</u>
<b>Al emigrar / retornar, lo hace:</b>			
• Solo	90 (73.8%)	59 (46.8%)	-
• Con un familiar	11 (9.0%)	19 (15.1%)	-
• Con amigo (a)	16 (13.1%)	44 (34.9%)	-
<b>Desea reagrupar a su familia</b>	-	28 (22.2%)	-
<b>Tiempo planeado para residir fuera de Honduras</b>			
• Promedio (años)	-	3.1	-
• Mediana (años)	-	3.0	-
<b>Ha solicitado ayuda de las autoridades consulares de Honduras</b>			
• Si	35 (28.7%)	1 (0.8%)	-
• Recibió la ayuda solicitada	17 (48.6%)	-	-
<b>Piensa regresar / emigrar* a Honduras</b>	52 (42.6%)	54 (42.9%)	49 (39.8%)
<b>Tiempo planeado para regresar / emigrar* a Honduras</b>			
• Promedio (años)	0.5	2.8	2.9
• Mediana (años)	0.25	2.0	2.0

□ The United States (152, 61.3%) was the most frequently mentioned destination by the Population in Transit and the Deported Population, followed by México (45, 18.2%).

□ Among the Deported Population, 82.8% (101) were returned by air and 17.2% (21) by land. The average time residing in the destination country was 24.2 months (Medisn = 2.0, Mode = 1.0).

## Perception of Risk for Negative Health Outcomes During the Migratory Event

Parámetros	<u>Miembros de Familias Fragmentadas</u> <sup>20</sup>		<u>Población Retornada</u>		<u>Migrantes en Tránsito</u>	
	Hombre N=25	Mujer N=98	Hombre N=93	Mujer N=29	Hombre N=88	Mujer N=38
Piensa Usted que la migración representa un riesgo para su integridad y salud	24 (96.0%)	95 (96.9%)	82 (88.2%)	26 (89.7%)	79 (89.8%)	34 (89.5%)
¿Cómo valora el riesgo que la migración representa?						
• Poco (escala Likert 1-2)	1 (4.0%)	9 (9.2%)	3 (3.2%)	3 (10.3%)	3 (3.4%)	0 (0.0%)
• Mucho (escala Likert 4-5)	23 (92.0%)	85 (86.7%)	75 (80.6%)	24 (82.8%)	56 (63.6%)	26 (68.4%)



## Morbidity and Migration in Fragmented Families

Parámetros	Miembros de Familias Fragmentadas <sup>18</sup>	
	Hombre	Mujer
<b>Condiciones de morbilidad familiar antes de que un miembro de la familia iniciara el evento migratorio</b>		
• Al iniciar el evento migratorio su familiar, alguien de la familia padecía o había sido diagnosticado de alguna enfermedad o patología	8 (32.0%)	25 (25.5%)
• Recibía tratamiento antes de partir	7 (87.5%)	21 (84.0%)
• Empeoró esta condición de salud por la migración del familiar	1 (12.5%)	12 (48.0%)
• Buscó ayuda durante la migración por esta condición	6 (75.0%)	23 (92.0%)
• Promedio de gasto incurrido por morbilidad que ya tenía (\$)	\$ 99.33	\$ 422.18
<b>Condiciones de morbilidad familiar adquirida durante el evento migratorio del miembro de la familia</b>		
• Durante el evento migratorio del familiar, contrajo algún miembro de la familia alguna enfermedad o patología	4 (16.0%)	25 (25.5%)
• <u>Recibió</u> tratamiento	2 (50.0%)	15 (60.0%)
• Buscó ayuda por esta condición	4 (100.0%)	20 (80.0%)
• Promedio de gasto incurrido por morbilidad adquirida (\$)	0.00	8000.00
<b>Debido a la migración de algún miembro de su familia, ¿cómo cataloga la situación de salud familiar?</b>		
• Ha mejorado	7 (28.0%)	21 (21.4%)
○ Poco (escala Likert 1-2)	1 (14.3%)	2 (9.5%)
○ Mucho (escala Likert 4-5)	3 (42.9%)	9 (42.9%)
• Ha empeorado	1 (4.0%)	8 (8.2%)
○ Poco (escala Likert 1-2)	1 (100.0%)	1 (12.5%)
○ Mucho (escala Likert 4-5)	0	4 (50.0%)
• Sigue igual	12 (48.0%)	61 (62.2%)
○ Poco (escala Likert 1-2)	1 (8.3%)	17 (27.9%)
○ Mucho (escala Likert 4-5)	0	4 (6.6%)

- ❑ About 1/3 of Fragmented Family Members reported having one sick family member before the migratory event began; and close to 25% stated that the family member that had migrated had suffered a negative health outcome.
- ❑ Approximadately, 50% stated that negative health outcomes among the family members worsened because of the migratory event, and they stated sadness / hopelessness / abandonment as the main cause.
- ❑ Out of pocket expenditure on behalf of the family members associated with the negative health outcomes ranged from \$ 100.00 - 422.00 for already diagnosed conditions and till \$ 8,000.00 for new conditions (primarily neoplasias).
- ❑ Less than 30% of the families reported improved health outcomes because of the migration of a family member; 6% affirmed that their heath had worsened.

Economic Status and Migration  
Members of Fragmented Families

- 75% of families received money from a family member living abroad at the time of the study, but less than 25% stated that the family income had improved.
- The main reasons stated for no improvement on economic conditions para que no mejore la economía es que el familiar que ha emigrado no envía lo suficiente para satisfacer las necesidades de la familia en Honduras y el alto número de dependientes en el núcleo familiar.

<u>Parámetros</u>	<u>Miembros de Familias Fragmentadas</u> <sup>19</sup>	
	Hombre	Mujer
Recibe remesas su familia de algún miembro que reside fuera del país	18 (72.0%)	80 (81.6%)
Debido a la migración de algún miembro de su familia, ¿ cómo cataloga la situación de ingreso familiar?		
• Ha mejorado	7 (28.0%)	21 (21.4%)
○ Poco (escala Likert 1-2)	1 (14.3%)	2 (9.5%)
○ Mucho (escala Likert 4-5)	3 (42.9%)	9 (42.9%)
• Ha empeorado	1 (4.0%)	8 (8.2%)
○ Poco (escala Likert 1-2)	1 (100.0%)	1 (12.5%)
○ Mucho (escala Likert 4-5)	0	4 (50.0%)
• Sigue igual	12 (48.0%)	61 (62.2%)
○ Poco (escala Likert 1-2)	1 (8.3%)	17 (27.9%)
○ Mucho (escala Likert 4-5)	0	4 (6.6%)



## Percepción de riesgo para la salud durante el evento migratorio

Parámetros	Miembros de Familias Fragmentadas <sup>21</sup>		Población Retornada		Migrantes en Tránsito	
	Hombre N=25	Mujer N=98	Hombre N=93	Mujer N=29	Hombre N=88	Mujer N=38
En una escala de 1 a 5, ¿Cómo valora la posibilidad de que ocurran los riesgos siguientes durante la migración?						
<b>Engaño / Fraude</b>						
• Mucho (escala Likert 4-5)	18 (72.0%)	77 (78.6%)	69 (74.2%)	17 (58.6%)	51 (58.0%)	29 (76.3%)
<b>Endeudamiento</b>						
• Mucho (escala Likert 4-5)	19 (76.0%)	89 (90.8%)	60 (64.5%)	15 (51.7%)	48 (54.6%)	26 (68.4%)
<b>Asaltos de pandillas / secuestro</b>						
• Mucho (escala Likert 4-5)	20 (80.0%)	82 (83.7%)	73 (78.5%)	23 (79.3%)	52 (59.1%)	26 (68.4%)
<b>Violencia verbal (insultos, gritos)</b>						
• Mucho (escala Likert 4-5)	19 (76.0%)	70 (71.4%)	66 (70.9%)	18 (62.1%)	53 (60.2%)	23 (60.5%)
<b>Violencia psicológica (amenazas, intimidación)</b>						
• Mucho (escala Likert 4-5)	18 (72.0%)	75 (76.5%)	67 (72.0%)	16 (55.2%)	52 (59.1%)	23 (60.5%)
<b>Violencia sexual (violación, relaciones forzadas)</b>						
• Mucho (escala Likert 4-5)	19 (76.0%)	80 (81.6%)	52 (55.9%)	15 (51.7%)	54 (61.4%)	24 (63.2%)
<b>Violencia física (golpes)</b>						
• Mucho (escala Likert 4-5)	20 (80.0%)	80 (81.6%)	60 (64.5%)	14 (48.3%)	50 (56.8%)	22 (57.9%)
<b>Privaciones o desatención de necesidades básicas</b>						
• Mucho (escala Likert 4-5)	20 (80.0%)	82 (83.7%)	70 (75.3%)	20 (68.9%)	54 (61.4%)	23 (60.5%)
<b>Violencia de género (por ser mujer)</b>						
• Mucho (escala Likert 4-5)	22 (88.0%)	88 (89.8%)	60 (64.5%)	17 (58.6%)	57 (64.8%)	25 (65.8%)
<b>Discriminación o estigmatización</b>						
• Mucho (escala Likert 4-5)	20 (80.0%)	75 (76.5%)	71 (76.3%)	15 (51.7%)	60 (68.2%)	23 (60.5%)
<b>Contraer enfermedades</b>						
• Mucho (escala Likert 4-5)	21 (84.0%)	78 (79.6%)	76 (81.7%)	20 (68.9%)	69 (78.4%)	30 (79.0%)
<b>Sufrir accidentes que puedan producir discapacidad</b>						
• Mucho (escala Likert 4-5)	22 (88.0%)	86 (87.8%)	80 (86.0%)	21 (72.4%)	73 (82.9%)	31 (81.6%)
<b>Ser detenido en la cárcel</b>						
• Mucho (escala Likert 4-5)	22 (88.0%)	83 (84.7%)	78 (83.9%)	23 (79.3%)	75 (85.2%)	29 (76.3%)
<b>Muerte</b>						
• Mucho (escala Likert 4-5)	23 (92.0%)	91 (92.9%)	93 (87.1%)	25 (86.2%)	74 (84.1%)	32 (84.2%)

## Uso y abuso de alcohol y drogas asociados a la migración

Parámetros	Miembros de Familias Fragmentadas <sup>22</sup>		Población Retornada		Migrantes en Tránsito	
	Hombre N=25	Mujer N=98	Hombre N=93	Mujer N=29	Hombre N=88	Mujer N=38
<b>Consumo de bebidas alcohólicas antes de iniciar el evento migratorio</b>	8 (32.0%)	35 (35.7%)	26 (28.0%)	6 (20.7%)	26 (29.5%)	6 (15.8%)
• Aumento de consumo de bebidas alcohólicas durante evento migratorio	3 (37.5%)	14 (40.0%)	8 (30.8%)	1 (16.7%)	3 (11.5%)	1 (16.7%)
• Aumento de consumo de bebidas alcohólicas durante estadía en el país de destino	-	-	7 (26.9%)	1 (16.7%)	-	-
<b>Consumo de drogas antes de iniciar el evento migratorio</b>	3 (12.0%)	8 (8.2%)	9 (9.7%)	3 (10.3%)	12 (13.6%)	0 (0.0%)
• Marihuana	3 (100.0%)	5 (62.5%)	7 (77.8%)	2 (66.7%)	9 (75.0%)	0 (0.0%)
• Cocaína	1 (33.3%)	2 (25.0%)	1 (11.1%)	1 (33.3%)	3 (25.0%)	0 (0.0%)
• Crack	0 (0.0%)	0 (0.0%)	2 (22.2%)	1 (33.3%)	0 (0.0%)	0 (0.0%)
• Anfetaminas	0 (0.0%)	1 (12.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
• Aumento de consumo de drogas durante evento migratorio	1 (33.3%)	1 (12.5%)	5 (55.5%)	1 (33.3%)	1 (8.3%)	0 (0.0%)
• Aumento de consumo de drogas durante estadía en el país de destino			4 (44.4%)	1 (33.3%)	-	-

□ Se encontró que un 16%-36% de los participantes refirieron consumir bebidas alcohólicas, y por lo menos un 17% aumentó su consumo por el evento migratorio.

□ Aproximadamente un 10% reportó consumo de drogas, siendo la marihuana la de mayor uso. En población retornada, más del 50% reportó un incremento en el uso de drogas asociado al evento migratorio.



## Salud mental asociada a la migración

Se observó un mayor impacto de la migración en la salud mental de los miembros de las familias fragmentadas y en las mujeres.

Las personas retornadas que fueron encuestadas en el punto de retorno tuvieron un porcentaje mayor, aunque no significativo, de “Alta Desesperanza” en comparación con las que habían retornado posteriormente (1 mes a 2 años, 26.8% y 20.8%,  $p=0.2$ ).

Parámetros	Miembros de Familias Fragmentadas <sup>23</sup>		Población Retornada		Migrantes en Tránsito	
	Hombre	Mujer	Hombre	Mujer	Hombre	Mujer
	N=25	N=96	N=80	N=27	N=84	N=32
<b>Escala de Desesperanza de Eguiguz</b>						
• Baja desesperanza (15-30)	16 (64.0%)	40 (41.7%)	35 (43.8%)	8 (29.6%)	51 (60.7%)	13 (40.6%)
• Media desesperanza (31-40)	3 (12.0%)	32 (33.0%)	25 (31.3%)	8 (29.6%)	20 (23.8%)	12 (37.5%)
• Alta desesperanza ( $\geq 41$ )	6 (24.0%)	24 (25.0%)	20 (25.0%)	11 (40.7%)	13 (15.5%)	7 (21.9%)
	N=25	N=96	N=82	N=29	N=86	N=35
<b>Escala de Hamilton para la Ansiedad (HARS)</b>						
• Ansiedad leve- moderada (0-24)	25 (100.0%)	81 (82.7%)	82 (100.0%)	27 (93.1%)	86 (100.0%)	35 (100.0%)
• Ansiedad severa- muy severa ( $\geq 25$ )	0 (0.0%)	15 (15.3%)	0 (0.0%)	2 (6.9%)	0 (0.0%)	0 (0.0%)
	N=25	N=96	N=82	N=29	N=85	N=34
<b>Escala de Hamilton para la Depresión (HDRS)</b>						
• Normal (0-7)	0 (0.0%)	0 (0.0%)	63 (76.8%)	16 (55.2%)	76 (89.4%)	30 (88.2%)
• Depresión leve (8-13)	25 (100.0%)	82 (83.7%)	18 (21.9%)	11 (37.9%)	6 (7.1%)	3 (8.8%)
• Depresión moderada – severa (14-22)	0 (0.0%)	14 (14.3%)	1 (1.2%)	2 (6.9%)	3 (3.5%)	1 (2.9%)

Valor de “p” 0.03 – 0.09



## "Causas por las cuales Se MIERA:"

- 1) Pobreza
- 2) Falta de empleo
- 3) Maltrato físico
- 4) Inseguridad
- 5) Desintegración familiar
- 6) Falta de formación (Información Riesgos y Peligros al Migrar)
- 7) Mejor estabilidad Económica.
- 8) Sueño Americano (Sueño de la Tortura)

## "Efectos al MIERAR"

- 1) Muerte
- 2) Violaciones de Derechos Humanos
- 3) Desaparición
- 4) Trata de Personas (Secuestros, Manipulación, trabajo forzado etc...)
- 5) Accidentes en la Ruta (Mutilación de Miembros del Cuerpo)
- 6) Problemas Psicológicos.

"SI EL MIERANTE NO ES TÚ  
HERMANO, DIOS NO ES TÚ  
PADRE."

Grupo #2.

- ★ Falta de Empleo.
- ★ La violencia. (inseguridad ciudadana)
- ★ Desastres Naturales.
- ★ El alto costo de la Vida.
- ★ Mejoramiento de la Educación.



## Cosecuencias de la migración

- ★ Desintegración Familiar
- ★ Muerte
- ★ Trata de personas (violaciones, engaños, robos, etc.)
- ★ Falta de Administración Divisa.



## Qualitative Results



- ❑ Migration is a phenomenon which has been occupying a prominent role in the agenda of Latin American society for almost three decades. Few Latin American studies have been conducted about migrant populations or the health-related risks and vulnerabilities which are associated with migrant populations.
- ❑ Little is known about the particular, health-related needs of these migrant populations. Communication between the purveyors of medical attention and the migrants themselves continues to be minimal, and the outlets which end up providing migrants that health care they do receive are not prepared to do so adequately. Furthermore, there SESAL has no mechanism by which to collect information about the populations themselves, as they are in their different expressions and modalities.



- ❑ Illegal migration has become a “good business” in Honduras—one which generates 700 million dollars a year, according to the president of the National Congress in July of 2014. This comes to between 12 and 15 thousand dollars per migrant per trip to the USA. Around 240 people, including families with parents and children, leave Honduras alone every day. This represents a huge amount of inhuman and illegal work that robs the country of one of its most important resources—a new generation.
- ❑ As for the causes of migration, the results of the study reveal, in the first place, those which result from social inequality such as poverty, unemployment, and an inability on the State’s part to make provision for basic rights and needs. A second factor which motivates migration is that around 90% of those surveyed affirm having dependents outside the country (especially in the USA). These two causes combine to explain why around 50% of the migratory population which returns to the country affirms having made plans to migrate again soon. A third cause is the lack of security caused by gangs and organized crime.

- ❑ Several conditions exist which cause the migrant population (including those returning and in transit) to be vulnerable to health-related concerns in the face of adverse events:
- Lack of education
  - An increase in the numbers of minors and women
  - Lower economic gains in all segments of the population
  - Discrimination and stigmatization
  - Lack of knowledge regarding the forms, transmission, and prevention of HIV, including its transmission from mother to child; there also exist a high percentage of incorrect beliefs on these topics
  - Limited access to preventative services and health-related self-care
  - Difficulties, on the migrants' part, in understanding their human rights and in obtaining access to health-related and other basic services.
  - In spite of the recognition that they run a high risk of rape and other forms of non-consensual sex, fewer than 50% of migrant women in transit report having taken measures to avoid pregnancy
  - Almost 33% of men and 15% of women report having had sexual relations during the migratory event with more than one partner, with condoms (especially women)
  - In cases of morbidity during the migratory event, the population tends not to look for help for fear of being relocated due to their illegal status
  - Of those who return, and of those who come from families fragmented due to migration, around 10% report having to work in conditions or situations involving occupational hazards.



- ❑ The impact of migration on the health of migration populations is significant, especially on families and women:
  - About 10%-21% of migrants contract diseases during the migratory event. Among the determinants which were measured were: poor conditions of nutrition, living, and drinking water and insecurity due to gang violence.
  - As part of the process of detention and return, approximately 10% of those returned report having developed pathological conditions. Exposure to extremely low temperatures in detention centers was mentioned as one of the biggest contributors to this circumstance.
  - Less than 30% of the families recognized that their health had improved due to the migration of one of their members; 6% affirm that their health had worsened.
  - 25% affirm that family members contracted diseases during the familial migratory event, of whom 50% affirm that these diseases were brought on and worsened by feelings of sadness, vulnerability, and abandonment of their families, along with high costs to familial resources
  - Between 16%-36% of the participants admit to having consumed alcoholic beverages, and at least 17% increased their consumption during the migratory event.
  - It was observed that a bigger impact occurred on the mental health of members of fragmented families and of women.
  - There is no satisfactory institutional answer to migration and incapacity.
  - Due to the lack of national insurance systems, fragmented families and returned populations face grave risks of adverse health events, and of incurring high monetary costs.

- ❑ Violence is recognized as an unavoidable effect of migration on persons, families, and communities:
  - There is a high percentage of risks specific to each of the populations which were surveyed. The populations primarily perceived violence in all its forms and discrimination (primarily for being Latinos, poor, women, or girls).
  - One of every five returned migrants report at least one type of violence during the migratory event; men report higher percentages of verbal, psychological and physical violence, whereas women report higher percentages of violence related to inattention
  - The aduana, police, and military authorities were identified as the main perpetrators of violent acts against migrants, in descending order: USA, Mexico, and Guatemala.

#### ❑ Evidence of Hope

- The way the studied population reports reacting to the adversities of migration reflects mechanisms developed to allow them to survive hostile dynamics, showing factors of resilience of individuals, families, and communities. These need to be studied.
- There can be both national and international legal measures which can help regulate and implement a better answer to the problems of migration than the fragmented one provided by to the current institution, so long as a national leadership is sustained at the highest level.
- In the institutional answer to migration and its impact on health (even though it is fragmented answer which lacks sustained governmental leadership) the good work and accumulated experience of La Pastoral de Movilidad Humana, of El Centro de Atencion al Migrante, CICR, and Vision Mundial should be acknowledged.



## Recommendations



- ❑ *...Due to the dynamic, transitory nature of the processes by which migrant populations are received at Centro El Edén, no specific treatment in mental health can be given to those who arrive there. Rather, such treatment should be undertaken by the people in their own communities as part of the follow-up processes of state-run institutions. The treatment could be received at Ministry of Health family counseling centers, or at any non-governmental institutions in the migrant persons' communities of origin which offer services of the sort appropriate to their needs and their families'.*
- ❑ *...That follow-up action be taken on behalf of the migrants, so as to support them and their families and to create conditions conducive to their not leaving.*
- ❑ *NGO's need to be organized under a technically oriented leadership which is isn't politicized by the governmental concerns. Efforts are currently being doubled to bring this about. For example, in EDEN, all agencies attend to the needs of deported children. But who is following up on these children? No one. Who can say how many have already returned to the migratory routes? How many have died on the way? How many have returned to their communities of origin, only to reencounter those who pursued and threatened them? Or how many have now become entrapped in organized crime?*



- ❑ *...All primary and secondary schools need to offer psychological treatment to those who need it, that the needs and circumstances of those who are suffering abuse (as well as the mothers who are victims of domestic violence) can be studied and their situations improved...*
- ❑ *...We want to provide follow-up treatment for those who are suspected of having been victims of human trafficking. We need help and funding...*
- ❑ *...We need to take preventative action, addressing directly the topic of migration in the educational sector, and make a plan for the country, not for the government. We must be prepared, when migrants come (the number of those who do is already around 40,000 per year), to work with programs at the intersection of concerns related to familial and social issues, as well as with programs for labor, health, and food distribution.*
- ❑ *...Family and childhood are the weakest links in the chain of migration. State needs not only to comply with the legal requirements, but also to find the correct methods of implementation and actualization, those which are proportionate to the protection of the most vulnerable, naming the most appropriately placed as the deciders.*
- ❑ *.....The Church, primarily the Catholic Church, has worked for years on the problems of migration. Its efforts should be reinforced, so that the work they've started, along with help from the State and international cooperation can be made to address these issues more expediently.*

- ❑ The results of the investigation indicate the need for further study and documentation, from an interdisciplinary perspective, for cycles of age, group migration (voluntary and involuntary returns, those returned in irregular situations, those in transit, families), gender perspective, and multicultural focus.
- ❑ As part of the new model of natural health, the MOH and ME need to incorporate and address the question of migration, including ethno-medical-epidemiological critiques and contents differentiated by migratory profile, life cycle, gender and cultural pluralism.
- ❑ Assurance alternatives need to be designed according to both individual and familial characteristics or migrant populations.



- ❑ The country needs to form sensible, specialized human resources to take on of the problem of population migration.
- ❑ Migration is an essential and inevitable component of the economy and social life of Honduras, which provides benefits for individuals, families, and societies. National policies for its efficient management must be developed, ones which are transparent in their shipments, which allows for savings, and which insure the well-being of migrant populations and their families.
- ❑ Honduras needs to develop agreements with Guatemala, Mexico, and the USA in order to implement strategies that allow a (perhaps temporary) transition which is free from external control, and which respects human rights, as well as the integrity and well-being of persons. This must be done in order to avoid the commercial contamination which already binds migration to organized crime.

## Thanks and Acknowledgments

### Investigation Team

- ❑ Dr. Manuel Sierra (Investigation Methods)
- ❑ Lic. Rosa María Hernández (Qualitative Investigation)
- ❑ Lic. Gertalina Cerrato (Qualitative Investigation)
- ❑ Dr. Carlos Sosa (Psychiatrist)
- ❑ Ing. Jorge López (Information Analysis)
- ❑ Dra. Hazel Villalobos (Mental Health Surveyor)
- ❑ Lic. Grethel Alvarado (CCAP Surveyor)
- ❑ Lic. Darwin Omar Martínez (CCAP Surveyor)



### Assessment Group

- ❖ Organización Internacional para las Migraciones (OIM)
- ❖ Centro de Atención al Migrante Retornado (CAMR)
- ❖ Dirección General de Migración y Extranjería (DGME)
- ❖ Comisión Nacional de Apoyo a Migrantes Retornados con Discapacidad (CONAMIREDIS) / Comité de Familiares de Migrantes Retornados con Discapacidad
- ❖ Dirección General de Migración y Extranjería (DGME)
- ❖ Cruz Roja Hondureña
- ❖ Programa Nacional de Tuberculosis / Secretaría de Salud
- ❖ Unidad de Vigilancia de la Salud / Secretaría de Salud



## Organizations / Collaborating Institutions

- ☐ Centro de Atención al Migrante Retornado (CAMR)
- ☐ Cruz Roja Hondureña
- ☐ Dirección General de Migración y Extranjería (DGME) en puntos fronterizos (Agua Caliente y Corinto)
- ☐ Organización Internacional para las Migraciones (OIM)
- ☐ Pastoral de Movilidad Humana (PMH)
- ☐ Secretaría de Salud: Programa Nacional de Tuberculosis / Unidad de Vigilancia de la Salud (UVS)
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