

Addis Ababa University  
College of Development Studies  
Centre for Gender Studies

Accessibility to Sexual and Reproductive Health Services for Female Migrant  
Returnees who are Survivors of Sexual Violence:  
The Case of Female Migrant Returnees Assisted by Civil Society  
Organizations.

By: Jerusalem Dejene

Advisor: Mulumebet Zenebe (PhD)

A thesis submitted to the School of Graduate Studies of Addis Ababa  
University in partial fulfilment of the requirements for the Degree of  
Master of Arts in Gender Studies

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## **Declaration**

I, Jerusalem Dejene, declare that this thesis is my work and has not been presented or submitted by another person, for any other degree to any other university. All sources of materials used for this thesis have been duly acknowledged.

Name of student: Jerusalem Dejene

Signature:

Date:

**Addis Ababa University**  
**School of Graduate Studies**

This is to certify that the thesis prepared by Jerusalem Dejene entitled: *Accessibility to Sexual and Reproductive Health Services for Female Migrant Returnees who are Survivors of Sexual Violence: The Case of Female Migrant Returnees Assisted by Civil Society Organizations* and submitted in partial fulfilment of the requirements of the degree of Master of Arts (Gender Studies) complies with the regulation of the University and meets the accepted standards with respect to originality and quality.

Signed by the examining committee:

Examiner	Signature	Date

Examiner	Signature	Date

Advisor	Signature	Date

Chair of the program or graduate program coordinator	Signature	Date

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## **Acronyms**

**CDC** - Centers for Disease Control and Prevention

**CSA** - Ethiopia's Central Statistical Agency

**CSO** - Civil Society Organizations

**FMR** - Female Migrant Returnees

**GBV** - Gender-Based Violence

**GSA** - Good Samaritan Association

**HIV** - Human Immunodeficiency Virus

**ICF** - Inner City Fund

**ICRC** - International Committee of the Red Cross

**IOM** - International Organization for Migration

**NGO** - Non-governmental Organizations

**OECD** - Organization for Economic Cooperation and Development Directorate

**SGBV** - Sexual and Gender-based Violence

**SRH** - Sexual Reproductive Health

**SRHR** - Sexual Reproductive Health and Rights

**STI** - Sexually Transmitted Infection

**UN** - United Nations

**UNFPA** - United Nations Population Fund

**WHO** - World Health Organization

## Abstract

*Migrants travel to other countries to get employment opportunities and make their lives along with their families better. When they migrate, they might be faced with unforeseen challenges on their journey, when they reach their country of transit or country of destination. One of these challenges is facing sexual violence along their way. Survivors of sexual violence need sexual and reproductive health (SRH) services among others after the incidents of sexual violence. The research aimed to examine access to SRH services for female migrant returnees (FMR) who are survivors of sexual violence. More specifically it aimed to assess the opportunities, challenges, and coping mechanisms female migrant returnees, survivors of sexual violence, have in accessing SRH services before and after their return. This study used a qualitative case study research design. For the study, FMRs were reached out through civil society organizations (CSOs). These CSOs have shelters that work on the rehabilitation and reintegration of migrant returnees. Eight FMRs participated in the in-depth interview and two shelter coordinators were interviewed as key informants. Thematic analysis was used for the data analysis process. The results showed that there is a gap in easy access to information and SRH services, some FMRs who became pregnant, after the incident of sexual violence that happened to them, could not access any SRH services. While some were only able to access SRH services through their employers, friends, or other organizations. In contrast, all the interviewed FMRs that needed SRH after their return were able to get access to SRH services either through CSOs they were assisted by, privately, or through other organizations. The major challenge interviewed FMRs faced was getting the information on how to access such service providers, as a coping mechanism, some approached their friends and employers. But others could not find ways to overcome their challenges and returned without any access to SRH services. To gain the information migrants have regarding SRH services, different local CSOs and other international non-governmental organizations (NGOs) that work closely with migrants and migrant returnees can create a platform, where before individuals migrate, they can get important information from them or other returnees. Government bodies such as the Ministry of Labor and Skills of Ethiopia, can help ensure the safe and legal travel of migrants to their country of destination.*

**Keywords:** Female Migrant Returnees, Sexual Violence, Sexual and Reproductive Health, Civil Society Organization

# **Chapter 1: Introduction**

## **1.1 Background of the Study**

Migrants are people who move away from their place of standard residence, it could be either within a country or across an international border, temporarily or permanently, and for various reasons (Organization for Economic Cooperation and Development Directorate [OECD], 2001).

Migrant returnees are people who return to their country of citizenship after having been international migrants either for a short-term or long-term period in another country, in which they do not permanently live, and are intending to stay in their own country for at least a year (OECD, 2001).

In Ethiopia, more than 839,000 people have migrated to other countries from the year 2016 up to 2021, in the past five years in search of better jobs and economic opportunities (IOM, 2021, para 1). Since the 1990s, Migration from Ethiopia is primarily driven by economic factors, and political reasons such as oppression, insecurity, and ethnic tensions. A growing number of Ethiopian youths, particularly those in rural areas, view migration as the most plausible means to escape poverty (Girmachew, 2021).

The demand for migrant women in countries of destination for domestic work, nursing, and entertainment reflects existing gender norms, stereotypes, and hierarchies (United Nations [UN], 2022). Women's participation in the labour force is influenced by their access to local employment and income-generating opportunities and how highly valued female earning potential is in their country of origin. Despite this, migration can lead to independence and autonomy for women, altering their family's gender relations (UN, 2022).

According to Tayah, and Adamnesh (2016), migrant women pursue employment to survive and get money for their travel to their intended or future countries of destination. Those in transit, work in the informal sector where the employment situation can be dangerous and unseemly and where labour protections do not cover them, especially if they are in irregular positions. Some of the challenges faced can be limited financial resources, labour brokerage, conflict, gender-based violence (GBV), and social norms that restrain women (Tayah and Adamnesh, 2016).

Gender is a main discussion point for migration's causes and consequences, even if it is forced, voluntary or somewhere between them. (IOM, 2023). It has also been known that through every stage of the migration, the experience can be shaped by a person's sex or gender (IOM, 2023). In addition to gender affecting the reason why people migrate, who migrates, and where they migrate, it can also influence the networks practice, opportunities, and resources, at their origin and destination place. The risks, vulnerability, and needs that come with migration are also other variables that are affected by one's gender (IOM, 2023).

Migrants may be faced with both negative and positive outcomes upon their migration, depending on their conditions and characteristics and one of these characteristics is their gender (IOM, 2022). Gender and migration can mutually affect each other, as gender can influence their experience of migration, including the risks and vulnerabilities that come along their journey (IOM, 2022).

In 2019 migrant women approximately take up half of the 272 million migrants globally, they are agents of change and leaders who contribute to their countries of origin, transit, and destination economically and socially in various ways (UN Women, 2020, para 2). They bring varied talent and expertise and send financial allowances to their families and communities, allowing economies to prosper (UN Women, 2020). But, in their travels, women and girls who are refugees or migrants face unique difficulties and protection problems, such as family separation, psychosocial stress, trauma, health complications (especially for pregnant women), physical harm and injury, as well as risks of exploitation and sexual violence (UN Women Europe and Central Asia, n.d).

Sexual violence is a broad, non-legal term that refers to sexual assault, rape, and sexual abuse (RAINN, 2022). Sexual violence occurs in person, online, or through technology, by posting or sharing sexual pictures of someone without their getting their consent. Globally, during their lifetimes, more than half of women and almost 1 in 3 men have experienced sexual violence. In addition, one in 4 women and about one in 26 men have experienced completed or attempted rape (Centers for Disease Control and Prevention [CDC], 2022, para 3).

Victims of sexual violence may suffer from major emotional, psychological, and physical health problems. Severe after-effects may also appear in different areas, including interpersonal functioning and adaptation, emotional regulation, cognition, memory, neurological functions, mood, behaviour, attention, attachment, and impulse control (Marie-Vincent Foundation, 2016). Some women and girls more than others are at a higher risk to face sexual violence. These women can be those who are migrants, internally displaced, prisoners, widows, heads of households, those associated with armed forces or armed groups, and those of a specific ethnicity (International Committee of the Red Cross [ICRC], 2013).

McLain (2011) identified GBV as one of the challenges faced by migrants and is a cause of sexually transmitted infections (STIs), including Human Immunodeficiency Virus (HIV), and unwanted pregnancy. When faced with such problems, sexual and reproductive health (SRH) needs such as testing for STIs, contraceptives, abortion, and maternal health care will increase.

As migrants are one of the groups of women and girls that are more at risk of sexual violence if faced with such acts, they would need a sustainable way to get support upon their return. According to the UN Women's Guide on gender-responsiveness, to ensure the sustainable reintegration of migrant women in their home country, they must have access to training, financial support, and gender-responsive services such as legal and health care like sexual and reproductive health (SRH) services and mental health services (UN Women, 2022).

The United Nations Population Fund (2022) defines sexual and reproductive health as:

a state of complete physical, mental, and social well-being in all aspects related to the human reproductive system. It also denotes that people can have a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so. To preserve one's SRH, people need access to accurate information and a safe, effective, affordable, and acceptable contraception method of their choice (para 1).

SRH services are essential for all, including migrants and migrant returnees, and everyone has the right to access them. The prevalence of SRH service access in Ethiopia remains low. According to a survey from 2016, more than one in five Ethiopian women still have not gotten their need for family planning services. Among adolescents in the country, information on reproductive health is mostly shared within groups of friends which is often mistaken (Central Statistical Agency [CSA] and ICF, 2016).

From a study done on 18 health facilities in North-Western Ethiopia, the overall service quality of the facilities was not satisfactory. Twelve (66.7%) and 6 (33.3%) of the health facilities had medium and low-quality services, respectively. Of the 18 health facilities, 11 (61.1%) health facilities had a good quality of input and one of the facilities had a good outcome performance. Regarding the quality of process performance, 14 (77.8%) of the health facilities had low-quality of process performance (Alemtsehay et al., 2020, p.5).

This study argues that when migrants travel from one country to another through illegal channels, they face many challenges such as sexual violence, when facing such incidents, they would need various services and support to assist them with the mental and physical consequences of sexual violence. One of these services is SRH services. Accordingly, upon this argument, this study investigated the experience of FMR when accessing SRH services both in their country of origin and country of destination.

## **1.2 Statement of the Problem**

Migrants are second citizens in their country of destination, they might not get the basic services they need and have their basic rights assured. Seeking SRH services might not be the first thing they consider if they face incidents of sexual violence. They might not be able to go to the police to report such cases as some migrants do not have legal documents to stay in their country of destination. Migrants may also face sexual violence on their journey, they are traded from one broker to the other, without knowing where their next stop will be. Through all this, some individuals would take advantage of them. For them to get access to SRH in this situation is not a reality. Consequently, SRH services might not be the priority for migrants who have faced sexual violence. But if they have easy access to such services, they can simply reach them.

According to the UN (2022), the exploitation and coercion of vulnerable women and girls for prostitution and forced labour is a rapidly growing area of international criminal activity. Trafficking is fuelled by gender inequalities, those trafficked often find themselves trapped in exploitative situations such as forced prostitution, marriage, domestic work, sweatshops, and other forms of slavery-like conditions, despite believing they would work in legitimate occupations (UN, 2022)

The migration experience of women and men is not similar, as it is a gendered phenomenon that affects women differently from similarly situated men. Urban women who migrate to other countries have access to better infrastructure and services, but poverty and lack of social networks can limit their ability to benefit from them. Rural women often lack access to infrastructure, productive resources, and health care and have an even more challenging experience. When women do not have agency over their migration or legal channels for migration, they are vulnerable to exploitation and abuse by unscrupulous actors. Unfortunately, many rural women have been kidnapped, sold, or trafficked after being lured by false promises (IOM, 2012).

Women and girls who are refugees or displaced face increased vulnerability in situations where their safety is not guaranteed and may be at risk of sexual violence or exploitation (United Nations, 2022). Sexual violence is an extremely distressing and traumatic event. Survivors of sexual violence require comprehensive and gender-sensitive health services to deal with the physical and mental health consequences of their experience and to help their recovery. The needed services include pregnancy testing, contraceptives, abortion services (where applicable), STI testing, treatment of injuries, and psychosocial counselling (WHO, 2003).

The problems migrant returnees face require a response from acting bodies such as CSOs that focus on the betterment of FMR's experience. This study fills the gap by looking at CSOs and other involved organizations' contributions in supporting FMRs who are survivors of sexual violence access SRH services. In addition, it also fills the gap in addressing the need for SRH services specifically for FMRs who are survivors of sexual violence.

Fernandez (2011) has identified that female migrant domestic workers from Ethiopia are found largely in countries of the Middle East and/or the Gulf States. Most of these female migrants live in inconvenient situations/households and most are faced with GBV. According to the qualitative assessment to lessen human trafficking of women, participants from interviews and focus group discussions revealed cases of abuse occurring during their employment, such as physical, sexual, and psychological abuse (Busza et al., 2017). Accordingly, when faced with sexual abuse, they might be prone to unwanted pregnancies and STIs.

Lack of awareness about SRH services or related problems leads to various adverse impacts on the well-being of an individual. According to WHO (2011), the absence of awareness regarding SRH has serious health consequences on individual and societal levels including unwanted pregnancies, the transmission of STIs, sexual abuse and violence, unsafe abortions, and maternal and infant mortality. When female migrant returnees overcome the barriers, they face in getting access to SRH they can be more productive at the work they do. Access to SRH services information is not only needed when they are faced with GBV but also their right. It is a tool for empowering them and making them more productive when they are relocated. It assures that they can use these rights to choose their partner, when/if they want to have children, and how many children they want. With this freedom and rights assured, migrant women can go back to their home country in full health.

There is a need to create measures to safeguard and enable women in situations such as gender-based violence. Proactive measures to prevent trafficking encompass sharing information regarding the modes used by traffickers to attract and ensnare women, the associated hazards, legal opportunities for migration, and improving employment prospects in their countries of origin. (United Nations, 2022). More action needs to be done in the formation and implementation of holding accountable those responsible for this action such as agents and brokers that misled and steal by tricking migrants.

Information about sexual and reproductive health rights (SRHR) and access to SRH information and services includes how to get the services (either in clinics or one-stop centres), what these

services are and what they consist of, why they need them, when they should get them and where to get them. This research focused on three major SRH services female migrant returnees that are survivors of sexual violence get access to, both before and after their return. The SRH services picked for this study were STI testing, the use of contraceptives, and maternal health services, as they are essential for survivors of sexual violence. This study fills the gap by focusing on the services that are accessible for FMRs before and after they return to their country of origin. FMRs have different experiences before and after their return, and one of these experiences is accessing SRH services. To help improve the accessibility of these services either before or after their return, this study helps address the challenges faced by FMRs when accessing SRH services.

### **1.3 Research Questions**

This study aims to resolve the following research questions:

1. What are the unique SRH needs of female migrant returnees who are survivors of sexual violence?
2. What is the major difference in SRH services available for female migrant returnees who are survivors of sexual violence in their country of destination and country of origin?
3. What challenges do they face when accessing SRH service, before and after their return?
4. What are the coping mechanisms they use to overcome the challenges they face when accessing SRH services before and after their return?

### **1.4 Objectives**

The general objective of this study is to examine access to SRH services for female migrant returnees' who are survivors of sexual violence. More specifically it attempts:

1. To identify the major SRH needs of female migrant returnees who are survivors of sexual violence.
2. To assess the opportunities female migrant returnees who are survivors of sexual violence, have in accessing SRH services before and after their return.
3. To examine the challenges faced by female migrant returnees who are survivors of sexual violence when accessing SRH services before and after their return.

4. To identify the coping mechanisms, they use to overcome the challenges they face when accessing SRH services before and after their return.

### **1.5 Significance of Study**

Migration affects men and women differently, making women more prone to sexual violence. When these women are faced with sexual violence, they will not get all the help and services they would need at that time, one of these being SRH services. We need to address this as a concerning issue, as SRH services can help female migrant returnees in getting the right treatment for STIs, contraceptive use, and maternal health if they become pregnant. In addition to the distress that sexual violence brings, it is also important to highlight the physical and mental health problems that come along with it.

This study helps identify the major concerning bodies, both governmental and non-governmental, possibly those organisations where migrants are found largely such as countries of the Middle East and the Gulf states, that these services are crucial not only for those who are survivors of sexual violence but also for any migrant as it is a basic human need. The CSOs that were mentioned in this study are aware of the need for such services as they are contributing from their side. This study can help shed light on the work these CSOs do, which in return can help other stakeholders engage more with the CSOs, to help female migrant returnees further.

### **1.6 Scope and Limitation of Study**

The study focused on female migrant returnees who are survivors of sexual violence, it focused on SRH services they got before and after their return. These migrants were at the time of the data collection in the shelter houses of the CSOs, or who left the shelter houses after getting the services provided by the CSOs. It targeted to investigate the SRH services they need, the challenges they face, and the contribution of the CSOs in helping them overcome them. It is a sensitive topic to study, as sharing their experience of sexual violence, was not easy.

According to Pinto et al. (2021), if research is not conducted on sensitive topics or with marginalized groups our evidence base will be limited, and we will lack crucial information or

insight into the individuals and communities we serve. Consequently, some aspects and systems of care/interventions may have insufficient evidence, be ineffective, or not be inclusive.

One limitation of the study was identifying the different experiences FMRs from rural and urban regions have when accessing SRH services. In addition, not having health professionals as another group of key informants to explore more on the health complications of limited access to SRH especially for those who are survivors of sexual violence and who are pregnant.

## **Chapter 2: Review of Related Literature**

This chapter consists of two sections: a review of empirical literature and a review of theoretical literature. In the first section, various literature with topics related to the study were reviewed, presenting their findings and discussion points. Works of literature with similar topics were reviewed in sub-sections. These sections include migrants' and returnees' sexual and reproductive health service needs, adolescents' and students' sexual and reproductive health service needs, migrants' and migrant returnees' sexual violence experience, female Ethiopian migrants' experience, trafficking of women, and migrant returnees' reintegration and psychosocial and economic experiences. These topic points were picked as they can be linked to the issues discussed in the study. In addition to these, theoretical works of literature were reviewed in this chapter, it focused on Feminist theorists on reproductive rights such as Liberal, Radical, and Marxist feminist theories, and Network Theory on migration.

### **2.1 Review of Empirical Literature**

#### **2.1.1 Migrants' and Migrant Returnees' Sexual and Reproductive Health Services Needs**

As mentioned in the previous section, migrants are a group of people that are highly exposed to sexual violence. From a study done on Migrant Women's Experience of Sexual and Gender-Based Violence (SGBV) at the Colombia-Venezuela border, assessments that were done showed how high and severe the number of unmet sexual and reproductive health needs of migrants were, as they arrive in Colombia. From this, the major unrealized SRH needs identified are access to contraception services, emergency contraception, safe abortion services, post-abortion care management, treatment of STIs, prevention of teenage pregnancy, youth-friendly services, and comprehensive sexual education (Calderón-Jaramillo et al., 2020).

Regarding the availability of services for survivors of sexual violence, the following gaps were identified, when facilities that provide such services were assessed. The first one was the scarcity of services for the clinical management of sexual violence. Twelve of the 21 facilities assessed, offered such services, and 8 out of the 21 facilities, had distributed information to the community regarding the availability of the services (Calderón-Jaramillo et al., 2020).

In a study done on Ethiopian migrant domestic workers in Sudan, on factors influencing access to SRH when asked about their experience with reproductive health problems, half of them said they experienced a health problem related to their reproductive area after they arrived in Sudan, but almost all could not denote what the problem was (Bedri et al., 2015).

During an interview of the same study with the female employers of Ethiopian migrant domestic workers in Sudan, they clarified that most of the domestic workers in their households are usually supported to use health services when they need it, and families will usually attend to them at health facilities. But one of the interviewees implied that they need the support of someone from her own family, because of a language barrier (Bedri et al., 2015).

In the above-mentioned study on Ethiopian migrant domestic workers, interviewed employers also agreed that the workers do not talk to them often about their reproductive health problems, and only complain when they have other illnesses, such as a headache or common cold. When they see specialized doctors for cases such as reproductive health problems, they are sometimes required to share the payment for the services. Results also showed that there is equality of the treatment of domestic workers in health care providers with other female Sudanese. The interviewed health provider specified that there is no difference between the way these domestic workers are treated and the other Sudanese (Bedri et al., 2015).

During a qualitative study on migrant women's access to SRH services in Malaysia, it was identified that employers forbid pregnancy while not providing them with access to family planning. About this, participants agreed that prohibiting pregnancy during migrants' employment period is a violation of a woman's SRHR and is discriminatory. As a result, providing information on SRH or access to contraceptive services is also seen to encourage having multiple sexual partners, issues like limit with migrants' financial status might also

prevent them from procuring contraception. Some private physicians try to sell more expensive contraceptives and they also fail to notify on how to prevent STIs (Loganathan et al., 2020).

Regarding maternal health care for migrant women, they choose to go with private care for antenatal care because public clinics are obliged to report undocumented workers to the immigration department. In close relation to this, hospital delivery is low as they can be connected to immigration at public facilities. Services related to GBV survivors, One Stop Crisis Centers have been established for survivors of GBV, and it is linked with law enforcement. This might be discouraging for migrant women if they are undocumented. There is also a lack of shelters for non-citizens and the shelters have limited knowledge of GBV (Loganathan et al., 2020).

The above-reviewed studies focused mainly on SRH services migrants get and Crisis Centers for GBV survivors during their stay in their country of employment. This study is more specific on the accessibility of SRH services to female migrant returnees who are survivors of sexual violence, by looking at their experiences both before and after their return. This study fills the gap other studies overlooked on the experiences of FMR who are specifically survivors of sexual violence when accessing SRH services both before and after their return. As they might have different experiences of accessing services such as STI testing, use of contraceptives, and maternal health care, this study provides information on the disparity between access to SRH services at FMR's country of destination and origin.

### **2.1.2 Adolescents and Students' Sexual and Reproductive Health Services Needs**

SRH services are needed for all, a study by Yordanos (2008), has shown Addis Ababa University students' knowledge and attitude toward SRH services, including the practices of SRH and SRH problems these students face. Problems mentioned were STIs including HIV, and another problem particularly among female students was GBV, ranging from inappropriate comments to rape. The study also assessed the students' preferred way of getting SRH service, most participants mentioned that they would want to get the service inside the existing clinic but in a separate room, 24 hours a day, and anywhere on the campus, by a young provider preferably of

the same sex. This study shows that the need for SRH services is crucial among university students.

In a study by Shewangizaw et al. (2021), they recognized the challenges faced by female out-of-school adolescents in Southwest, Ethiopia, the results show community-related stigma towards SRH service and disapproval of premarital sex obstructs them from seeking SRH information and service. Health systems being accessed after a long-distance walk was another challenge faced when accessing SRH services. Information for adolescents on where they can get SRH services when wanting to go and visit health faculties, in addition to being ashamed or afraid to ask for parental approval, was also identified as a challenge. Following this, the authors gave suggestions for engaging religious leaders, community leaders, and elders to overcome the sociocultural barriers that stand as obstacles to utilising SRH services by adolescents.

### **2.1.3 Migrants' and Migrant Returnees' Sexual Violence Experience**

From a study done by Tizita (2011), psychological (verbal), physical, sexual, and economic, were identified as the major violence experienced by Ethiopian women migrant returnees who were domestic workers in Middle East countries. Participants of this study that faced sexual violence had been victims of rape and sexual harassment. In addition, the findings also point out that women's employers are involved in sexual violence either directly or indirectly. They are directly involved as perpetrators of sexual violence and indirectly by being facilitators of sexual abuse by men.

Consequently, of the ten study participants, six were either raped or sexually harassed by their employers and agents. From these, 4 had been raped, and one became pregnant as a result. The rest have experienced sexual harassment but have taken it as if nothing happened to them. Experiences of sexual violence and other forms of violence experienced by Ethiopian female migrants were described. As a result, most of the participants' health problems are directly related to reproductive health problems such as fistula, HIV/AIDS, and unwanted pregnancy were identified (Tizita, 2011).

When faced with sexual violence the need for SRH services will be high. Subsequently, this study focused on FMRS' who are survivors of sexual violence SRH services needs and access to

these services. It gives a deep dive into their experience, challenges and coping mechanisms, and the major gap it can fill by looking into their experience both before and after their return. This study helps narrow the gap of information regarding FMRs' access to different SRH services after the sexual violence they experience at different phases of their migration. It also addresses the challenges they face when accessing these SRH services before and after their return. Filling this gap can aid responsible bodies to focus on challenges FMRs face when accessing SRH services and working on ways they can improve their use of SRH services.

In a Regional Analysis of Migrants' Sexual Violence in the Mediterranean Region, it was identified that sexual violence can have consequences such as injuries, STIs, unintended pregnancies, and other gynaecological problems. In addition to this, it has psychological impacts. The analysis also recommended that host countries should protect migrants from sexual violence with the proper design of detention camps (Hadjicharalambous and Parlalis 2021).

In an article by Barbara et al. (2017) on Sexual Violence and Unwanted Pregnancies in Migrant Women, the harmful effect of GBV against migrants is ongoing and extensive for victims' mental, physical, reproductive, and sexual health. The Public Centre for Sexual and Domestic Violence in Italy helped 11 women and one man who were sexually abused during their migration to Europe in the year 2016. From these, 11 arrived in the second part of 2016, while only one came before July. Ten of them appealed to have been sexually abused and tortured during their stay in Libyan camps or prisons, and two were faced with the same at their route in Africa.

From the previous study, of the 11 women and one man, 6 people (including the man) were raped by multiple men and the rest 6 by a single man, from these individuals, one showed HIV primary infection. Of the 8 women that became pregnant because of the sexual violence, seven asked for abortion in Italy and five of them have passed their 12th week of pregnancy. Needing to end their pregnancy has led them to report their abuse. All the 12 migrants mentioned, were tortured by burning and beating with various types of weapons (Barbara et al., 2017).

A study was done by Keygnaert et al. (2012) titled, Sexual And Gender-Based Violence in Refugees, Asylum Seekers and Undocumented Migrants in Belgium and the Netherlands, on 223 valid participants of refugees, asylum seekers, and undocumented migrants in Belgium and the Netherlands, this study found that all types of violence (except killing and child marriage) were evident, they have either experienced it personally or their other peers have experienced it. Sexual and gender-based violence cases were noted by all Community Researchers in every origin, gender, age, and status group interviewed.

From the previous study, a fifth of all respondents stated being sexually victimized themselves, giving a detailed report of being raped by one or more persons and/or of being sexually exploited on a long-term basis. The victims in the other cases were close peers of the respondents. As a result of this, SRH consequences were mentioned in more than a fifth of the cases. In addition to STIs and HIV, sexual disorders, unwanted pregnancy, miscarriage due to violence, and forced abortion, were other consequences (Keygnaert et al., 2012).

During a study done at Médecins Sans Frontières (MSF) clinic in Lesbos, Greece, 215 patients who are migrants and asylum seekers with sexual violence incidents were recorded, from September 2017 - January 2018. Most of the clinic's patients lived in a camp named Moria. Fifty-five per cent of the incidents of sexual violence occurred during migration, almost all of which took place in Turkey, and 35%, occurred in the country of origin. Ten incidents in Lesbos were also documented (Belanteri., 2020). Of the 215 patients that need care following the sexual violence incident that happened to them, 72% were female and 28% were male survivors. STI treatment was provided for 92 female patients and 29 male patients. Abortion was requested from 3 of 10 pregnant women patients. But it could not be determined whether pregnancies were the result of rape (Belanteri., 2020).

The location of an incident of sexual violence that was found in the study is 76 in the country of origin, 118 during Transit, and 10 in Lesbos. These incidents incline to be more violent in the country of origin than in transit, with 45% in the country of origin and 14% in transit. The perpetrators of the incidents during migration were more probable to be civilians and the survivors do not have any relations. The most common countries of origin among sexual

violence survivors were DRC and Cameroon. In 23% of the cases, the perpetrator was known to the survivor this includes family members of the survivors (Belanteri., 2020).

In another study like the above, which was done on Sub-Saharan migrants in Morocco, from 154 respondents, 138 reported cases of being victimized by persons unknown to them either during their migration or in Morocco itself, and only 16 did not report any violent experiences. The 138 respondents described 230 independent violence cases; the most common type was sexual violence with 184 cases. 132 of the 230 cases took place in Morocco or at its borders. Rape was the most common form of sexual violence that took place (Keygnaert et al., 2014).

There are still gaps to be filled by additional studies, to examine the needs of female migrant returnees SRH service accessibility, specifically those that are survivors of sexual violence. But some studies have looked at the needs for SRH services, for different groups and different experiences shared by migrant returnees. The needs of SRH for survivors of sexual violence may differ from other individuals. The above-mentioned studies have highlighted that the prevalence of sexual violence among migrants, asylum seekers and refugees is high. Hence, this study fills the gap by focusing on the need for SRH services and the access FMRs who are survivors of sexual violence have to such services.

#### **2.1.4 Female Ethiopian Migrants' Experience**

Most of the female migrants interviewed for research conducted by Tayah and Atnafu (2016), believed that migration was the only solution to escape poverty. Insufficient formal education and failing the national exam were identified as key obstacles to securing decent employment opportunities in Ethiopia. Furthermore, divorced women particularly those with children were more inclined to migrate as their financial status depreciated after the end of their marriage.

The same study also indicated that facing different health risks related to their occupational status and exhibiting mental health problems due to stress and fatigue are other challenges faced by Ethiopian women who migrated to Arab states. Being exposed to chemicals and not given the necessary medical care and protection were mentioned by many Ethiopian migrants in Yemen and Kuwait (Tayah and Atnafu, 2016).

A study by Tizita (2011), on the violence of women domestic workers in the Middle East highlights the different forms of abuse migrants face during their stay abroad. From the study it was identified that migrants face verbal and psychological abuse, including, insult, screaming, shouting, demeaning language, humiliation, intimidation, and name-calling. In addition to this, the findings of the study also show the different physical abuse migrants face, starting from slapping, being shoved, and being hit by hand or other objects. Or in extreme cases having hot water spilt on them, their hands being burned, and throwing them from the 3<sup>rd</sup> and 4<sup>th</sup> floor.

From the previous study, on the violence against women domestic workers in the Middle East, it was also identified that migrants also face economic violence such as being abused and exploited for their labour, low wages, unpaid salaries or salary deduction, and insufficient living accommodation, very long working hours without extra payment, and denying workers from any benefits (Tizita, 2011).

From research done on the issues and challenges of Ethiopian female labour migrants, it was identified that 83% of Ethiopian female migrants were women aged 20 to 30 years old, according to data from 2008-2009. The then MoLS (MoLSA's) information during that time also shows, all these women wanted opportunities to work as domestic workers in private homes. Examining prominent female labour-exporting nations to the Middle East, alongside labour-importing countries reveals that the responsibility of domestic work falls primarily on women. This then leads to women not being able to negotiate fairer divisions of domestic labour, leaving them with most of these responsibilities (Firehiwot, n.d.).

The same study also acknowledged that Ethiopian men and women both face challenges related to poverty, but women tend to experience more severe consequences due to various factors. Restrictive cultural norms prevent Ethiopian women from accessing resources, education, and training opportunities, especially in rural areas. Consequently, many are unemployed or have limited involvement in formal economic activities. With limited options available for joining the formal workforce, the informal labour market becomes their only possible source of income (Firehiwot, n.d.).

Meskerem's (2011) study on Psychosocial and Economic Experiences of Gulf States Returnee Ethiopian Women Domestic Workers, identified three reasons that can be associated with the discrimination migrants face. The first reason is migrants are vulnerable to discrimination along with oppression and subjugation by nature. As they are under the order of their employers and working and residing in the same place with no limited time working time. The second identified reason was regarding their identity, as they are seen as outsiders or second citizens. The third reason was their gender and class, they do not get the equal treatment they deserve, as the place that is given to women in the eyes of patriarchy is less. From this study, it was concluded that the major causes of mental stress and depression of women domestic workers in the Gulf State are discrimination based on race, class, and sex.

According to a study by Lemma et al. (2021), migrants from urban regions utilized their access to information and government offices handling immigration documents to ensure their well-being and decrease the risk of fraudulent practices during recruitment, travel, and at the destination. In addition, individuals that migrated from urban areas tended to have more education and financial stability, allowing them to purchase safer modes of travel. But those from rural areas were more likely to trust travelling on foot through hazardous desert conditions.

The above-mentioned studies have focused on different experiences of Ethiopian female migrants, such as their employment opportunities, mental health problems, verbal, psychological, and economic abuse, and discrimination against women migrants. This study fills the gap by addressing the experiences of access to SRH by female migrant returnees who have faced sexual violence during their stay at their country of destination and country of origin.

### **2.1.5 Trafficking of Women**

During a study by Lemma et al. (2019) on the sexual exploitation of study on Ethiopian female returnees from trafficking. From, 671 participants, over two-thirds of female victims of human trafficking were sexually violated during the whole trafficking period. The prevalence of sexual violence was 10% during pre-departure, 35.0% during the travelling period, 58.1% at the destination and 19.5% at the detention stage. This study showed that returnees from trafficking are exposed to violence during different stages, the intensity varying from stage to stage.

From the same study, regarding female trafficking victims who were teenagers at the time of departure, 64.9% or 48 of them were sexually violated throughout the trafficking period. According to the characteristics of the travel stage, 69.0% or 331 of the female trafficking victims who departed through Metemma Yohannes and 68.3% or 123 of those who used the Galafi (a village in Djibouti) corridor were sexually violated while being trafficked. Of the initially smuggled females 70.9% or 372 and 62.3% or 91 of the initially non-smuggled females were sexually violated throughout the whole trafficking period (Lemma et al., 2019).

During a study on the causes and consequences of human trafficking in Ethiopia, many participants admitted that they were unable to differentiate between legitimate and fraudulent agents during the recruitment process. Once these dishonest agents placed the victims in employment, they completely disassociated themselves, leaving them unsupported in times of distress. A lack of knowledge regarding proper recruitment channels also plays a role in Ethiopian women being trafficked to the Middle East (Gudetu, 2014).

The same study shows some respondents who understood the distinction between authentic and counterfeit travel arrangements revealed a preference for the latter due to its speedier process, despite the risks involved. They found official government channels for migration to be slow and cumbersome. The root causes of trafficking are complex and often interconnected, poverty and a lack of recruitment channel awareness (Gudetu, 2014).

It was identified through a study by Gudetu (2014), the widespread presence of human traffickers across Ethiopia exacerbates this issue. Both government and non-government key informants confirmed that these traffickers operate extensive networks throughout the country, charming vulnerable girls, and women with false promises of a prosperous life in the Middle East. Victims of trafficking often suffer from mental health issues, as revealed by numerous study participants who were still undergoing treatment at Amanuel Specialized Mental Hospital for psychological disorders related to their trafficking experiences. In addition, they now face ongoing struggles with debt crises.

Trafficked women are misguided into thinking that they are migrating for better employment and life to support their families, but they are faced with many challenges such as sexual violence, and their SRH needs will increase accordingly. This study focuses on the experience of their access to SRH services, specifically female migrant returnees who are survivors of sexual violence.

### **2.1.6 Migrant Returnees' Reintegration and Psychosocial and Economic Experiences**

Meskerem (2011) focused on the psychosocial and economic experiences of Gulf states returnee Ethiopian women domestic workers, experiences shared by the migrant returnees were psychosocial problems they face, and all the respondents of the study affirmed that they faced different mental distress and unexpected and unfavoured experiences in the country of destination. And the major causes for the psychosocial problems faced were maltreatment, working for a longer period, discrimination based on race, class and gender, denial of human rights and violence.

In addition to the psychosocial experiences, this study also investigated economic experiences, it was identified that migrants' economic demand to achieve their needs themselves along with their family members was not addressed. The study identified it is caused by the systematic mistreatment of domestic workers (Meskerem, 2011).

Hilawit (2017) identified the economic, social, and psychological reintegration of Ethiopian migrant returnees through this study. According to respondents, they have shared that almost all the time women are sexually abused during their stay in their country of employment. The first-of-its-kind reintegration program in 2013 established a one-week training as the psychological reintegration element.

Two types of interventions were included in the economic integration: employment and entrepreneurship, respondents referred to it as the strongest and most structured constituent. There was a variation in the social integration of returnees when some were faced with mixed feelings from family and friends, others were supported with open arms, and others were rejected by family members. The study participants have acknowledged the benefit of this reintegration

program and mentioned that accessibility has given them hope and empowerment by itself (Hilawit, 2017).

The aspirations of many domestic workers to create a meaningful impact on their families lives and their own often clash with the reality they face upon return to their home countries, leading to psychosocial distress. Their limited earnings hinder their ability to effect significant change in their lives. Moreover, they continue to financially support their families while working in the Middle East, as most of these families rely on remittances from migrant workers (Addisalem, 2015).

Numerous negative experiences of Ethiopian women domestic workers in the Middle East have adverse effects on their lives when they return to Ethiopia. Misconduct by employers, verbal abuse, humiliation, and mistreatment contribute to issues such as identity crises, depression, and stress after returning home (Addisalem, 2015).

Addisalem's (2015) study findings also revealed that nearly all participants held high expectations of transforming their lives by taking on heavy workloads and striving to be as compliant and hardworking as possible. However, low wages, wage denial, and harsh working conditions impede significant progress for themselves or their families, contrary to their initial expectations.

Regarding psychosocial experiences in the destination country, this study identifies excessive workload resulting in long working hours, physical and verbal aggression, sexual harassment, and wage denial as primary challenges faced by returning migrant workers during their stay in the Middle East. Consequently, Ethiopian women domestic workers deal with various mental health issues and other psychosocial difficulties upon returning to their home country. These experiences reveal the harsh realities of working in the destination country (Addisalem, 2015).

The above studies highlighted the reintegration and the psychosocial and economic experience of Ethiopian migrant workers, one of the studies gave details on the reintegration of migrants after their return, and most of these respondents were sexually abused. This study fills the gap by looking into the experience of FMRs' access to SRH services after they return to their country of origin. The other studies focused on the psychosocial and economic experience of migrants, and

this gave highlighted the unexpected and unfavoured experiences of migrants, this study fills the gap specifically on sexual violence, another unexpected experience of migrants, and when faced with such incidents, migrants need different SRH services, this study focuses on the need and access to services of SRH services of FMRs who are survivors of sexual violence.

## **2.2 Review of Theoretical Literature**

### **2.2.1 Feminist Theorists on Reproductive Rights**

With the rise of the second wave of feminism, liberal and radical feminism emerged. Both liberal and radical feminists were on the side to legalize abortion. From the viewpoint of liberal feminists, achieving gender equality is possible through individual autonomy. They view reproductive decisions as crucial to individual autonomy because these decisions involve the body, personal identity, and one's ability to participate in economic and political life (Ikemoto, 2018).

Liberal feminists consider access to contraceptives and abortion as fundamental rights for women necessary for their autonomy and equality, distinguishing them from other second-wave feminists who ignored reproductive rights. They also address that reproductive freedom serves as a path to gender equality and a personal right, encompassing safeguarding bodily autonomy against government interference in one's reproductive abilities (Ikemoto, 2018).

Radical feminists argue that marriage perpetuates male dominance over female bodies, particularly regarding reproductive privileges. They emphasized the importance of bodily autonomy. Radical feminists advocate for women's control over their bodies and the freedom to make choices. This includes uninhibited access to abortion and contraception services, enabling women to determine the course of their physical well-being (Cottais, n.d). Unrestrained access to contraceptives can benefit migrants from any unprecedented pregnancy that may occur either through consensual or non-consensual sexual relationships. This can then benefit them from complications from the lack of other inaccessible SRH services like maternal care.

Denny (1994) states Radical feminist authors have emphasized that reproductive technology expands this control of reproduction and ultimately disadvantages women. Spallone argues

(1989) (as cited in Denny, 1994) stated that in vitro fertilization avoids the causes of infertility, many of which are known and preventable, and starts with the idea of infertility as the cause of a medical problem. The basis of this is to validate the use of superovulation, egg removal, and fertilization in laboratories, all these processes executed by a male-dominated medical profession to control fertility.

In the 1930s, Marxist feminists started advocating for unrestricted access to abortion. They believed that by promoting freedom of love and women's control over their reproductive rights, the separation between private and public spheres and production and reproduction could be diminished and ultimately eliminated. Recognizing domestic and reproductive tasks as labour is essential for their value to be acknowledged. The ongoing marginalization of women results from their exclusion from paid work; therefore, it is crucial to incorporate women into the workforce and public domain (Cottais, n.d).

These theories were found relevant as they relate reproductive health rights with freedom of women's control over their bodies, female migrants specifically those who are survivors of sexual violence, have the right to get access to such services. For liberal feminists, one way of achieving gender equality is through assuring reproductive rights and decisions on one's body. To ensure the equality of women migrants, they need the right to get these services wherever they are and get information on where to access these services, and easy access services. Radical and Marxist feminist theorists also agree that women have the right to access unrestricted SRH services, such as contraceptives and safe abortion. This study focuses on FMRs who are survivors of sexual violence, and their access to SRH services as it is crucial for such target groups.

### **2.2.2 Network Theory on Migration**

Network and institutional theories aim to shed light on the patterns and changes in international migration over time, explaining why worldwide migration might grow even when the initial motivation for relocating has weakened. This theory suggests that the level of migration between nations does not strongly correlate with wage gaps or employment rates. Instead, any impacts these variables have on encouraging or discouraging migration become increasingly

overshadowed by decreasing costs and risks of movement due to the expansion of migrant networks over time (Sulaiman, 2020). The network between migrants is essential as it can create a good flow of information among them. Such information may include where to access SRH services. When migrants gain information on where to access such services, they can easily get services based on their needs. This theory is relevant to this study as it emphasises the point that one of the ways FMRs gain information about such services is through other migrants.

## **Chapter 3: Research Methodology**

This chapter focuses on the research methods used for this study, it highlights the research design used for the study, the location where the study took place, the process of participant selection, how the data was collected, and the data analysis process to present the findings and analyse them. All of these were supported by additional articles and definitions to deepen the explanation of the terms and processes. In addition, the validity and trustworthiness and the ethical consideration that was practised during the study are included in this chapter.

### **3.1 Study Area**

The study areas of this research were Good Samaritan Association (GSA) and Agar Ethiopia Charitable Society shelter houses. Both CSOs are non-profit and non-governmental organizations that work on reintegration, rehabilitation, and training programs for migrant returnees, trafficked and vulnerable women, and children. They are both members of the Ethiopian Network of Women Shelters, through which the researcher was able to contact one of the CSOs. They were selected and approached from other organizations because, as the

coordinator at the Ethiopian Network of Women Shelters mentioned these two are the only CSOs who specifically work on migrants and returnees at their shelter houses.

The location of Good Samaritan Association's head office is at *Shiro Meda, Guele* Sub-city, Addis Ababa and they work on survivors of gender-based violence, victims of human trafficking, and vulnerable women and children in Ethiopia. They have two shelters in Ethiopia, one in Addis Ababa and the second in Gondar City. (GSA, 2022) Agar Ethiopia Charitable Society's head office is also in *Nefas Silk Lafto* Sub-city, Addis Ababa. Agar Ethiopia focuses on rehabilitation and reintegration and training programs and reducing trafficking and GBV, to name a few. They have five shelter houses in Addis Ababa and two in Bahir Dar, for survivors of GBV and trafficking, vulnerable migrants, mentally affected people, children in need, refugees, internally displaced people, and elderlies at different locations. (Agar Ethiopia, 2023) In addition, some respondents were contacted through phone calls, as one of the CSOs was willing to share the contact information of female migrant returnees that have left the temporary shelter house with the researcher.

For GSA, the program manager was first contacted, and then she gave the contact address of the shelter coordinator at the shelter house to which the researcher reached out. With Agar Ethiopia, the shelter coordinator was first contacted through the Ethiopian Network of Women Shelters contact person. For both CSOs, a letter of support was written from the Center of Gender Studies, for easy facilitation. Subsequently, both CSOs approved this study to take place at their shelter houses, with the female migrant returnees that are currently or were at their shelter houses during the study.

### **3.2 Research Design**

This study used a qualitative research design, more specifically a qualitative case study was used. It investigated the experiences of eight female migrant returnees who are survivors of sexual violence when accessing SRH services before and after they return. As Creswell (2015) stated, qualitative research design helps explore a problem and develop a detailed understanding of a central phenomenon. By stating the purpose and research questions in an open-ended way to capture the participants' experiences. Female migrant returnees specifically survivors of sexual

violence have many experiences that can be studied, this study focused on their access to SRH both before and after their return to their country of origin.

Raymond Lee (1993) describes qualitative research design as more suited to studying sensitive topics as qualitative research only relies on the findings of the study to understand the experience of the participants' experience. It is important not to assume any of their experience as it can vary from one participant to another. The topic of female migrant returnees who are survivors of sexual violence is a sensitive topic to study, as it is an issue that one cannot easily talk about, without getting emotional, upset, or uncomfortable. It is not easy for everyone to reminisce about their experience of sexual violence. A qualitative research design is more suitable for this, as it can first build a good rapport by discussing other things before getting to the topic of the sensitive issue and it assures the respondents that are free to stop the discussion/interview anytime, it can also help create a comfortable environment, it can feel real as it can get intimate, during the discussion between the researcher and respondents during discussion and/or interview.

### **3.3 Selection of Participants**

Primary data was used for this study. This study used a non-probability sampling method, specifically purposive sampling, as it was intended to have female migrant returnees who are survivors of sexual violence about the SRH services and information they have gotten before and after their return. The non-probability sampling approach involves the researcher selecting samples based on their subjective judgment. In purposive sampling, sample selection relies solely on the researcher's knowledge. (BYJU's Learning, 2021)

For this study, female migrant returnees who were survivors of sexual violence were picked to be participants in the study. As the CSOs shelter coordinators know about their experience they chose the ones that were willing to participate in the study These female migrant returnees were targeted to be participants of the study as they can share their experiences during their journey, at their destination, the sexual violence experience they have gone through, their access to SRH services and their stay at the CSO's shelter houses. In addition, key informants were interviewed with shelter coordinators/case managers at both CSOs were used as primary data, to give information regarding the works of the CSOs.

### 3.4 Data Collection

For the data collection process in-depth interviews were applied as a major tool for data collection, in addition, key-informant interviews were conducted. An in-depth interview is a qualitative research method that consists of carrying out extensive individual interviews with a select group of participants to examine their viewpoints on a specific concept, initiative, or circumstance (Better Evaluation, 2022). While a key informant interview consists of speaking with individuals who possess knowledgeable opinions on a particular aspect of the program being assessed (Boyce and Neale, 2006). In-depth interviews were used for the interview with female migrant returnees who were survivors of sexual violence. Key-informant interviews (KII) were conducted with shelter coordinators/case managers at the CSO's shelter houses.

According to Lee (1993), many researchers of sensitive topics choose a qualitative design using the in-depth interview as their preferred method of data collection. In addition, one of the most important aspects of data collection in an in-depth interview on a sensitive topic is that the researcher can develop rapport with the participant. Hence, to make the interview easy-going and to create a comfortable environment for the participants it was more fitting to use in-depth interviews for female migrant returnees who are survivors of sexual violence. For the KII, since the shelter coordinators or case managers have expertise in the procedure of receiving migrant returnees, where, what, and how they get SRH services, they were selected to be the key informants in the study.

For the in-depth interview, participants/female migrant returnees who were survivors of sexual violence were selected by the shelter coordinators. From the total of 9 selected participants by the shelter coordinators at the shelters, only three participants confirmed or wanted to talk about the sexual violence they faced. Then the participants sat down with the researcher separately, who briefly explained the study and asked if they were willing to continue with the interview. Following this they were given a consent form to read/have read and signed by them, giving their full consent.

The researcher builds up a rapport before going into the questions, as the topic to be discussed was a sensitive issue. A rapport was easier to build for face-to-face in-depth interviews, as it was

tried to be built by talking to the participants about the weather and how they are doing before starting the interview, following this, the researcher gave an introduction about herself, and why she was there. In addition, a warm welcome, a smile, eye contact, and a comfortable interview place were also used to make them feel more comfortable. For both face-to-face and phone call in-depth interviews, active listening, not interrupting them while they are speaking, making sure not to ask details about their incident and asking other questions before getting to their experience of sexual violence were methods used for better rapport between the researcher and the respondents. For respondents that were reached via phone call, more attention was first given to the identification of the participants, if they are part of the target group for the study.

Participants that were reached out through their phone numbers were female migrant returnees that were previously staying at the CSO's temporary shelter house, the researcher then talked to them to confirm their identity and identify if they can be target groups for the research. After confirming this they were asked if they were willing to be interviewed. A total of five participants confirmed that they were willing to be interviewed, following this the researcher gave a brief about the study and asked for their consent which they gave orally. Of the 5 participants, only one did not want to be recorded but she was willing to be interviewed. For the key-informant interview, two shelter coordinators were interviewed at each of the CSO's shelter houses, both interviews were recorded.

### **3.5 Data Analysis**

According to Creswell (2015), qualitative research is "interpretive" research, in which one evaluates an explanation that better fits situations or themes that capture the major categories of information. The interpretation one makes is different from the other. For this study, thematic analysis was used for the data analysis process. Kiger and Varpio (2020) state that thematic analysis is suitable for examining and comprehending experiences, thoughts, or behaviours throughout data collection. This approach not only characterizes the data but also requires interpretation while determining codes and developing themes.

The recorded data were first transcribed and translated, then given a code. Transcription refers to the conversion of audio recordings or field notes into textual data. (Creswell, 2015). Following

this, major themes were identified and collected for interpretation. Themes are the actively formed patterns or meanings extracted from a dataset to address a research query instead of simple summaries or categorizations of codes. Themes can be produced through inductive or deductive methods. (Kiger and Varpio, 2020). Data analysis for descriptive purposes and theme identification is accomplished through text analysis, and the broader significance of the findings is then interpreted. (Creswell, 2015) These major themes were collected through the research questions, the questions that were included in the interview, and the data or information shared by the participants.

### **3.6 Validity and Trustworthiness**

The validity of the findings in qualitative research depends on the researcher's thorough recording and ongoing verification of data during the investigative process. If researchers can maximize or test the validity and trustworthiness of the data, they can produce more credible and defensible results, leading to the generalizability of doing and documenting high-quality qualitative research. (Cypress, 2017). Accordingly, the validity of the information was kept through careful transcription and translation so as not to mismatch with what the participants said. In addition, assuring the participant understood the questions was applied. Having both key informants and in-depth interviews also contributed to making the data more valid as the themes identified can be crossmatched between the findings.

### **3.7 Ethical Consideration**

Ethical clearance was provided by the Institutional Review Board of the College of Development Studies (IRB-CoDS). As the area of the research is a sensitive topic, critical ethical considerations were taken carefully. During the data collection, consent was provided to ensure the willingness of the participants for the study before asking any questions. The consent form was read to the participants/read it themselves before the interview took place. After they gave full consent to participate in answering the questions and for the usage of the information shared, and having their voice recorded they put their names in and signed the consent form. Oral consent was taken from those who reached out through phone calls.

As the data collection tools of the research were interviews, the interviews were at the shelter houses of the CSOs. A quiet place without the presence of others (except for two of the cases, where a translator was needed) was used as a setting for the interview. For the phone call interviews, as it was not done physically, the setting of the participants was limited to know, but the researcher was in a closed room alone, to not have others hear about the information they were sharing. As it was a sensitive topic to talk about participants' anonymity, and confidentiality was kept, in addition, they were ensured that they can skip any questions and that they can withdraw from the interview at any time.

A voice recorder was also used to facilitate the data collection process, during this time the willingness of participants was given priority. And they were assured that their names will not be mentioned, nor any video graphic material will be used (for those interviews at the shelter houses). They were also guaranteed that the interview can be stopped anytime if they feel uncomfortable or distressed, they were also assured that if they do not want to answer any questions, they can skip them.

When addressing sensitive matters with participants, it is essential to demonstrate flexibility, provide breaks, allow them to take the necessary time to share their stories and be ready to cease data collection if they become upset (Pinto et al., 2021). Before the start of any interview questions, the participants were given a clear picture of what the research focuses on and why they were chosen to be interviewed. The confidentiality of the participants was kept throughout the entire research, no names were used when interpreting the data during the data analysis, nor was it recorded during the data collection. Any additional information that can identify the participants was not mentioned.

## **Chapter 4: Results and Discussion**

This chapter focuses on the major results of the study, the study majorly aims to study the accessibility of sexual and reproductive health (SRH) services, for female migrant returnees (FMR) who are survivors of sexual violence. In addition, it also focused on the results of other related studies, starting from the participants' background, journey experience, and experience in their country of destination. In general, the results were categorized into four major themes, female migrant returnees' experiences of their journey and in the country of destination; female migrant returnees' experience of sexual violence; SRH services in the country of destination and the country of origin after return; and lastly challenges they face when getting SRH services, and coping mechanisms they used, in addition, other sub-categories were added under these major categories (themes).

### **4.1 Background of the Participants**

Two groups of participants were part of the study: female migrant returnees (FMR) and the shelter coordinators at civil society organizations (CSOs). A total of 10 participants took part in the study, 8 of the participants were FMR who participated in the in-depth interview, and the rest 2 participants were key informants who were shelter coordinators at the CSOs. Of the 8 FMR, 3 of them were at the CSOs' shelter during the interview, but the other 5 were out of the CSO's shelter during the data collection.

Table 1: Background of participants

<b>Female Migrant Returnees (FMR)</b>	<b>Age</b>	<b>Country of destination</b>	<b>Country of transition</b>	<b>Years stayed abroad</b>	<b>Work performed at the country of destination and transition</b>	<b>Number of times migrated</b>
<b>FMR 1</b>	24	Lebanon	Sudan	2 years and 6 months	Housekeeper	Once
<b>FMR 2</b>	30	Lebanon	Sudan	1 year and 3 months	Housekeeper	Once
<b>FMR 3</b>	27	Dubai	Sudan	3 years	Housekeeper	Once
<b>FMR 4</b>	38	Lebanon	Sudan then Libya	11 years	Housekeeper	Three
<b>FMR 5</b>	38	Sudan	Went straight	18 years	Housekeeper	Twice
<b>FMR 6</b>	50	Egypt	Went straight	10 years	Housekeeper	Once
<b>FMR 7</b>	30	Sudan	Went straight	More than 8 years	Housekeeper	Once
<b>FMR 8</b>	43/44	Eritrea, Kuwait, and Sudan	Went straight	A total of 18 years (9, 4, and 5 years respectively)	At a juice bar, housekeeper, and selling tea, and other drinks	Three

The eight female migrant returnees were from the age of 24 – 50 during the data collection process. As described in the table above, four of the respondents went straight to their country of destination, while 4 of them went through other countries. This was because one of them was misled by her broker, one could not make it straight to her destination as the road was blocked, and the other two did not mention why. Both the CSO’s shelter coordinators that participated in the key-informant interviews are female, while one of them is also the nurse at the shelter and

she has been working at the CSOs for 5 years. She is also the one who supervises the FMR while they are staying at the shelter. The second shelter coordinator has been working at the CSO for 12 years and manages the shelter.

#### **4.2 Female Migrants' Journey, and Experiences in the Country of Destination**

To further understand the experience of female migrant returnees who are survivors of sexual violence regarding SRH services accessibility, it is necessary to look at their journey and destination. When we look at their journey and their time in the country of destination, we can identify the information about their experience of sexual violence, SRH accessibility, and working environment. Studying their experiences without looking at their journey and destination is also difficult.

As the experience of FMR starts when they first start their journey it is important to get a deep dive understanding of the FMR experiences, from their journey, but it does not end there, they continue to have different experiences that are relevant for this study in their country of destination. These experiences are essential as they have faced hunger, thirst, sexual violence, and theft both on their journey and after they arrived at their country of destination.

When studying the experience of migrants, it should not only be limited to their access to SRH services or the sexual violence they faced, as it is difficult to only focus on these points without examining their travel, how they travel, which means, their working condition, and their engagement outside of their working environment. The FMR participants in this study faced sexual violence either on their journey or after they arrived at their country of destination. If the experience they had during their journey and destination is not explored their experience of sexual violence cannot be examined, when their experience of sexual violence is then examined their access to SRH can then be assessed.

The reason for focusing on their journey and their experience at their country of destination is because the interviewed FMRs have experienced sexual violence either on their journey or after they reach their country of destination. They faced sexual violence in their journey when they were moving through different countries, either when they were in prison, or the perpetrator was

someone they were travelling with like a broker. They also faced sexual violence when they were in their country of destination, by their employers or someone they were staying with. In addition, it is good to look at their experience in their destination country. In one case, one FMR faced sexual violence because she had to run away from one of the houses she was working at as they were prohibiting her salary and then she went on to the next where she was faced with sexual violence. In another case, one FMR was facing attempts of sexual violence and she was prohibited from her salary as a punishment when her women's employer found out and stated it was her fault. Therefore, without looking at the experience during their journey and at their country of destination, we cannot refer to how they experience such incidents as sexual violence.

One FMR describes that she was afraid for her life while she was travelling to Sudan from Ethiopia. Following the hunger and thirst she faced, she did not think she can make it and was scared for her kids back home.

*... the journey to Sudan was very hard and, I was scared I would make it out alive and worried about my kids. The hunger the thirst, but then we found a car eventually I got to Sudan (FMR 2 on May 10, 2023).*

Another FMR describes that she was on days-long travel and had to travel to three different locations to get to her country of destination. The road to Lebanon was closed at the time of her travel and her only option was to transit through other countries.

*The second time I went it was more challenging, it was a 4 - 5 day travel. As the road to Lebanon was closed, we had to travel through Metema, Sudan, and Kuwait to reach there (FMR 4 on May 27, 2023).*

Brokers play a major role in making migrant journeys and destinations filled with challenges. When migrating through different countries they travel through brokers to help them cross borders. Then these FMR would face many challenges, including going through sexual violence, in addition to this, they might go to prison, which is one of the places they might be faced with sexual violence. They would have their money stolen and make them think that they are going to a country further away, but it is a country that is close by and that costs less.

One FMR was misled by thinking she would go straight to Dubai by the broker and went through many challenges, including going to prison because of the broker. Her experience during both her journey and country of destination is filled with challenges, she was faced with sexual violence both in her journey while she was travelling through Sudan to get to Dubai, and at her country of destination after her employer took her to prison, because her other broker did not finish paying a debt he owed her employer, and she had to work and pay for him. When she found out that the money, she worked for was not getting to her family back home and did not want to continue to work for her broker debt, her employer then sent her to prison. During prison, she was tortured, beaten, and raped. Her whole experience of being a migrant was full of challenges because of the brokers.

*... my broker told me that it will be a straight flight to Dubai. But I first went to Gondar. ... Then a middle-aged man, around thirty-seven, took me from the airport. Then he put me in a big truck (Isuzu) and calmed me down. I was in a lot of suffering (while I was travelling), I was raped, and then I went to Moyale. I was faced with more suffering by the guard, I got to Eritrea, and when I got there, they told me that I cannot get through the border, so I went to Sudan. They took me to a prison around the Ethio-Sudan border. Then they felt sorry for me and let me out... When I got to Dubai, the broker that took me was in debt by the employer I was working for. During the whole time I was working there, I was only paying for his debt, my employer would take the money that I assume I was sending to my family back home, but he was taking it instead. Then he told me that I was the only person that can finish paying my broker's debt, the rest were all in Sudan. Then he took me to prison, a dark room, and I did not see anyone for 1 year (FMR 3 on May 15, 2023).*

Imprisonment is one of the unexpected threats faced by migrants during their journey or at their country of destination. Either because they are migrating illegally and got caught or because of false accusations. This result can be supported by a result from a study on Sexual Violence and Unwanted Pregnancies in Migrant Women by Barbara et al. (2017), from 11 women and one man who were sexually abused during their migration to Europe in the year 2016, ten of them appealed to have been sexually abused and tortured during their stay in Libyan camps or prisons, and two were faced with the same at their route in Africa. Even when the journey of migrants or their lives in their country of destination gets tougher some migrants may continue working, as they have low economic status or must cover the debt, they are in when they tried to leave their destination country.

Another FMR describes the mistreatment brokers show when migrants are travelling, especially those from the rural region. When migrants come from the rural region of the country, they are more likely to face more challenges as they do not have much information like migrants from urban regions. They might not get enough information that brokers can trick and mislead them. In addition to this, most people in rural regions lack education, which can lead to not knowing the language the broker might be speaking. They would rape or sell them to the locals after crossing the borders. The rural women migrants would put all their trust in these brokers so that they can easily take advantage of them.

*The Ethiopian brokers would sell them to Arabian on the border then the Arab will take them, there were even times were I was able to save some of them, through my work at the consulate office, especially those who come from rural parts of the country, they would trick them very much, some might be pregnant when they enter the country (FMR 5 on May 27, 2023).*

One of the FMR was trying to move to Israel after working at her first country of destination in Egypt, for a better life. Among others, she was travelling with a broker to help them cross the borders. As they were migrating illegally, they could only move at night, but when the broker saw her face and her identity, he sexually violated her. Even when another person that was amongst the group tried to save her, he beat him down and left him there. Sexually violating migrants is one way for the locals or brokers can take revenge on migrants.

*I also faced so many challenges trying to live a better life, I tried to travel to Israel (after staying in Egypt), it was a Sudanese broker that was taking us through the borders. We were travelling at night but when he saw my face in the morning, he got mad, grabbed my breasts and did things to me (FMR 6 on May 27, 2023).*

Being in debt is also one of the reasons, migrants keep going even when their journey is getting tough. The price of migration is high, especially for those who came from a low economic background. Their only option would be getting a loan from their families or friends. After they get this loan, they will start their travel, but things will not always go as they plan them. They would get robbed on the way, deceived into thinking they are travelling to a country that costs more, and finally, they will not be able to work and earn the money they planned before they left their country of origin. The challenges they face along their journey and after they get to their

country of destination will make them feel weak and they would want to go back home, but the debt they have back in their country of origin, makes them move forward. One of the FMR describes her wanting to go back as follows:

*I wanted to go back, but I was in debt, I borrowed money from my family. My mother was 70 years old she borrowed money for me to go, and we were poor, so I could not go back thinking of the money she borrowed. How could I go back? My only option was to move forward (FMR 3 on May 15, 2023).*

In addition to this, there might be family expectations when they go abroad to work, they would expect them to earn lots of money that can help them improve their lives. They would also expect them to send money while the migrants work abroad. This money can help their children and the parents they leave behind to work in a different country. Their families would also expect that they will send money to pay for the borrowed money when they leave their country of origin. When their families back home expect more earnings from the migrants, they might come back after facing sexual violence, pregnancy, or with a child that they did not intend to have, having their money stolen.

*We have individual, group, and family counselling, when we trace families, we also give them counselling, as most migrants borrow money when they go abroad, and it is expected that they bring some money back. In some cases, they might come back with a child, or after facing challenges, after their money is taken, or after facing violence (KII 2 on May 24, 2023).*

When migrants reach their country of destination, they go there with the expectation that they might find decent working conditions, free of violence or threats. But that is not the case for all migrants. After surviving the challenges, they face during their travel, then they finally arrive at their country of destination to earn some money and change their lives and are yet again faced with more difficulties in addition to the sexual violence they experience at their workplace. One of the challenges that was mentioned by 4 of the 8 FMR participants is the prohibition of their salaries, their employers will not pay them on time or even for months. When migrant workers ask their employers for the money they worked for, they are threatened. They would also prohibit their salary if they have wronged them or were accused of something. They would also get paid less for the hours they have worked. Brokers would also steal the money they have been

working for after they get to their country of destination. The workload they face is also another contributing factor to migrants not having a decent working environment. Following this, they described their working environment as not being decent.

When one of the interviewed FMR asked her employer for the salary she worked for, after she was denied the payment, her employer attempted to poison her, which could have led to her being extremely ill or even dying. She would have lost her life, just because she asked for the salary that she was working for.

*I would describe my working environment abroad as not good. The reason is that, after working for 16 months, they only paid me for two months, and when I ask for my salary, they would want to harm me... When I asked my first employer, for the salary I worked for 16 months, she got mad, saying how could I ask, and tried to poison me (FMR 1 on May 10, 2023).*

When one of the study's FMR participants was working in her country of transit, as she could not speak the language of the employers; after her broker spoke with them and went, she ended up leaving for another country with nothing. And when she was working in her country of destination, she did not get paid for the last months she worked because they accused her of something that was not her fault. Denial of payment is a way employers punish migrant workers for any wrongdoing.

*The broker spoke with my employer and left; I could not speak the Sundanese language. I was left with nothing when I left from there. They did not pay me anything. I even arrived in Lebanon with hunger... The man at one of the houses I worked at in Lebanon would want to have a sexual relationship with me... I pushed him, but it was caught on camera, when I tried to explain it to the lady at the house, she would not understand me, she said it was my fault, the kids agreed with her, they prohibited my last 6 months' salary which was around 600 dollars, then they just sent me back to Ethiopia, through transit, because the money was cheaper... I would say I had a bad experience and time during my time abroad. They once pushed me and I lost two teeth, so I would say it was not a good time (FMR 4 on May 27, 2023).*

One of the interviewed FMR had lots of workloads, the broker was also taking the money she worked for. She did not have decent working conditions with limited work hours. If they could not finish their work, they would face physical violence like being beaten. She was also not paid for all the times she worked there.

*After I got to Sudan (her country of transit), the broker took the money, that was supposed to be given to me for 9 months, I had to work without pay for 9 months in Sudan. I was also not paid for 2 months while working in Beirut, Lebanon. My working environment abroad was not good at all. Because, the workload is a lot, and if we do not finish on time, they would beat us (FMR 2 on May 10, 2023).*

One FMR stayed in her country of destination for 8 years, and the broker that connected her with her employer would take her salary. In this case, as well, the broker that helped her get a job was the one that was taking the money that she was supposed to earn. She was only working so that he would take her earnings.

*In Sudan, I was working as a housekeeper, I stayed there for more than 8 years. I would describe my working environment as not being good because the broker would take away my money. He would take your money and not give it to you (FMR 7 on May 27, 2023).*

Another major challenge and violation of basic human rights is the prohibition of payment migrants face by their employers. According to recommendations that were given to ILO members, studies indicate that certain employers deliberately withhold salaries from their employees, not just for wage exploitation, but also to prevent them from escaping harmful work environments. Specifically, children and migrant workers, whose immigration status relies on their employers, may feel threatened when requesting regular wage payments. (Anti-Slavery International and Human Rights Watch, 2009). Prohibition of payment was seen as a major factor in making the working environment of the interviewed female migrant returnees not described as decent. Tizita's (2011) study can support the finding of this study on the prohibition of salaries, her study also found that migrants face economic violence such as being abused and exploited for their labour, low wages, unpaid salaries or salary deductions, and insufficient living accommodation.

When one interviewed FMR was working in her country of transit, she worked all day, and would only be given leftover foods, no additional payment was given to her and when she reached her country of destination, she had a heavy workload and did not even get the chance to see the outside while she was staying there.

*I started working in Sudan, for my daily meal as a housekeeper for a woman. I would wake up early in the morning and I would work all day. Around noon, they would have their lunch, and I would eat the leftovers. Same during dinner time, I would eat the leftovers... Nothing about migration is good, and when I was in Dubai, I did not even get to see the outside. I did not know the place outside, I used to do all the housework there (FMR 3 on May 15, 2023).*

Another challenge faced by FMR during their stay at their country of destination was being sent to prison. Prison without being convicted of a crime is a human rights violation. Not even for migrants that do not know many people, even for nations being kept in prison for no wrongdoing is frightening. Two of the FMRs have gone to prison without any fault, both described the prison they were in as a dark room, which does not seem like a regular prison cell. One of the FMR went to prison after her employer committed suicide, they thought she did it and sent her to jail for 3 months.

*I was at four different houses. This last one was the worst. And during my stay at the third house, the man committed suicide and they said I did it and put me in a prison, a dark room. But then I was released after they investigated, through my fingerprint. They did not find anything, so they let me go. I was in prison for 3 months (FMR 4 on May 27, 2023).*

The other interviewed FMR, went to prison twice. One time was when she was trying to cross the Ethio-Sudan border, and the other was when she was working for the broker's debt that took her to her employer.

*They took me to a prison around the Ethio-Sudan border. Then they felt sorry for me and let me out... When I got to Dubai, the broker that took me was in debt by the employer I was working for. During the whole time I was working there, I was only paying for his debt, my employer would take the money that I assume I was sending to my family back home, but he was taking it instead. Then he told me that I was the only person that can finish paying my broker's debt, the rest were all in Sudan. Then he took me to prison, a dark room, and I did not see anyone for 1 year (FMR 3 on May 15, 2023).*

FMR that do not work as housekeepers are bothered by other people to not do their work as they would want. Not all FMR work as domestic workers in their country of destination, one of the interviewed FMR was selling tea and other drinks to make a living in the third country of destination she was at. She was faced with people that wanted to take advantage of her.

*During my stay in Sudan, things were not going well. I was getting sick; you cannot work there as you please ... I used to sell tea and other drinks in Sudan, but I did not like it, I did not like the people there. The people would want to take advantage of you, so I said I do not want this, as I was also not in a good place regarding my health (FMR 8 on June 3, 2023).*

When examining their experience on their journey, the methods they used to reach the country of destination are important. Some might travel straight to their country of destination, while others travel through different countries to reach their country of destination, and their experience differs. There are also times when migrants change their country of destination, after staying and working there for a while, when this happens, brokers would help them cross borders. As described in the background of the participants, not all the FMR went straight to their country of destination, for different reasons. When travelling through different countries, they might be migrating illegally hence they are faced with more challenges, these FMR have gone through hunger, thirst, and sexual violence.

From the results, it is indicated that migrants' journey is filled with challenges, especially if they are travelling through different countries before they reach their country of destination. This study identified that some migrants would also sometime stay in their country of destination, and after working there for a while they will try to move to another country to live a better life. In an analysis, Hadjicharalambous and Parlalis (2021) have identified various cases where migrant women can be vulnerable to sexual violence, during their journey, if they are moving illegally, they experience sexual violence by being forced to have sexual intercourse by smugglers. If they travel alone or without male partners, they are particularly vulnerable to attack.

Most of the challenges faced by migrants specifically during their journey can be caused by the deception of the brokers that are supposed to help them cross the borders or put them in contact with their employers. This result shows that more intervention needs to be done on how these brokers do their work. They are putting the lives of many migrants at risk of prison, hunger, thirst, sexual violence, and others. This result can be elaborated more from a study on the Causes and Consequences of Human Trafficking in Ethiopia by Gudetu (2014) shows once these dishonest agents/brokers placed the victims in employment, they completely disassociated

themselves, leaving them unsupported in times of distress. A lack of knowledge regarding proper recruitment channels also plays a role in Ethiopian women being trafficked to the Middle East.

This study did not show exactly what happens after some of the brokers leave the migrants stranded in the middle of their journey or after they pass them over to other brokers. It also did not assess the relation these brokers may have with the employers and other brokers in the migrant's country of destination. Further studies can focus more on the way these brokers operate by either making them the target groups or assessing if they are working illegally or legally in the country.

### **4.3 Female Migrant Returnees' Experience of Sexual Violence**

FMR may face sexual violence either during their journey or at their country of destination. During their journey, it can be the brokers that are helping them cross the borders, other individuals that are travelling with them or it could be while they are in prison. Another place where they might face sexual violence is after they reach their country of destination. It could be an employer or other people that they stay with during their time abroad. Experiencing sexual violence by their employer is more common among migrants working as domestic workers. They might be threatened by them if they show resistance. In some cases, they will also take the blame as the others in the house will not believe them if they speak up. After facing such incidents, they would not have much information on places they would go to seek support, as the environment is relatively new to them.

One interviewed FMR had a sexual violence experience at her workplace, migrants face sexual violence in these settings because they live closely with them and are prone to be targeted. They would feel threatened every time and have their lives put at risk, not making them feel safe that they would need to lock in a room by themselves, as an only escape.

*... and then I left the first house shocked without my belonging and went to another house, and that is when this happened to me. After I left the first house, I was alone, and a woman found me and took me to another house to work. At this house, there are young men, and they would disturb me, I would even sometimes lock myself in the bathroom, and that is when I went through this sexual violence. The lady was*

*nice, but the young men living there were not. Her kids were the ones who did this to me... (FMR 1 on May 10, 2023).*

Another FMR participant of this study was also faced with sexual violence by her employer at the house she was staying at working as a housekeeper.

*... I was faced with sexual violence during my stay there (in Lebanon) at the house, by my employer (FMR 2 on May 10, 2023).*

One interviewed FMR was safe from facing such experiences of sexual violence, but she faced many attempts by her employer. And this still did not make her feel safe at her place of work. The employer would find links to connect himself with her country of origin to justify his actions, and he would fight her for her to comply.

*The man at the house would want to have a sexual relationship with me... He would bother me, and he was very old, he used to say I have some memories in Ethiopia, he would hit me, insult me, and say offensive things to me... He would fight very hard to get to me, at night when I thought I had locked my room and when I go to sleep, he would open it with a spare key when his wife sleeps, his wife was an older lady. After this, I said no more to migration... I did not face any sexual violence, but I faced many attempts. They would want to have sexual intercourse with me (FMR 4 on May 27, 2023).*

One of the interviewed FMR was raped at two different locations, one time was before she got to her country of destination. The other was during one of the times she went to prison. During the second time, her employer sent her to prison. She described the prison as a dark room, where she could not see anyone, which made the situation worse for her as the preparators would easily get to her, and no one would save her. In addition to this, they would beat her, and inject her medicine.

*... first, we went by a different car, and then we got to another car (Isuzu) I was in a lot of suffering, I was raped, then I went to Moyale.... he (my employer) told me that I was the only person that can finish paying my broker's debt, the rest of the people I was with were all in Sudan. Then he took me to a prison, a dark room, and I did not see anyone for 1 year. There is a white ceiling, I could only see it when the day changed to night. They would inject me with medicine, and I was already going out of my mind. There was more suffering there. I went through both physical and sexual violence there (FMR 3 on May 15, 2023).*

One of the interviewed FMR was faced with sexual violence when she was trying to go to another country for a better life. To make life better after migrants stay in one country of their destination, they plan to migrate to another country with better-paying jobs. During this time, they would also need brokers to cross their borders. She faced an incident of sexual violence when she was trying to get to Libya from Sudan but could not make it.

*... I was in Khartoum, Sudan, and after 5 or 6 years, I tried to go to another country, but it did not work out. We paid a lot of money, went from one broker to another, the car tires were melting, the brokers made it out because they knew other people, and we were stranded in the middle of the desert. Then we tried to go to Libya that is when I was faced with sexual violence (FMR 5 on May 27, 2023).*

Another FMR interviewee was also trying to move to another country when she was faced with such an incident. She went through sexual violence by a broker that was taking them through the borders after he found out about her identity. As they were travelling in a group, one man tried to make him stop, but instead, he hit him and left him there.

*I tried to travel to Israel, it was a Sudanese broker that was taking us through the borders. We were travelling at night but when he saw my face in the morning, he got mad, he grabbed my breasts and did things to me. When another man, that does not know about the country, the people, or the language saw me and came running to me, I told him not to get nearby him, telling him that he will hit him, but he hit him... I could not save him, but I saw how much he hit him, and then fell, and then we just left him without him. The other then came and picked me up, but he already had harmed me (FMR 6 on May 27, 2023).*

There are times when migrants stay outside their working environment and stay with a group of other migrants. Even during these times, they are not safe from sexual violence. One of the interviewed FMR was sexually violated by someone she was staying with after she reached her country of destination. There were staying there as a group, and I was one of the individuals among them.

*I have faced sexual violence, and it was after I arrived in Sudan, it was one of the people I was staying with (FMR 7 on May 27, 2023).*

One interviewed FMR was in Eritrea (*her country of destination*), around the 1990s working there at a local juice bar, then a war broke out. She then had to run away to a forest during which she was faced with sexual violence.

*I left for Eritrea at a young age and stayed there for 9 years... I also met my husband there; we have a daughter together. But when the war breakout he left to join the war and we run away into the forest, there was a war in the 1990s EC, and we stayed there for around 7 or 8 months, and that is when I was faced with sexual violence (FMR 8 on June 3, 2023).*

The experience of FMRs in their journey and at their country of destination is challenging, and one of the challenges is sexual violence. Migrants may face sexual violence while they are travelling or after they reach their country of destination, investigating their experience at both places gives a deep dive into the incident of sexual violence that happened to them, and the SRH service that they got access to.

Of the eight respondents of the study, seven of them were faced with sexual violence either on their journey or in their country of destination, one of the respondents was faced with many attempts of sexual violence that put her life at risk. These FMR were faced with sexual violence either by their employers, broker, or individuals they encountered on their journey or in prison. This result shows that migrants are not safe in the place they stay or work or the route they follow to find a better life and more intervention need to be done to keep migrants safe. This can also be supported by Tizita's (2011) study on Violence against Women Domestic Workers in the Middle East, participants of the study that faced sexual violence were victims of rape and sexual harassment. Other findings of the study also show that women employers are involved in sexual violence either directly or indirectly. They are directly involved as perpetrators of sexual violence and indirectly by being facilitators of sexual abuse by men.

In addition to the above study, Hilawit's (2017) study on Reintegration of Ethiopian Migrant Returnees, showed the consequence of the women respondents that faced sexual abuse during their stay abroad. They mentioned that people would treat them differently because of the abuse they experienced, or they would just think they went through sexual harassment or commercial sex work. Meskerem's (2011) study on Psychosocial and Economic Experiences of Gulf States Returnee Ethiopian Women Domestic Workers, the results presented that the amount of female

migrant domestic workers experiencing mental depression or stress is increasing, and different factors contribute to it including sexual violence, such as maltreatment, unlimited working time, discrimination based on their race, class and gender, and denial of human rights.

FMR's experience of sexual violence may differ from other forms of sexual violence in a way that there is no one to accuse as a preparator after they return to their country of origin. Hence, there is not much to be done in their country of origin after their return, regarding giving legal support. This can be one of the results that was not given much emphasis in this study, further studies can focus on investigating the possibility these FMR can get the justice they deserve. It is also one of the unintended findings of the study.

#### **4.4 SRH Services in the Country of Destination and the Country of Origin After Return**

##### **4.4.1 SRH Services in the Country of Destination**

When migrants stay in their country of destination or while they are on their journey, they travel without enough information about the place they are travelling to, and one relevant piece of information is on where to access SRH services. As presented in the previous section, participants of these studies had experiences of sexual violence or attempts of sexual violence. When facing incidents of sexual violence, survivors need different support like psychological, legal, and medical such as SRH services. FMR experiences accessing SRH differently, most described that they did not know about such services and that they went to get these services either through their employers or friends or they did not get any SRH services before returning to their country of origin. Three interviewed FMR indicated that they have not gotten any SRH services before their return following the sexual violence incident they had. They also describe that they had no information about where to get such services during their stay.

One of these FMR was shocked after an incident of sexual violence happened to her and left the house then found a police officer, then they took her to the embassy that sent her back to her country of origin. She did not get any assistance with medical treatment, and she was not able to get access to SRH services through these institutions. She became pregnant but did not get any SRH services the whole time, she arrived at her country of origin 7 months pregnant.

*I did not know any SRH service providers during my stay there, nor do I have any practice ... After this happened, I left the house and found a police officer on the street, and then they took me to the Ethiopian embassy there. And I did not get any services, including SRH, there (before my return), the embassy then connected me to an NGO then I came here to Agar... I arrived 7 months pregnant... (FMR 1 on May 10, 2023).*

Another FMR interviewee that did not get access to SRH services in her country of destination was faced with sexual violence by her employer following that he took her to a hospital, without informing her of the situation to only get her tested if she was pregnant, and when it turned out she was she took her to the embassy, then she got back to her country of origin. She also arrived in her country of origin pregnant without any prior maternal care.

*I did not know any SRH service providers during my stay there, after the incident my employer took me to a hospital and got me tested if I was pregnant, and when it turned out that I was, he took me to the embassy, but I did not know about places that gave SRH services before the incident. I have not heard about it before. What happened during my visit to the hospital was that he took me there to get tested, without saying anything, then he took me back to the house and then took me to the embassy (FMR 2 on May 10, 2023).*

Another FMR interviewee was also not able to get the SRH services she needed after the sexual violence that happened to her, she also arrived in her country of origin without accessing the SRH services she needed.

*I did not know any SRH service providers during my stay abroad. And I do not have any practice using them, only when I arrived here. I needed such SRH services after the violence I faced, but I could not get them (FMR 3 on May 15, 2023).*

One interviewed FMR went to get checked when she signed a contract with her employer, upon her arrival. During this time, she found out he had an infection and started taking medicine. This was one rare case from this study, where the interviewed FMR got SRH services before any incidents of sexual violence. She was able to get tested for an infection, that was treatable, when her employer took her to get a general check-up before she signed her work contract, after that she was able to get continuous medical care. She mentioned that if the disease/infection was transmittable they would have sent her back, it can be identified that there is discrimination if

migrants are found with HIV or other transmittable diseases. It was also mentioned that she did not get any contraceptive services that can be in favour of her, but she explains that her employers would give a wrong signal. She also describes that hospitals cannot be trusted all the time, as they might give you the wrong treatment or medication when you get checked up.

*I got tested for sexually transmitted infections (STI) during my stay there, that is how I first started taking medicine for it. I found out when one of the Madam (lady employer in Arab states) I worked for took me for a checkup when I first arrived at their house. When we sign the contract, we need to get a medical checkup, the broker also needs to be there. If the illness is transmittable, like HIV, they would send you back, but since mine was not so, they did not send me back, but they helped me get this medical care with my salary. But still, the illness has not gone away. I did not get any contraceptive services, they would think something else, so I did not. The doctors there sometimes might not give you the right treatment, they would give you the wrong treatment or medicine (FMR 4 on May 27, 2023).*

One interviewed FMR knew about such service providers. She was working abroad for 18 years and knew where to get such services. The longer migrants stay in their country of destination the easier it is for them to know where to get such services. In addition to this, they can also inform other migrants that are new to the place, and it can create a good flow of information between them. Since she was aware of where to get SRH services, after her incident of sexual violence which happened when she was trying to move to another country, she was able to get tested for STIs and know her status back in Sudan.

*I knew where Ethiopians (migrants) could get SRH service providers. When they come, they go through many challenges some even get raped... I have taken a test and I have become aware of myself after the violence that happened to me on my way to Libya... After the violence, I got these services in Sudan, after returning there (FMR 5 on May 27, 2023).*

Another FMR that was interviewed did not have information on where to get SRH services at first. But she was able to get these services through her employer. She was also faced with sexual violence when she tried to move from Egypt to Israel but then she was faced with such incidents and had to go back to Egypt. When she returned it was her employer that helped her get these SRH treatments, during which an infection was identified, but she then got medicine that helped her recover. She also mentioned that the hospitals and churches there would help them get general medical care.

*I did not know any SRH service providers by myself, but the hospitals there would show us, also the church, they would help us get general medical treatment. After the incident I was sick, they said it was an infection, I was having discharges, they tested me and got medicine for it in Cairo, but thank God, I am fine after that, I did not use any contraceptive or maternal health care abroad... I did not know about these things because I was not needing them. I hear about such service providers but did not give much attention. After the incident, it was my employer that took me to get these services (FMR 6 on May 27, 2023).*

Another way FMR would get to these service providers or information about them is through other friends or migrants they know. One of the interviewed FMR mentioned that she was able to identify these service providers from friends she knew when she was staying abroad. She got pregnant after a sexual violence incident that happened to her and needed maternal care. When she told her friends, they then took her to such service providers they knew, after she got there, they helped her during and after her pregnancy. She got the maternal care she needed, and they would also give food to her newborn child. Having such a group of friends and knowing about the SRH services can help migrants get to the service providers they need easily. When she got pregnant for the second time, based on consent, she also had another maternal health care, but she delivered her second child after she returned to her country of origin.

*I had no information about any SRH service providers at first, but my friends there showed me... After the incident, I got pregnant, I told friends there about it, and they told me that they knew a place and took me to the service providers, and they helped me. I got maternal health care; I had check-ups every week. I delivered my child there, and I would also take her back there after she was born... Then I got pregnant again and needed maternal health care. When I got pregnant the second time, it was consensual, but I did not realize that I was until I started not feeling well, and I have not seen the man (father of the child) after that... Before I gave birth the second time, I returned to my country, when I arrived here, I was 8 and a half months pregnant. The people that helped me when I was pregnant both times, helped me get out of there (country of destination) (FMR 7 on May 27, 2023).*

One interviewed FMR was faced with sexual violence when she ran into the forest with others after a war outbreak when she was in Eritrea, then she got pregnant. But she could not get any SRH services until she was close to her delivery date when the Red Cross came and rescued them. She was able to give birth through this organization. What made it harder for her to get

these services was being stuck in a forest after running away from the war and not being to get any help, such as SRH services.

*... Then the Red Cross came and rescued us after 8 or 9 months of staying in the forest after the war broke out and brought us to Gondar, and then I delivered my second child. Then life got tougher, there was no one to support me. I did not know where to get SRH services during my stay there. After the violence that happened to me, I struggled a lot. I also had my first daughter with me, who was 3 years old at the time, and I was pregnant, but I needed support, but I could not find anything or anyone. But finally, I got support from the Red Cross, they brought us back to our country. I did not get SRH services after the sexual violence incident, only when I delivered my child through Red Cross at Gondar Hospital. I was also under their support for a month after I gave birth. There were only 15 or 20 days left until my delivery date when the Red Cross came and rescued us. When I was bleeding, the nurses took me by car, and then I went directly to the hospital, but I did not get any SRH services before that (FMR 8 on June 3, 2023).*

The interviewed FMRs got access to SRH services at their country of destination through various ways, some got to these services through their employers, through other friends, and organizations, or by themselves. There were also interviewed FMR who did not get any access to SRH services at their country of destination. There can be consequences to lack of SRH, specifically for those who are survivors of sexual violence, as they might get pregnant or get infected by any transmittable diseases. This result shows that there is a need for more work to be done on the transfer of information regarding where to access SRH services at their country of destination for migrants during their stay abroad. But those who got access to services like STI testing, or maternal health care mentioned that they did not encounter any problems.

The need for SRH increases when one is faced with sexual violence. Accordingly, a study on migrants' sexual violence in the Mediterranean region, was identified that sexual violence can have consequences such as injuries, STIs, unintended pregnancies, and other gynaecological problems. In addition to this, it has psychological impacts. (Hadjicharalambous and Parlalis 2021). It is also critical for migrants to know where they can get SRH services when they are going to a new country, but it is not considered a priority when they start their journey. A study analysis of migrant women's experience of sexual and gender-based violence (SGBV) at the Colombia-Venezuela border, regarding the availability of services for survivors of sexual violence, identified gaps in managing clinical treatment for survivors of sexual violence. The

assessment showed that 12 of the 21 facilities, offered services for survivors of sexual violence, and 8 out of the 21 facilities, had distributed information to the community regarding the availability of the services (Calderón-Jaramillo et al, 2020).

This study shows that three out of eight respondents did not know any SRH service providers in their country of destination. In addition, they did not get these services while staying there, even though they had become pregnant because of the sexual violence. In Tizita's (2011) study the findings show that 4 had been raped, and one became pregnant as a result. Only one of the respondents went and got a pregnancy test, and it was when her employer, who is also the man that sexually violated her took her to the doctor to get checked. She did not get any further services after that. In addition to this, all these migrants were pregnant when they returned to their country of origin, two of them being 7 and 8 months pregnant. The previous analysis study at the Colombia-Venezuela border has also shown that the major underlying SRH needs were access to contraception services, emergency contraception, safe abortion services, post-abortion care management, treatment of STIs, prevention of teenage pregnancy, youth-friendly services, and comprehensive sexual education (Calderón-Jaramillo et al, 2020).

Of the five respondents that got SRH services, four of them have gotten such services, but it was only because of their employers, friends, and other organizations that operated in the country of their destination. Only one knew about these service providers by herself, as she stayed there a long time and that she was active in community engagements. Again, of the five respondents that got SRH services in their country of destination, four of them did not use it up until they were faced with sexual violence. Only one of the interviewed FMR got these services when her employer wanted her to get checked before she signed her contract of employment. A study by Bedri et al. (2015), on Factors Influencing Access of Women Migrant Domestic Workers to SRH Services at Khartoum State, presented that employers get involved when migrants need SRH services. During an interview with the female employers of Ethiopian migrant domestic workers in Sudan, they explained that most of the domestic workers they have are usually supported to use health services when they need them. But one major barrier was language, so they need someone else to support them there.

Of the respondents that got SRH services in their country of destination, only two were able to get maternal care, and two got these services through other organizations operating in their country of destination. One of them found out about these services from her friends. The network theory explains why worldwide migration might grow even when the initial motivation for relocating has weakened. (Sulaiman, 2020). This shows that migrants can get access to these services or hear about such service providers through friends or fellow migrants, which was created through the network of migrants. The rest three respondents only got tested for STIs, and no one indicated that they used contraceptives during their stay at their country of destination.

Five of the eight interviewed returnees mentioned that they got pregnant due to the sexual violence they faced. In addition to this finding Tizita's (2011) study, the experiences of sexual violence and other forms of violence experienced by Ethiopian women domestic workers in the Middle East showed that most of the participants' health problems were directly related to reproductive health problems such as fistula, HIV/AIDS, and unwanted pregnancy were identified. Radical and Marxist feminists argue that women need to be able to determine the course of their physical well-being as well as be able to access abortion and contraception services uninhibitedly. (Cottais, n.d). When female migrants especially those who are survivors of sexual violence access SRH services freely, they will be able to prevent themselves from health problems that are related to the consequence of sexual violence.

#### **4.4.2 SRH services in the country of origin after they return**

After FMR arrive in their country of origin, they have more chance of getting the SRH services they need, because they know the country better and there have relatives and friends that can also help them, in addition to this, they can get in contact with organizations that work on migrant returnees. Some of the interviewed FMR got these services through the civil society organizations (CSOs) they were staying at or other organizations, while others got these services privately.

Two FMR got SRH services through the CSOs they were staying at during the interview. They were pregnant and close to their delivery date when they arrived at these organizations. As there is a lack of information in their country of destination on where to get such services, they return

without any prior maternal care or other SRH services. They both got the SRH services they needed, which were primarily maternal health care and getting tested for STIs.

One of them was also treated for high blood pressure that resulted from stress on what will happen after she gave birth and had to be admitted to a hospital to get treated.

*I gave birth after here. I arrived 7 months pregnant I got all the needs I needed during my pregnancy and delivery here. I was sick after my delivery, I had high blood pressure, due to stress. I even had to be admitted to Ghandi Hospital, but now I am better. It has been 5 months since I gave birth. I got maternal health care including prenatal health care, and got tested for STIs, but I did not get any contraceptive health care after my delivery. I got all these services after I came here through Agar, from the local health centre (FMR 1 on May 10, 2023).*

The second FMR that got these services through the CSOs also describes that she got all the services she needed from the health centre that works closely with the CSO.

*I came here to Agar and got all the services I needed related to my pregnancy, like an ultrasound from the health centre, I got monthly check-ups here as well. I was around 8 months when I got here (FMR 2 on May 10, 2023).*

To add up to this, one of the key informants, who is the shelter coordinator and a nurse at the shelter also mentioned cases when migrants may return to their country of destination when they are close to their delivery date, after being pregnant, they would return without having any medical treatment related to their pregnancy, or other SRH needs.

*... most FMRs arrive here when they are close to their delivery date, and most do not start any treatment (maternal health care), and they start their treatment here because they do not start any care before their return. They get the maternal health care they need and give birth here. Some give birth here, and they only leave here when they are ready and when their children are strong enough (KII 1 on May 15, 2023).*

Besides the CSOs, FMRs also get the SRH services they need privately through different healthcare providers after returning to their country of origin. One of these FMR was pregnant when she returned to her country of origin. She was not in good medical condition when she

returned after facing many challenges, including sexual violence. She got all the necessary SRH services she needed like getting tested for STIs maternal care and cervical cancer screening, she did not get any contraceptive services as she was pregnant during the interview. Even though she was ashamed to get checked at first, because of the discharges she had, she knew that she had to get such services.

*The people that held me (in prison) sent me back to Ethiopia, and following that, I got the medical check-ups I needed, privately, like cervical cancer, and STI testing, then I got the medical care I needed and now I am even able to sit down, I could not sit down previously. I could not control my urine. I also had maternal health care (prenatal). The doctors told me to eat more to recover quickly, the doctors were nice to me, and they would give me good advice, I was ashamed of first talking to people about it and the discharge that would get out of my body and that was on my clothes, but I needed to get checked (FMR 3 on May 15, 2023).*

One interviewed FMR, who also went to a health centre privately was able to continue the treatment for an infection that she started when she was in her country of destination. She also got pregnant and gave birth after arriving in her country of destination through a consensual sexual relationship, and she got contraceptive services from the health centre.

*After I came back, I continued my treatment for the infection, privately. Currently, I am also using contraceptives after I gave birth recently, I got these services from Maichew Health Center (FMR 4 on May 27, 2023).*

Another FMR also got SRH services both at her country of destination and country of origin after the incident of sexual violence that happened to her. She also had medicines that she started there and did not bring when she returned, and she was able to get tested after she returned. She got STI testing services at different hospitals and was able to get the SRH services she needed after she returned.

*When I arrived in Ethiopia, I explained my experience and got tested. As we came back here suddenly, I did not get the medicine I started there. I also got screened for cervical cancer, and I am fine and got all the SRH services I needed... I also got tested at different hospitals after I came here. I cannot say why did it happen? (FMR 5 on May 27, 2023).*

In the case of one of the interviewed FMR, there was a time gap between when she got to her country of origin and the time of the incident, so she did not get the SRH services she would have needed following the incident. As she had already gotten it before her return to her country of destination.

*... Same here, after I arrived here, I did not get contraceptives or maternal health care, as I have moved past that life (FMR 6 on May 27, 2023).*

One FMR got SRH services shortly after she arrived back in her country of origin through an organization, as she was close to her delivery date. When she arrived in her country of origin, she was pregnant, and an organization took her from the airport to a hospital to safely deliver her child. After 3 days of delivering her child, she went to one of the CSOs mentioned in the study. She then stayed there for 40 days until she and her child were strong enough and left after that.

*When I arrived at Bole International Airport, I was 8 and a half months pregnant. Then they took me to a migrant returnees' shelter after I arrived at Bole airport. When the delivery date arrived, they took me to Hallelujah Hospital. Three days after I delivered, I went to Good Samaritan Association and stayed there for 40 days. I left because it was during the COVID pandemic (FMR 7 on May 27, 2023).*

Another FMR interviewee has gotten SRH services privately after she arrived in her country of origin, but the service that she needed was not directly related to or close to the time of the sexual violence incident that happened to her, nevertheless, she still needed SRH services. She was told she had issues around her uterus, and she is getting medical care for it privately.

*I have some issues in my uterus, it has been 3 years. I got medical insurance here, and I used that to get treatment at Gondar Hospital privately... (FMR 8 on June 3, 2023).*

The shelter coordinator, who is also the nurse and supervisor at one of the CSOs, who has been working there for 5 years, describes their CSO's contribution to providing SRH services for FMR survivors of sexual violence. She also mentioned that they give unique treatment to survivors of sexual violence and that they work closely with other hospitals and health centres. Every unique case is treated differently, she gave an example that when one FMR did not want a male doctor, they respected that, and she got treated by a female doctor. Hence FMR can get

SRH services both internally and externally. They provide pregnancy tests inside the shelter, but for check-ups, delivery, and other treatments they go to other hospitals. They would get all the services they would need including maternal health care, STI testing and contraceptive method services.

*Yes, we have unique services for those who are survivors of sexual violence, they stay here longer so that they can forget about the incident and those who need to get medical support... They can get SRH services here from the shelter, and beyond this, we can also take them to St. Paul's Hospital, or the health centre that is close to the shelter house, we can take them there. FMR who are survivors of sexual violence need specific SRH needs, such as giving them a separate room in the shelter. From the external side – like the hospitals – when we tell the doctors about what happened to them, they will give more focus on them and hear them very well and give them special treatments. They give them all the necessary treatments. This one time, one of the FMR demanded not to be checked with a male doctor and that she only wants a female doctor to give her the treatments. We also give them (those who are survivors of sexual violence) pregnancy tests ourselves. When they arrive, they will also get tested for HIV and other infections, if they are willing to do so. When you take them to the hospitals as well, they check these things, they test them for STIs as well. From our side, I would recommend/ask them to use contraceptives when they leave the shelter houses, if they are willing, I will take them to the hospital and then they can pick the contraceptive method they want and use it. Yes, this has happened before (KII 1 on May 15, 2023).*

The other shelter coordinator (rehabilitation centre manager), who has been working at one of the shelters for 12 years, also states that their CSO provides all the necessary services, including SRH services for FMR who are survivors of sexual violence. But she mentioned that they cannot provide legal support, but apart from that survivors of sexual violence get all the services including SRH services. They also work with other medical service providers including, Marie Stopes International for safe abortion, if the pregnancy is earlier than 5 months. They would also take them to Hamlin Fistula Hospital for those with such cases. They would also go to these service providers with nurses at the CSO to explain their history. Generally, they also get all the SRH services they need through the CSO.

*Yes, we give support to those that have faced sexual violence for those who are migrants and those residing in the country, but for the migrants, we cannot give legal support as there is no one to accuse. But if those who have faced violence think they might be pregnant or if they are we will take them to Marie-Stopes*

*International... We also go to Hamlin Fistula Hospital, for those who need fistula treatment. Some cases might even need to go abroad to get different treatment. In addition, for those who want to get out and who do not want to get pregnant now in discussion with the health centre, we support them with contraceptive services. We go to Marie-Stopes for something big like abortion, and we go to the health centre nearby for STI testing, contraceptives, maternal health care, and prenatal follow-up. When they go to get such SRH services, they go with our staff and discuss with our nurses before they go to the SRH service providers. The nurses go with them because they know their cases and the trauma they are in, so they are not faced with many challenges (KII 2 on May 24, 2023).*

After migrants have returned to their country of origin, they can have more chances of accessing SRH services through other organizations like the CSOs that work on returnees or privately, as they are more familiar with their environment. Three of the interviewed FMRs returned to their country of origin pregnant without prior SRH services like maternal health care, but they started their care after returning. Two delivered their babies safely through the mentioned CSO, while one was pregnant during the interview. Another FMR was also able to deliver her baby safely after her return through another organization but then was taken to one of the CSOs after 3 days. The other two interviewed FMR were also able to get the treatment they started at their country of destination upon their return. One interviewed FMR also indicated that she had done other testing after returning, but one FMR did not access any SRH services after she returned as she had already gotten the services she needed while she was staying at her country of destination.

One indication from this study is that when migrants become pregnant usually after the sexual violence that happened to them, they return to their country of origin without the needed SRH services. This study did not highlight the health complication lack of SRH services may bring especially to those who are survivors of sexual violence, as it was out of its scope. But it is highly encouraged for further studies to put more emphasis on it.

Accordingly, there's evidence that there is a lack of information on where migrants can get SRH services when they migrate to another country. Less networking with other migrants and staying at their country of destination for a limited time are also factors that can be associated with this. The network theory of migration also sheds light on how the network between migrants can help them get information with each other after they reach their country of destination or before they

leave their country of origin. This can be further explained by King (2012), migrant networks are groups of social ties that link migrants, non-migrants, and former migrants in networks of affiliation, friendship, and shared origin. Another point the finding of this study indicated is the relationship between how long migrants stay in their country of destination and their access or information on SRH services. Three of the FMR who were at their country of destination for 1 year and 3 months, 2 years and 6 months, and 3 years respectively returned with no access to SRH services. But those who got returned after 10 years, 18 years, and 8 years, also travelling back and forth to their country of origin in between were able to access SRH service at their country of destination.

Upon the return of FMR to their country of origin they have high chances of getting the SRH services they need. This study found that two of the respondents got these services through the CSO's shelter they were staying at. As they were both pregnant, when they arrived in the country, they got the maternal health care they need and delivered their children safely. The existence of CSOs in the country has helped in providing services that are needed by FMR who are survivors of sexual violence and one of them being SRH. The close collaboration of CSOs with other healthcare providers has facilitated a better utilization of their needs.

Those who did not get the SRH services they needed through the CSOs were able to get them privately. Some of them could continue their treatment or the medication they started when they were in their destination country. This study indicates that CSOs play a major role in ensuring FMR who are survivors of sexual violence get the right medical services including SRH.

#### **4.5 Challenges female migrant returnees face when Getting SRH Services**

Most of the interviewed FMR did not face challenges when getting SRH services, the only challenge they encountered was getting information on where to get these services. As indicated in the section on FMR's experience of SRH service at their country of destination, most of them did not get these services as easily as they needed it. There was a gap in the information on where to get such services, and that has been identified as the major challenge they faced. The interviewed FMR did not mention additional challenges they had when they were getting SRH services. It was either because they were not willing to share, or they did not face any challenges,

from the researcher's side this was asked repeatedly, to get the information regarding their challenges.

As described by one of the FMR, the major challenge mentioned was finding SRH service providers. As a coping mechanism, they might find it through friends or their employers by consulting them.

*My major challenge was finding the proper place for healthcare, other than that I did not face any major challenges when getting SRH services... Then I got pregnant, I told other friends about it, and then they told me that they knew a place and took me to the service providers (FMR 7 on May 27, 2023).*

In the case of one of the FMR interviewees, the organization that helped her get back to her country of origin, and provided her with other support, asked her to provide documents that she had to bring from her country of destination to help her get medical treatment for the pain she had in her uterus. So, she just got the treatment privately, she mentioned it was an infection and not at a cancer stage. As a coping mechanism, she got medical insurance from a public hospital and got the treatment she needed privately.

*I did not have any challenges when getting different SRH (medical) services from Red Cross... but after I came back for the last time, I told IOM I have some medical issues, but they told me that I needed to get medical papers that I forgot to bring from IOM's office in Sudan. There was nothing I can do when they (IOM) said they cannot help me with this regard, I just got the treatment privately, and went to holy water, they said it was only an infection, not at a cancer stage, but now I am getting better. The pain started while I was in Sudan. IOM has supported me to stand on my two feet, but the only problem is not getting this medical service, but I got other support... I got medical insurance here, and I used that to get treatment at Gondar Hospital privately (FMR 8 on June 3, 2023).*

In addition to the challenges experienced by the FMR, one of the interviewed shelter coordinators who is also the nurse at the shelter, describes one challenge; queues when they are visiting the medical doctors for different services. She mentioned that since FMR might need to get care quickly as they are in so much pain, and since some might not have the patience and would want to leave before getting any services, it will be better if they are given the medical treatment they need quickly.

*There are some problems at the hospitals, like waiting in queue for your turn, and the survivors/clients might not have the patience to wait. Luckily, when we find someone, we know there, they can help us get in for treatment quickly. I would recommend that the health centres and hospitals give special care to the migrant returnees because there might be some in so much pain (KII 1 on May 15, 2023).*

But the second shelter coordinator describes that they have not encountered any challenges as the nurses from their shelter go with them to easily facilitate such services.

*The nurses go with them because they know their cases and the trauma, they are in. So, they are not faced with many challenges regarding this. The health centre has a good response for us. There are no challenges we face when we go there (KII 2 on May 24, 2023).*

From the experiences of FMR when getting SRH services they are not major challenges that were identified during this study, but the challenge was getting to these service providers and having the necessary information. The major gap is knowing where to get these services, but they did not face any challenges after they did. But one of the key informants has stated that sometimes the queue to get into the doctor's office is long and suggests that the medical centres prioritise migrant returnees. But in contrast, from a literature review on the Sexual and Reproductive Health of African Migrant and Refugee Children, migrant, and refugee children in the destination country facing language barrier were prominent in some of the studies as a serious issue for accessing reproductive health information and services (Kwankye et al., 2021).

According to a study on challenges of access to sexual and reproductive health and HIV services for internal migrants and international migrants, it was indicated that during the COVID-19 pandemic, migrants' access to SRH services has further deteriorated, as they continue to be legally regarded as outsiders by the public health systems. Additionally, a substantial decline in their living conditions makes private health care inaccessible for the majority. Unregistered internal migrants are not entitled to free STI treatment at migration sites. In Kyrgyzstan and Tajikistan, friendly clinics funded by the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM) grant, offer STI treatment services to key populations, including migrants, using a syndromic approach for STI case management (Kossukhin et al., 2022).

Quarantine restrictions have amplified difficulties in addressing HIV and ensuring universal access to SRH services and universal healthcare due to limited resources. Lockdowns and closures of national borders and administrative boundaries stop business activities and interrupt supply chains. The primary obstacles to migrants' access to HIV testing include the underestimation of HIV transmission risks and migrants' reluctance to undergo testing, if found positive they fear negative outcomes such as deportation and loss of income without getting the necessary treatment (Kossukhin et al., 2022).

The results show that FMR has many experiences that can be studied starting from their journey to their destination. Most of their journey can be filled with challenges, specifically for those migrating illegally through different countries. Most of these challenges can be linked to the brokers that are helping them cross borders between different countries. These challenges may continue after they reached their country of destination such as workload, prohibition of payment, and physical abuse and sexual violence. FMR of this study faced sexual violence during their journey, country of transit, or country of destination. Different individuals were responsible for the experiences FMR faced. When they are faced with sexual violence, they will then have different needs such as legal, psychological, or medical including SRH services. But it is not common for FMRs to get these services easily, this study found that some FMR did not get any access to SRH services while they were staying abroad, while others were able to get these services through friends, employers, or other organizations. But all the interviewed FMR that needed further SRH services after returning to their country of origin did not face any challenges and they got access to SRH service providers either through CSOs, other organizations or privately.

## **Conclusion and Recommendations**

### **Conclusion**

The results of this study showed the experience of FMRs during their journey, in their country of transit, and country of destination. It was identified that they are faced with challenges that affect their well-being and violate their human rights, like being physically and emotionally abused, going to prison, and being sexually violated. Migrants may face sexual violence at any time during their travel, and as a result, they will need SRH services like STI testing or maternal care.

The results also show that the difference between services before and after FMR's return is evident. It showed that it is easier for FMRs to get such services in their country of origin after their return.

Migrants go through various challenges when they go abroad for a better life. They put their lives at risk on their journey, especially those who migrate illegally. Most interviewed FMR described their working environment as not good/decent, due to the obstacle they faced along the way. Brokers connect them to their employers or help them cross borders, during which most are faced with events that they did not think of occurring. Some migrants went to prison, and some spent lots of money to get through borders but end up not making it through or being misled. They are also faced with hunger and thirst while travelling for days. They also put their lives at risk when travelling at night, which was the best option as they travel illegally.

The challenge may continue after they reach their country of destination. Most FMR interviewees were faced with a high workload, mistreatment by employers, prohibition of their salary, insulted, beaten up, and being sexually violated. These FMR were faced with sexual violence at different stages of their migration period. They might be faced with such violence when they are travelling or in their country of transit or during their stay at their country of destination. When migrants are faced with such incidents, they need all the necessary care and support available, and one of these needs is SRH services.

Most interviewed FMR faced sexual violence, and most explained that they had to go through other individuals to access SRH services in their country of destination. As a result of the lack of information on where to access SRH services, some were not able any SRH services in their country of destination. All were able to access SRH services at their country of origin after return. They got access to such services either through the CSOs, other organizations or privately.

Some CSOs operate in receiving migrants when they arrive in their country of origin through different international organizations, and these CSOs give all the services FMRs need including those who are survivors of sexual violence need in their shelter houses. These services can

include, medical care (including SRH care), basic care support, counselling, and training on how they can support their life after they get out of the CSOs' shelter houses. Migrants travel to another country to make their lives and their families better, but they do not always encounter what they expect when they start their travel. Different factors contribute to the challenges FMRs face. It is aimed that according to this study's results responsible government bodies, relevant stakeholders and organizations can work together to better the lives of migrants.

### **Recommendations**

One of this study's results has shown that migrants go through more challenges when they are migrating illegally or through countries. Government bodies such as the Ministry of Labor and Skills of Ethiopia, can help ensure the safe and legal travel of migrants to their country of destination. They can facilitate ways migrants can travel legally. As brokers contribute to the facilitation of illegal migration, more engagement is needed to ensure that they are working legally, and action by the justice system of Ethiopia needs to be taken against those who have misled migrants or stolen their money.

SRH services are one of the basic needs, migrants have, specifically those who are survivors of sexual violence. STI testing, use of contraceptives, and maternal health care are some of the essential services they may need. From this study, it was revealed that when migrants have information on where to get accessibility to SRH services in their country of destination, they will not be faced with many challenges to access these services. To gain the information migrants have regarding SRH services, different local CSOs and other international NGOs that work closely with migrants can create a platform, where before individuals migrate, they can get important information from them or other returnees. This can be done either formally or informally to help them easily get the services they will need once they reach their country of destination.

As one of the results also shows that migrants do not get the necessary legal support they need once they have returned, the Ministry of Justice of Ethiopia and other NGOs that provide legal aid can help find ways that they can support them in any way. The availability of CSOs that help migrants and returnees has a high impact on making sure that the FMRs are in a safe space and that they can get back on their feet. The government and other international organizations need to continue their support of such organizations. The contribution of CSOs for FMR to access SRH is identified through this study, hence similar organizations need to be established or information about the existing ones needs to be spread in their country of destination to get easy access to SRH when migrants are in their country of destination.

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## **Annexe 1: Letter of Ethical Clearance**



Addis Ababa University  
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SEEK WISDOM, ELEVATE YOUR INTELLECT AND SERVE HUMANITY!

College of Development Studies (CoDS)

Institutional Review Board (IRB-CoDS)

MA Thesis Proposal Ethical Clearance Certificate (No: 05/2023)

1. Student's Name: Jerusalem Dejene Gebreegzabher Sex: F Date of Birth (GC) : January 25, 1999
2. ID. No: GSR/4955/14 e-mail: jerudejene@gmail.com
3. Home Center/Dep't: Center for Gender Studies Stream: MA in Gender Studies
4. MA Thesis Supervisor: Dr. Mulumebet Zenebe e-mail: mulumebet.zenebe@aau.edu.et
5. Title of the Proposal: Accessibility to Sexual and Reproductive Health Services for Female Migrant Returnees who are Victims of Sexual Violence: The Case of Female Migrant Returnees in Addis Ababa  
 Proposal No:..... Date accepted: April 11, 2023  
 Amendment No (if any): — Date:.....
6. A clear statement of the decision:  
After reviewing the proposals of Jerusalem Dejene Gebreegzabher in accordance with the Standard Operation Procedures of the CoDS- IRB, the Research Ethics Committee of Center for Gender Studies has approved the student's request for ethical clearance.
7. Decision  
The Research Ethics Committee of Center for Gender Studies affirms that this proposal fulfills the standard requirements described in IRB-CoDS Standard operation Procedure (SoP) and all protocols are observed.
8. This certificate is issued by the decision of Ethical Review Team of the Center for Gender Studies and upon the consent of: IRB- CoDS

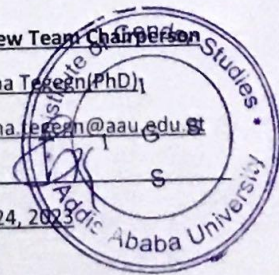
Ethical Review Team Chairperson

Name: Hanna Tegegn (PhD)

E-mail: hanna.tegegn@aau.edu.et

Signature: \_\_\_\_\_

Date: April 24, 2023



**Annexe 2: Consent form for in-depth interviews with female migrant returnees who are survivors of sexual violence**

**Title of the study:** Accessibility to Sexual and Reproductive Health Services for Female Migrant Returnees who are Survivors of Sexual Violence: The Case of Female Migrant Returnees in Addis Ababa

**Researcher/investigator's name:** Jerusalem Dejene

**Advisor's name:** Dr Mulumebet Zenebe

My name is Jerusalem Dejene, I am currently a master's student in Gender Studies at Addis Ababa University. I am now here, to interview you for a study on accessibility to sexual and reproductive health services for female migrant returnees who are survivors of sexual violence: the case of female migrant returnees in Addis Ababa. And you have been picked by the shelter coordinators here to participate in this interview. But before we go any further, I would like to tell you a bit about the research and get your consent.

This study is conducted as a partial fulfilment of a master's degree in Addis Ababa University, Center for Gender Studies. It will focus on access to sexual and reproductive health (SRH) services for female migrant returnees who are also survivors of sexual violence. The study aims to first identify the major SRH needs of survivors of sexual violence, to assess the opportunities and challenges faced when accessing SRH services, before and after female migrants return, and to identify the coping mechanisms they practised to overcome the challenges. Following this, we picked you to be part of this interview, which will help us collect information about your experience. The Amharic language will be used for the data collection part.

A voice recorder will be used during the interview if you wish to not have your voice recorded, please feel free. The recording and the information you will be sharing now are going to be kept confidential, and we will not ask you to share your name, nor will it be mentioned in any part of the study. The information you now share may be used in the future for research purposes. As part of the topic of the study can be sensitive to talk about, if you feel any discomfort, you can let me know. If you wish to stop taking part in the interview, please feel free to do so. You can also refuse to take part in the interview, as it is voluntary.

Thank you for your cooperation, in advance.

**I confirm that I understand the explanation of the study and I want to voluntarily participate in the study's data collection process.**

**Name:**

**Signature:**

**Annexe 3: Consent form for key-informant interviews with shelter coordinators/case managers at the CSOs**

**Title of the study:** Accessibility to Sexual and Reproductive Health Services for Female Migrant Returnees who are Survivors of Sexual Violence: The Case of Female Migrant Returnees in Addis Ababa

**Researcher/investigator's name:** Jerusalem Dejene

**Advisor's name:** Dr Mulumebet Zenebe

My name is Jerusalem Dejene, I am currently a master's student in Gender Studies at Addis Ababa University. I am now here, to interview you for a study on accessibility to sexual and reproductive health (SRH) services for female migrant returnees who are survivors of sexual violence: the case of female migrant returnees in Addis Ababa. You have been picked to take part in the study as you have a fitting position at your CSOs to share information on access to SRH specifically female migrant returnees who are also survivors of sexual violence.

This study is conducted as a partial fulfilment of a master's degree in Addis Ababa University, Center for Gender Studies. It will focus on access to sexual and reproductive health services for female migrant returnees who are also survivors of sexual violence. The study aims to first identify the major SRH needs of survivors of sexual violence, to assess the opportunities and challenges faced when accessing SRH services, before and after female migrants return, and to identify the coping mechanisms they practised to overcome the challenges. Following this, we picked you to be part of this interview, which will help us collect information from the CSO's point of view. The Amharic language will be used for the data collection part.

A voice recorder will be used during the interview if you wish to not have your voice recorded, please feel free. The recording and the information you will be sharing now are going to be kept confidential, and we will not ask you to share your name, nor will it be mentioned in any part of the study. The information you now share may be used in the future for research purposes. If you wish to stop taking part in the interview, please feel free to do so. You can also refuse to take part in the interview, as it is voluntary.

Thank you for your cooperation, in advance.

**I confirm that I understand the explanation of the study and I want to voluntarily participate in the study's data collection process.**

**Name:**

**Signature:**

**Annexe 4: የጾታዊ ጥቃት የደረሰባቸው ሴት ከሰደት ተመላሾች ጋር ለሚደረግ ቃለ መጠይቅ የስምምነት ቅጽ።**

**የጥናቱ ርዕስ:** የጾታዊ ጥቃት የደረሰባቸው ሴት ከስደት ተመላሾች የስነ ተዋልዶ ጤና አገልግሎት ተደራሽነት፡ በአዲስ አበባ የሚገኙ ሴት ከስደት ተመላሾች

**የአጥኚ ስም:** እየሩሳሌም ደጃኔ

**የአማካሪ ስም:** ዶ/ር ሙሉ-አመቤት ዘነበ

እየሩሳሌም ደጃኔ እባላለሁ በአሁኑ ሰአት በአዲስ አበባ ዩኒቨርሲቲ የስርዓተ-ጾታ ጥናት ሁለትኛ ዲግሪ ተማሪ ነኝ። ጾታዊ ጥቃት የደረሰባቸው ሴት ከስደት ተመላሾች የስነ ተዋልዶ ጤና አገልግሎት ተደራሽነት ላይ ጥናት ለማድረግ አሁን እዚህ እገኛለሁ። እና እርስዎ በዚህ ቃለ መጠይቅ ላይ ለመሳተፍ በመጠለያ አስተባባሪዎች ተመርጣችዎል። ወደ ጥያቄ ከመሄዳችን በፊት ግን ስለ ጥናቱ ትንሽ ልንገራችሁ እና ፈቃዳችሁን እቀበላለሁ።

ይህ ጥናት በአዲስ አበባ ዩኒቨርሲቲ የሥርዓተ-ጾታ ጥናት ማዕከል ሁለትኛ ዲግሪ ማሟያ ነው። የጾታዊ ጥቃት የደረሰባቸው ሴት ከስደት ተመላሾች የስነ ተዋልዶ ጤና አገልግሎቶችን ተደራሽነት ላይ ያተኩራል። ያተኩራል። ጥናቱ ዓላማው በመጀመሪያ የጾታዊ ጥቃት የደረሰባቸው ሴቶች ዋና ዋና የስነ ተዋልዶ ጤና ፍላጎቶችን ለመለየት፣ የስነ ተዋልዶ ጤና አገልግሎቶችን ሲያገኙ የሚያጋጥሟቸውን እድሎች እና ተግዳሮቶች ከመመለሳቸው በፊት እና በኋላ ለመገምገም፣ የስነ ተዋልዶ ጤና አገልግሎቶችን ለማግኘት ሲፈልጉ የሚያጋጥማቸውን ፈተናዎችን ለማሸነፍ የሚጠቀሟቸውን ዘዴዎችን ለመለየት ያለመ ነው። ይህን ተከትሎ፣ እርስዎን የመረጥንዎት የቃለ ምልልሱ አካል እንዲሆኑ ነው። ይህም በእርስዎ ልምድ መሰረት መረጃ ለመሰብሰብ ይረዳናል። አማርኛ ቋንቋ ለመረጃ መሰብሰቢያ ይውላል።

በቃለ መጠይቁ ወቅት የድምጽ መቅጃ ጥቅም ላይ ይውላል፣ ድምጽ እንዳይቀረጽ ከፈለጉ እባክዎን በነፃ ይንገሩን። የድምጽ ቀረጻው እና አሁን የምታካፍሉት መረጃ በሚስጥር እና ስምዎን እንዲያካፍሉ አንጠይቅዎትም ወይም በማንኛውም የጥናት ክፍል ውስጥ አይጠቀሱም። አሁን የሚያጋሩት መረጃ ወደፊት ለሌላ ምርምር ጥቅም ላይ ሊውል ይችላል። የጥናቱ ርዕስ ለመነጋገር ስሜታዊ ሊሆን ይችላል፣ ምንም አይነት አለመመቻት ከተሰማዎት እኔን ማሳወቅ ይችላሉ። በቃለ መጠይቁ ላይ መሳተፍ ለማቆም ከፈለጉ፣ እባክዎ ይህን ለማድረግ ነፃነት ይሰማዎ። በፈቃደኝነት ላይ የተመሰረተ ስለሆነ በቃለ መጠይቁ ላይ ለመሳተፍ እምቢ ማለት ይችላሉ።

ለትብብራችሁ በቅድሚያ እናመሰግናለን።

የጥናቱን ማብራሪያ እንደተረዳሁ አረጋግጣለሁ እና በጥናቱ መረጃ አሰባሰብ ሂደት ውስጥ በፈቃደኝነት መሳተፍ እፈልጋለሁ።

ስም:  
ፊርማ

**Annexe 5: ከመጠለያ አስተባባሪዎች/የጉዳይ አስተዳዳሪዎች ጋር ለሚደረግ ቃለ መጠይቅ የስምምነት ቅጽ**

**የጥናቱ ርዕስ:** የጾታዊ ጥቃት የደረሰባቸው ሴት ከስደት ተመላሾች የስነ ተዋልዶ ጤና አገልግሎት ተደራሽነት፡ በአዲስ አበባ የሚገኙ ሴት ከስደት ተመላሾች

**የአጥኚ ስም:** እየሩሳሌም ደጅኔ

**የአማካሪ ስም:** ዶ/ር ሙሉ-አመቤት ዘነበ

እየሩሳሌም ደጅኔ እባላለሁ በአሁኑ ሰአት በአዲስ አበባ ዩኒቨርሲቲ የስርዓተ-ጾታ ጥናት ሁለትኛ ዲግሪ ተማሪ ነኝ። ጾታዊ ጥቃት የደረሰባቸው ሴት ከስደት ተመላሾች የስነ ተዋልዶ ጤና አገልግሎት ተደራሽነት ላይ ጥናት ለማድረግ አሁን እዚህ እገኛለሁ። በሲቪል ማህበረሰብ ድርጅቶች ውስጥ ባሎት የሰራ ድርሻ፤ የስነ ተዋልዶ ጤና ለስደት ተመላሾች እንዲሁም ጾታዊ ጥቃት የደረሰባቸው ሴት ስደተኞችን በተመለከተ መረጃ እንዲሰጡና በጥናቱ ላይ እንዲሳተፉ ተመርጠዋል።

ይህ ጥናት በአዲስ አበባ ዩኒቨርሲቲ የሥርዓተ-ጾታ ጥናት ማዕከል ሁለትኛ ዲግሪ ማሟያ ነው። የጾታዊ ጥቃት የደረሰባቸው ሴት ከስደት ተመላሾች የስነ ተዋልዶ ጤና አገልግሎቶችን ማግኘት ላይ ያተኩራል። ጥናቱ ዓላማው በመጀመሪያ የጾታዊ ጥቃት የደረሰባቸው ሴቶች ዋና ዋና የስነ ተዋልዶ ጤና ፍላጎቶችን ለመለየት፣ የስነ ተዋልዶ ጤና አገልግሎቶችን ሲያገኙ የሚያጋጥሟቸውን እድሎች እና ተግዳሮቶች ከመመለሳቸው በፊት እና በኋላ ለመገምገም፤ የስነ ተዋልዶ ጤና አገልግሎቶችን ለማግኘት ሲፈልጉ የሚያጋጥሟቸውን ፈተናዎችን ለማሸነፍ የሚጠቀሟቸውን ዘዴዎችን ለመለየት ያለመ ነው። ይህን ተከትሎ፣ እርስዎ የዚህ ቃለ መጠይቅ አካል እንዲሆኑ መርጠናል፤ ይህም ከCSO (መጠለያ) እይታ መረጃ ለመስብሰብ ይጠቅመናል። አማርኛ ቋንቋ ለመረጃ መስብሰቢያ ይውላል።

በቃለ መጠይቁ ወቅት የድምጽ መቅጃ ጥቅም ላይ ይውላል፤ ድምጽዎ እንዳይቀረጽ ከፈለጉ እባክዎን በነፃ ይንገሩን። የድምጽ ቀረጻው እና አሁን የምታካፍሉት መረጃ በሚስጥር እና ስምዎን እንዲያካፍሉ አንጠይቅዎትም ወይም በማንኛውም የጥናት ክፍል ውስጥ አይጠቀስም። አሁን የሚያጋሩት መረጃ ወደፊት ለሌላ ምርምር ጥቅም ላይ ሊውል ይችላል። በቃለ መጠይቁ ላይ መሳተፍ ለማቆም ከፈለጉ፣ እባክዎ ይህን ለማድረግ ነፃነት ይሰማዎ። በፈቃደኝነት ላይ የተመሰረተ ስለሆነ በቃለ መጠይቁ ላይ ለመሳተፍ እምቢ ማለት ይችላሉ።

ለትብብራችሁ በቅድሚያ እናመሰግናለን።

**የጥናቱን ማብራሪያ እንደተረዳሁ አረጋግጣለሁ እና በጥናቱ የመረጃ አሰባሰብ ሂደት ውስጥ በፈቃደኝነት መሳተፍ እፈልጋለሁ።**

**ስም:**  
**ፊርማ**

**Annexe 6: In-depth interview guide for female migrant returnees and survivors of sexual violence at the CSOs**

1. How old are you?
2. Where did you return from during your stay outside of your home country?
3. What kind of jobs did you do during your stay abroad (in transition)?
4. What kind of jobs did you do during your stay abroad (in destination)?
5. How long did you stay aboard (on the road)?
6. When did you arrive at the shelter (name of the CSO) in Addis Ababa?
7. During your stay abroad, would you describe your working environment as good or bad?
8. Why would you say good or bad?
9. Do you know about any sexual and reproductive health (SRH) services accessible to migrants during their stay abroad?
10. If so, how did you hear about them?
11. Do you have experience getting services from these health service providers?
12. If so, what was your experience like?
13. What pushed you to seek these services?
14. During your stay abroad have you ever faced any sexual violence?
15. Can you tell me what kind of sexual violence you experienced?
16. Did you seek any support after the sexual violence you faced?
17. Did you get any SRH service support after your experience?
18. If so, where did you get these SRH services?
19. What kind of SRH services did you get?
20. Did you face any challenges when getting these services?
21. If you have faced challenges, what coping mechanisms did you use to overcome them?
22. What were these challenges?

**Annexe 7: የቃለ መጠይቅ ጥያቄዎች በሲቪል ማህበረሰብ ድርጅቶች የሚገኙ ሴት ስደተኛ ተመላሾች እና የታወቁ ጥቃት የደረሰባቸው**

1. እድሜሽ ስንት ነው?
2. ከሀገርዎ ውጭ በቆዩበት ጊዜ ከየት ነው የተመለሸው?
3. በውጭ ሀገር ቆይታሽ (በሽግግር ወቅት) ምን አይነት ስራዎችን ሰርተሻል?
4. በውጭ ሀገር ቆይታሽ (በመዳረሻ) ወቅት ምን አይነት ስራዎችን ሰርተሻል?
5. በስደት ላይ ለምን ያህል ጊዜ ቆይተሻል?
6. በዚህ መጠለያ (የመጠለያው ስም) መቼ መጣሽ?
7. በስደት በቆየሽበት ጊዜ የስራ አካባቢሽን ጥሩ ነው ወይስ መጥፎ ብለሽ የምትገልጽው?
8. ለምን ጥሩ ወይም መጥፎ አልሽ?
9. ስደተኞች በሚቆዩበት ጊዜ ማግኘት ስለሚችሉት የስነ-ተዋልዶ ጤና አገልግሎቶች ታውቅዎታልሽ?
10. ከሆነ፣ ስለእነሱ እንዴት ሰማሽ?
11. በስደት ቆይታሽ ላይ የስነ-ተዋልዶ ጤና አገልግሎት የማግኘት ልምድ አለሽ?
12. ከሆነ፣ የእንቺ ተሞክሮ ምን ይመስል ነበር?
13. እነዚህን አገልግሎቶች እንድትፈልጉ የገፋፋሽ ምንድን ነው?
14. እዛ በነበርሽበት ጊዜ ስታዊ ጥቃት ደርሶብሻል ያውቃል?
15. ምን አይነት ስታዊ ጥቃት ነበር የደረሰሽ?
16. ካጋጠመሽ ስታዊ ጥቃት በኋላ ምን አይነት ድጋፍ ፈልገሽ ነበር?
17. ካጋጠመሽ ስታዊ ጥቃት በኋላ የስነ-ተዋልዶ ጤና አገልግሎት ድጋፍ አግኝተሻል?
18. ከሆነ፣ እነዚህን የስነ-ተዋልዶ ጤና አገልግሎቶች ከየት አገኘሻቸው?
19. ምን አይነት የስነ-ተዋልዶ ጤና አገልግሎት አግኝተሻል?
20. እነዚህን አገልግሎቶች ስታገኚ ተግዳሮቶች (ፈተናዎች) አጋጥመውሻል?
21. ከሆነ፣ እነዚህን ተግዳሮቶች ለማሸነፍ የተጠቀምክባቸው መንገዶች የትኞቹ ነበሩ?
22. ምን ምን ነበሩ እነዚህ ተግዳሮቶች (ፈተናዎች)?

**Annexe 8: Key informant interview questions for shelter coordinators (case managers) at the CSOs**

1. What is your working position at this CSO?
2. How long have you been working at this CSO?
3. What is the process of accepting migrant returnees at your CSO?
4. Do you have any specific care/services for survivors of sexual violence?
5. Where do migrant returnees, specifically those who are survivors of sexual violence get sexual and reproductive health services from?
6. Do they have any specific SRH service needs?
7. What is the response they have when they go to sexual and reproductive health services providers?
8. Do they get STI testing, contraceptives, and maternal health services from these service providers?
9. Are there any challenges they face when getting these services?
10. What does the CSO do from your side for them to overcome these challenges?

**Annexe 9: በ CSO ውስጥ ለመጠለያ አስተባባሪዎች (የጉዳይ አስተዳዳሪዎች) ቃለ መጠይቅ ጥያቄዎች**

1. በዚህ የሲቪል ሰርቪስ ድርጅት ውስጥ ያለዎት የስራ አቋም ምንድን ነው?
2. በዚህ የሲቪል ሰርቪስ ድርጅት የሲቪል ሰርቪስ ድርጅት ውስጥ ምን ያህል ጊዜ እየሰሩ ነው?
3. በምትሠሩበት የሲቪል ሰርቪስ ድርጅት ውስጥ ከሰደት ተመላሾችን የመቀበል ሂደት ምን ይመስላል?
4. የታዊ ጥቃት ለደረሰባቸው ሴቶችን የተለየ እንክብካቤ/አገልግሎቶች አላቸው?
5. ከሰደት ተመላሾች በተለይም የታዊ ጥቃት የደረሰባቸው የስነ ተዋልዶ ጤና አገልግሎት ከየት ያገኛሉ?
6. የተለየ የስነ ተዋልዶ ጤና አገልግሎት ፍላጎቶች አሏቸው?
7. ወደ የስነ-ተዋልዶ ጤና አገልግሎት አቅራቢዎች ሲሄዱ የሚሰጡት ምላሽ ምንድን ነው?
8. ከእነዚህ አገልግሎት ሰጪዎች የአባላዘር በሽታ ምርመራ፣ የወሊድ መከላከያ እና የእናቶች ጤና አገልግሎት ያገኛሉ?
9. እነዚህን አገልግሎቶች ሲያገኙ የሚያጋጥሟቸው ተግዳሮቶች (ፈተናዎች) አሉ?
10. እነዚህን ተግዳሮቶች (ፈተናዎች) እንዲያልፉ ከሲቪል ሰርቪስ ድርጅቱ ምን ያደረጋል?