

# Youth Migrants

## in the Arab Region: Situation Analysis of Boys and Girls



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# PREFACE

The Arab region has undergone some of its most disruptive changes in the last decade. Armed conflicts and consequently humanitarian crises forced many millions to migrate either as refugees or internally displaced. High unemployment rates and limited access to social services have pushed many to leave their homes in search of a better life.

Adolescents and young adults are often among the first on the move and subjected to risks and vulnerabilities during their journey. A trend that is further amplified by the young age structure that is common in most countries of the region and most of the sending countries in sub-Saharan Africa.

Receiving and transition countries perceive growing populations of migrants a threat and has an immense negative on the host country's welfare and social protection systems.

Despite the enormous task ahead, the large share of youth among the migrants can act as an accelerator of economic growth with the right investment in youth.

Strengthening educational systems to enhance enrollment of migrants and creation of a supporting environment encourages for decent work with fair wages to help capitalize on the demographic transition. Lack of access to sexual and reproductive health services and stigmatization of family planning prevent young women migrants from equally contributing to economic growth.

To support governments in creating an enabling environment where young migrants can fulfill their potential as agents of change, there is need to understand the dynamics of young people on the move. This can be used to provide evidence for drafting policy advice for decision makers in both sending and receiving countries.

To this end, UNFPA in partnership with the Danish Refugee Council, Mixed Migration Monitoring Mechanism (4Mi) launched a pilot research study in three selected cities; Cairo, Beirut and Tunis. This will complement existing data on migration covering issues from sexual and reproductive health and rights perspective.

This report will help provide governments with evidence-based suggestions to strengthen social protection systems, invest in health services and empower young people to make their own reproductive choices.

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# 1

## INTRODUCTION

Since 2011, the Arab region witnessed a stream of forced and voluntary migration across and within the region (de Haas, 2014; Zohry & Hassan, 2017). The young age structures in the sending countries of the south and in sub Saharan Africa in particular, compounded by the lack of job opportunities contributed to the migration streams with about five million of young migrants in the age category 15-24 years old (United Nations 2017). If an optimistic view of migration is adopted and ambitious policies are enacted, youth migrants could play a major role in development in these receiving and transit countries. To facilitate this, these countries should develop programmes to integrate these groups into development planning and enable them to enjoy basic human rights, including education and health services.

“The role that migrants play in promoting development and poverty reduction in countries of origin, as well as the contribution they make towards the prosperity of destination countries, should be recognized and reinforced” (Global Commission on International Migration, 2005: 23). International migration has always been considered a demographic and socio-economic phenomenon, which is affected by both internal and external factors. The most important among these factors is the labour market at the international level and the political conditions in both sending and receiving countries (Choucri, 1999).

Migration policies in the sending and receiving countries and regions, however, are important in directing and influencing migration streams and migration corridors worldwide, especially youth migration. In addition, the role of the international community and international organizations in developing and influencing migration policies is crucial for maintaining migration regulations and norms.

Migration potentially broadens youth's opportunities, gain skills and offers a way to earn higher income. At the same time, youth migration can be viewed as a phenomenon of inequality compounded with lack of opportunities. Political instability and/or armed conflict in countries of origin major factors of forced migration. Youth leave their countries because of an array of factors: economic; unemployment; a search for better educational opportunities; insecurity and conflict; legal, family, or environmental reasons; or a combination of the above. In other words, migration is not always a free choice. Economic and political pressures, can force young people to migrate. This migration can be considered as a sort of survival migration, or an escape from internal pressures (Zohry, 2010). Given the political instability and armed conflicts witnessed for extended time in several countries of the region and enhanced development and economic growth in other countries, youth migration in the Arab region is a mixture of a step forward to maximize benefits and

to explore new venues for professional development on the one hand, and migration as a survival strategy.

The relationship between migration and health is important; it is well-documented in the literature that human migration has, throughout recorded history, been a pathway for disseminating infectious diseases, and will continue to shape the emergence, frequency, and spread of infections in geographic areas and populations (Gushulak & MacPherson, 2000; Mayer, 2000; MacPherson et. al., 2001; Coker, 2003). Migration also disrupts people's normal lives and exposes them to challenges and hazards throughout the course of their migration, from the start of the journey, through the risks faced crossing borders, and crossing health zones in countries of transit and destination. Moreover, it is important to shed some light on health vulnerability while on move, especially among women who require greater attention and more services, particularly adolescence girls.

In addition, migration has an impact on the right to health including reproductive health and rights. Provided health care and services for migrants should be based on values of human rights and of shared humanity and equal wellbeing of migrants and citizens that should be promoted and protected (Tahzib et. al., 2019).

## A. OBJECTIVES

This report was prepared under an implementation agreement between the Middle East and North Africa Health Policy Forum and UNFPA's Arab States Regional Office.

The report is adapted from a study conducted by UNFPA Head Quarters Office in collaboration with UNFPA ASRO and the country offices of Egypt, Lebanon and Tunisia.

The main objective of the study is to provide an overview of youth migrants aged between 15-24 in the Arab region, with a special focus on the situation in three Arab cities: Beirut, Cairo, and Tunis.

Within the overall objective of the study, three main objectives were identified:

1. Identify the basic demographic and socio-economic characteristics of youth migrants;
2. Map out the pull and push drivers within a wider assessment of youth migration root causes;
3. Assess the SRHR needs and response to these needs for youth migrants in the region.

## B. DATA AND METHODS

Beirut, Cairo, and Tunis represent different migration streams and migrant communities in the Arab region. Beirut became a main destination of Syrian refugees after the political instability in Syria began in 2011, while Cairo hosts one of the largest urban refugee communities in North Africa, with migrants from East Africa and other African and Arab countries. Tunisia is one of the main destinations and transit countries for migrants coming from West Africa, and other sub-Saharan African countries.

This report relies mainly on analyzing data collected in the mixed migration project in 2017 from a survey of youth

migrants in Beirut, Cairo and Tunis. Individual datasets for the three cities were collected under the SRH Service Needs of Young Migrants project. The project was implemented by UNFPA's Population and Development Branch in partnership with the Danish Refugee Council, and Mixed Migration Monitoring Mechanism (4Mi). UNFPA played a critical role in the design and implementation of the project. The Government of Denmark has provided funds for full implementation of the project.

The survey samples in the three designated cities are not necessarily representative of the youth migrants in the respective cities. This is simply because the databases on the reference populations are not available to be used as sampling frame. Gender representation was taken into consideration in the three cities so that main indicators can be identified for both males and females. Identification and engagement of the participating youth migrants was done directly by the interviewers on the spot in the localities with high presence of youth migrants. The interviews were conducted at the convenience of the interviewees either in public places or at the interviewees' residences.

## C. DEFINITIONS

### **Migration:**

According to the International Organization for Migration (IOM), an international migrant is "anyone who crossed an international border without taking into account the reasons for the displacement, the status, or the length of his stay".

### **Youth:**

As per the United Nations definition, youth are the population of the age group 15-24 years old.

## D. REGIONAL CONTEXT

Currently, the Arab region is witnessing three interrelated patterns of migration: regular and irregular labour migration, forced migration, and mixed migration flows. The drivers of migration and the root causes of migration vary accordingly. While the root causes of regular and irregular migration are overwhelmingly economic, the refugee movement is driven by armed conflicts and political instability in the region and beyond. Within the Arab region, the so-called Arab Spring and the related political instability have pushed millions of people to leave their home countries and seek refuge in neighboring countries and beyond. Armed conflicts and Political instability and economic hardships in several sub-Saharan African countries inspired different migration streams, comprised of youth who dream of crossing the Mediterranean to reach Europe through countries of North Africa. The complicated mixed migration flows and transit migration have their own intricate root causes which are a combination of political instability and economic factors.

Most voluntary migrants and refugees live in urban areas, where cities have the greatest share of the responsibility for hosting them. Having 258 million migrants globally, urges the need to address migration at all levels in order to support progress towards global health and development targets. Responding to the health needs of urban migrants, especially the youth, contributes to achieving the Sustainable Development Goals (SDGs), given that the 2030 Agenda commits to "leaving no one behind" irrespective of their legal status (Wickramage et al., 2018).

# 2

## MIGRATION FIGURES AND TRENDS IN THE ARAB REGION

This section provides an overview of the overall youth migration situation and trends in the Arab region, analyzed by sub-region and country.

The Arab region hosts more than 38 million international migrants, representing about 15 percent of the total number of international migrants worldwide (258 million in 2017). The Gulf Cooperation Council (GCC) countries host about 74 percent of the total number of international migrants in the region. The make-up of the migrant population in the region includes a mixture of refugees, transit migrants, and economic migrants.

Youth in this report are defined as those aged 15-24 years. Youth migrants in the region increased from 2.3 million in 2000 to 3.8 million in 2010, and then to 4.4 million in 2017 representing 11.6 percent of total migrants in the Arab region. In terms of the gender balance, the percentage of women and girls among this group decreased from 44 percent in 2000 to 39 percent in 2010, then 40 percent in 2017. Youth migrants by sub-region and country of destination are explored below (see Table 2).

### The Mashreq

The Mashreq subregion hosts about 1.1 million youth migrants, or 15.2 percent of

the total number of international migrants in this subregion. Most youth migrants in the Mashreq subregion are concentrated in Jordan (about 494,000) and Lebanon (about 308,000) followed by Syria (about 121,000). The proportion of women and girls ranges from a low of 40.7 percent in Egypt to a high of 52.3 percent in Lebanon, with a regional average of 49.9 percent.

### The Maghreb

The Maghreb subregion hosts about 197,000 youth migrants, or 14.4 percent of the total number of international migrants in this subregion. Youth migrants in the Maghreb are concentrated in Libya (about 122,000),<sup>1</sup> Mauritania (about 31,000) and Algeria (about 24,000). The proportion of women and girls ranges between 39.9 percent in Libya and 48.5 percent in Algeria, with a regional average of 41.7 percent.

### The GCC Countries

The Gulf Cooperation Council subregion hosts the largest number of young migrants in the Arab region, at about 2.9 million; proportionally, however, this number only represents 10.3 percent of the total number of international migrants

<sup>1</sup> This is the United Nations' official definition.

in the subregion. They are concentrated in Saudi Arabia (about 1.2 million), the UAE (about 0.9 million), and Kuwait (about 332,000). The proportion of women and girls ranges between 16.8 percent in Oman and 44.1 percent in Saudi Arabia, with a regional average of 35.1 percent.

### **The Southern Tier Countries**

The Southern Tier countries host only about 220,000 youth migrants, although they

make up a relatively high proportion of the total number of migrants in that subregion, at 17 percent. Youth migrants in the Southern Tier countries are concentrated in Sudan (about 141,000) and Yemen (about 48,000), followed by Djibouti (about 23,000). The percentage of women and girls ranges from a low of 47.8 percent in Yemen to a high of 54.7 percent in Comoros, with a regional average of 50 percent.



**Table 2: International youth migrants (aged 15-24) in the Arab region by subregion and country (2000-2017)**

Country	Year								
	2000			2010			2017		
	Number of Migrants	Percentage of Total Migrants	Percentage Female	Number of Migrants	Percentage of Total Migrants	Percentage Female	Number of Migrants	Percentage of Total Migrants	Percentage Female
<b>Mashreq</b>									
Egypt	38,456	22.2%	43.5%	39,685	13.4%	38.7%	69,386	14.5%	40.7%
Iraq	54,131	25.7%	46.1%	30,182	25.7%	38.7%	61,196	16.7%	42.1%
Jordan	320,389	16.6%	49.5%	452,531	16.6%	50.0%	493,830	15.3%	50.4%
Lebanon	110,274	15.9%	48.9%	108,609	13.2%	47.5%	307,919	15.9%	52.3%
State of Palestine	64,636	23.5%	51.9%	69,965	27.1%	50.3%	55,336	21.8%	50.2%
Syrian Arab Republic	65,186	7.8%	51.7%	234,390	13.1%	50.9%	120,575	11.9%	50.6%
<b>Subtotal</b>	<b>653,072</b>	<b>15.9%</b>	<b>49.2%</b>	<b>935,362</b>	<b>15.6%</b>	<b>49.1%</b>	<b>1,108,242</b>	<b>15.2%</b>	<b>49.9%</b>
<b>Maghreb</b>									
Algeria	35,339	14.1%	46.7%	26,990	12.4%	48.5%	23,807	9.6%	48.5%
Libya	106,655	18.8%	48.3%	122,025	17.8%	38.0%	122,155	15.5%	39.0%
Morocco	7,772	13.8%	44.1%	10,295	13.7%	46.9%	13,125	13.0%	48.2%
Tunisia	4,945	13.6%	46.7%	5,784	13.4%	46.2%	6,774	11.7%	46.1%
Mauritania	9,376	16.3%	51.2%	15,562	18.4%	42.2%	30,856	18.3%	43.3%
<b>Subtotal</b>	<b>164,087</b>	<b>17.0%</b>	<b>47.8%</b>	<b>180,656</b>	<b>16.4%</b>	<b>40.7%</b>	<b>196,717</b>	<b>14.4%</b>	<b>41.7%</b>
<b>GCC</b>									
Bahrain	34,530	14.4%	42.9%	69,700	10.6%	36.2%	67,297	9.3%	37.5%
Kuwait	179,789	15.9%	37.6%	288,072	15.4%	31.0%	331,899	10.6%	33.1%
Oman	55,869	9.0%	33.8%	96,585	11.8%	18.9%	177,087	8.5%	16.8%
Qatar	47,372	13.2%	37.5%	206,268	14.2%	21.5%	214,937	12.5%	19.7%
Saudi Arabia	563,868	10.7%	43.6%	830,256	9.8%	40.9%	1,224,096	10.0%	44.1%
United Arab Emirates	348,923	14.3%	35.6%	985,098	13.5%	33.8%	893,654	10.8%	30.6%
<b>Subtotal</b>	<b>1,230,351</b>	<b>12.2%</b>	<b>39.8%</b>	<b>2,475,979</b>	<b>12.0%</b>	<b>34.3%</b>	<b>2,908,970</b>	<b>10.3%</b>	<b>35.1%</b>
<b>Southern Tier</b>									
Comoros	2,366	17.1%	55.7%	1,860	14.7%	54.8%	1,774	14.1%	54.6%
Djibouti	22,870	22.8%	54.4%	23,078	22.7%	53.1%	23,067	19.9%	52.9%
Somalia	3,173	15.8%	55.8%	3,525	14.7%	52.7%	6,623	14.8%	54.2%
Sudan	150,481	18.8%	50.0%	113,719	19.7%	49.0%	140,617	19.1%	50.0%
Yemen	30,096	21.0%	44.2%	38,982	13.6%	46.2%	47,509	12.4%	47.8%
<b>Subtotal</b>	<b>208,986</b>	<b>19.4%</b>	<b>49.8%</b>	<b>181,164</b>	<b>18.1%</b>	<b>49.0%</b>	<b>219,590</b>	<b>17.0%</b>	<b>50.0%</b>
<b>Arab region</b>	<b>2,256,496</b>	<b>13.9%</b>	<b>44.0%</b>	<b>3,773,161</b>	<b>13.2%</b>	<b>39.0%</b>	<b>4,433,519</b>	<b>11.6%</b>	<b>40.0%</b>

Source: United Nations, Department of Economic and Social Affairs, Population Division (2017). Trends in International Migrant

Stock: The 2017 Revision (United Nations database, POP/DB/MIG/Stock/Rev.2017).

# 3

## DEMOGRAPHIC AND SOCIO-ECONOMIC CHARACTERISTICS OF YOUTH MIGRANTS IN BEIRUT, CAIRO AND TUNIS

This section draws upon data collected from the field survey in Beirut, Cairo and Tunis to provide analysis of the background characteristics of the youth interviewed in the three cities. It addresses the following questions: What are the basic demographic and socio-economic characteristics of the study population, and what are their migration choices?

Table 3 shows the socio-economic and demographic characteristics of the study population. With respect to the geographical location of respondents by city, the number of respondents with complete records was 1,012: 196 in Beirut, 596 in Cairo, and 220 in Tunis. About 75 percent of respondents were between 20 and 24 years old, while respondents aged 15 to 19 represented only 25 percent of the study population. With respect to the sex distribution of respondents, there was a balanced distribution overall, with about 50 percent each. This balance was not common to all three cities, however, with more women and girls than men and boys in both Beirut (52.6 percent female) and Tunis (62.7 percent female).

Given the relatively young age structure of the respondents, the percentage who reported they were single is unsurprisingly high, at 68.5 percent, coupled with those who reported that they were dating at the time of the fieldwork (13.5 percent). In other words, the proportion of never-married respondents works out at 80 percent of the total population.

Educational attainment is an important factor in explaining social behaviour, and was therefore included in the survey. The educational profile of respondents was relatively low; those who had completed college or university comprised only 6.8 percent of the total population.

With respect to the duration of stay in the current city of residence, 62.5 percent of the respondents had been in their current city of residence for less than three years. In Tunis, 80.9 percent had been there for less than three years, compared to 45.4 percent of migrants in Beirut, and 64.6 percent of migrants in Cairo. Just 10.5 percent of respondents had been in their current city of residence more than five years. Linking these findings with the current political conditions and the instability in the region after the so-called Arab Spring, one may conclude that most of those youth migrated to their current cities of residence after the political upheaval which began in 2011, and which has caused a massive refugee movement in the region and beyond.



**Table 3: Background characteristics of survey respondents in Beirut, Cairo and Tunis**

Background characteristics	City			Total
	Beirut	Cairo	Tunis	
<b>Age group</b>				
15-19	62 31.6%	169 28.4%	23 10.5%	254 25.1%
20-24	134 68.4%	427 71.6%	197 89.5%	758 74.9%
<b>Total</b>	<b>196</b> 100.0%	<b>596</b> 100.0%	<b>220</b> 100.0%	<b>1012</b> 100.0%
<b>Sex</b>				
Male	93 47.4%	326 54.7%	82 37.3%	501 49.5%
Female	103 52.6%	270 45.3%	138 62.7%	511 50.5%
<b>Total</b>	<b>196</b> 100.0%	<b>596</b> 100.0%	<b>220</b> 100.0%	<b>1012</b> 100.0%
<b>Marital status</b>				
Single	80 46.0%	401 71.0%	152 82.2%	633 68.5%
Dating	24 13.8%	77 13.6%	24 13.0%	125 13.5%
Married	68 39.1%	65 11.5%	7 3.8%	140 15.2%
Divorced	2 1.1%	18 3.2%	1 0.5%	21 2.3%
Widowed	0 0.0%	4 0.7%	1 0.5%	5 0.5%
<b>Total</b>	<b>174</b> 100.0%	<b>565</b> 100.0%	<b>185</b> 100.0%	<b>924</b> 100.0%
<b>Education*</b>				
No educational certificate	15 8.6%	141 25.0%	-- --	156 21.2%
Completed primary	55 31.6%	0 0.0%	-- --	55 7.5%
Completed preparatory	50 28.7%	183 32.5%	-- --	233 31.6%
Completed high school	45 25.9%	198 35.2%	-- --	243 33.0%
Completed college or university	9 5.2%	41 7.3%	-- --	50 6.8%
<b>Total</b>	<b>174</b> 100.0%	<b>563</b> 100.0%	<b>--</b> --	<b>737</b> 100.0%
<b>Duration of stay in current city of residence</b>				
Less than 3 years	79 45.4%	364 64.5%	85 80.9%	528 62.5%
3-4 years	60 34.5%	147 26.0%	20 19.0%	227 26.9%
5+ years	35 20.1%	54 9.6%	0 0.0%	89 10.5%
<b>Total</b>	<b>174</b> 100.0%	<b>565</b> 100.0%	<b>105</b> 100.0%	<b>844</b> 100.0%

**Source:** Calculated from the raw data from the field survey in Beirut, Cairo, and Tunis in 2017.

\* The education variable is missing in the dataset of Tunis.

The national origin of respondents is related to the political conditions in the region. As shown in Table 4 below, most of the migrants in Beirut are from neighbouring countries in the region, mainly Syria, Palestine, and Iraq, and they chose to migrate primarily to escape war and political instability. Migrants in Cairo are not only from Syria and Sudan, but also from sub-Saharan countries, primarily Ethiopia, Eritrea, and Somalia. The nationality mix of migrants in Tunis is more varied than the other two cities, but most of them are from sub-Saharan African countries.

As for their aspirations regarding the migration process, about 95 percent of the youth migrants surveyed reported that this was the first time they had tried to make their migratory journey. About their expected duration of stay in the host country, more than 55 percent indicated that they didn't know, while (30.5 percent?) of the respondents said that they intended to stay in their current host country for less than a year. The findings indicate a confusion among youth about whether to consider their current country their final destination or simply a country of transit.

**Table 4: Survey respondents by current city of residence and country of origin**

City	Country of origin nationality	Number	Percentage
Beirut	Syrian	121	61.7%
	Palestinian	43	21.9%
	Iraqi	32	16.3%
	<b>Total</b>	<b>196</b>	<b>100.0%</b>
Cairo	Ethiopian	124	20.8%
	Eritrean	138	23.2%
	Syrian	130	21.8%
	Somali	105	17.6%
	Sudanese	99	16.6%
	<b>Total</b>	<b>596</b>	<b>100.0%</b>
Tunis	Cote d'Ivoire	34	15.5%
	Cameroon	29	13.2%
	Mali	29	13.2%
	Democratic Republic of Congo	19	8.6%
	Burkina Faso	18	8.2%
	Guinea	13	5.9%
	Senegal	11	5.0%
	Republic of Congo	10	4.5%
	Other African country	40	18.2%
	Other non-African country	17	7.8%
	<b>Total</b>	<b>220</b>	<b>100.0%</b>
<b>Total</b>		<b>1,012</b>	<b>100.0%</b>

**Source:** Calculated from the raw data from the field survey in Beirut, Cairo, and Tunis in 2017.

# 4

## DRIVERS OF YOUTH MIGRATION

According to the framework introduced by E.S. Lee (Lee, 1966), the forces exerting an influence on migrant perceptions are divided into “push” and “pull” factors. The former are negative factors that force migrants to leave their areas of origin, while the latter are positive factors that attract migrants to destination areas in the expectation of improving their conditions. Lee hypothesized that factors associated with origin area conditions would be more important than those associated with destination areas. These factors are nevertheless governed by other personal factors “which affect individual thresholds and facilitate or retard migration” (Lee, 1966: 51).

The final element in Lee’s model is the notion of “intervening obstacles” interposed between origin and destination. These constitute “friction” in the migration process (transport costs, migration controls, etc.) and may reduce or retard migration, or even (in the case of a law) prevent it altogether. Hence, it is important to bear in mind that pull and push factors per se are not to be considered as the drivers of migration unless they occur within a system that enables potential migrants to fulfil their desires. In other words, the presence of pull/push factors does not mean that migration is inevitable (Zohry, 2002).

### A. PUSH FACTORS

What are the factors that push youth to leave their place of origin? What are the negative factors in the countries of origin that make youth consider and practice migration to other countries? There are three main factors at the macro level in the case of the countries that send the most migrants to Arab countries, and those sending countries within the Arab region: political instability, unemployment, and demographic pressures. The lack of political stability in the Arab region and in sub-Saharan Africa, the high levels of unemployment among youth, particularly university graduates, and the youth bulge phenomenon are all factors that have stimulated a continuous migration stream to other countries.

The micro level factors that push youth to leave their country of origin are indicated in Table 5A below. As shown in the table, the main push factor is insecurity or violence, which was mentioned by 63.6 percent of respondents, with higher levels for migrants in Beirut and Cairo (71.8 percent and 75.6 percent respectively) and a very low level in Tunisia (19.4 percent only). Rights in their country of origin ranked second on the list of main push factors, listed as a factor in their migration by one third of the population surveyed. It is

also noteworthy that just 3.8 percent of migrants in Tunis stated this factor as one of their push factors, compared to 32.8 percent of respondents in Beirut and 46 percent in Cairo. As a push factor, economic factors ranked third, listed by 20.2 percent of respondents, with an inverse geographical spread: just 8.8 percent of migrants in Cairo cited economic reasons as a factor in their migration, compared to 32.2 percent in Beirut and 43.5 percent in Tunis.

Seeking better education was a reason for about 20 percent of the migrants in the three cities, with the lowest in Cairo (12.4 percent), and the highest in Tunis (43.5 percent). Other push factors included personal and/or family reasons (for 12.1 percent of migrants), lack of social services (8 percent), and other factors (14.3 percent).

Differences between males and females are shown in Table 5B indicating that the main push factors for both sexes are almost the same. Moving to the differences by country of origin, one can notice that the main push factor for Syrians and (Eritreans, Ethiopians, Somalis, and Sudanese) combined together in one group, is insecurity or violence, which was mentioned by 76.7 percent of Syrian respondents, and 76.3 percent of respondents from the four mentioned countries. Within Beirut, the respective percentage was 71.8 compared to 75.6 percent for Cairo, while Tunis had the lowest (19.4 percent only).

Rights in their country of origin ranked second on the list of main push factors for Eritreans, Ethiopians, Somalis, and Sudanese, listed as a push factor by 55.4 percent of respondents from these countries. For Syrians, rights in their country of origin as well as work or economic opportunity were close to each other with 22.4 percent for rights and 24.1 percent for work or economic opportunity (See Table 5C for more detail).

To sum up, push factors for migrants in Beirut and Cairo are mainly insecurity and lack of rights in their countries of origin, while economic and educational reasons are the main push factors for migrants in Tunis.



**Table 5A: Migration push factors by current city of residence**

Push factors*	City			Total
	Beirut	Cairo	Tunis	
Insecurity or violence (numbers/ percentage)	125	427	36	588
	71.8%	75.6%	19.4%	63.6%
Rights in country of origin (numbers/ percentage)	57	260	7	324
	32.8%	46.0%	3.8%	35.0%
Work or economic opportunity (numbers/percentage)	56	50	81	187
	32.2%	8.8%	43.5%	20.2%
Education (numbers/percentage)	31	70	75	176
	17.8%	12.4%	40.3%	19.0%
Personal and/or family reasons (numbers/ percentage)	34	58	20	112
	19.5%	10.3%	10.8%	12.1%
Lack of social services (numbers/percentage)	8	50	16	74
	4.6%	8.8%	8.6%	8.0%
Other (numbers/percentage)	22	93	17	132
	12.6%	16.5%	9.1%	14.3%
<b>Total</b>	<b>174</b>	<b>565</b>	<b>186</b>	<b>925</b>
	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

\* Multiple responses were allowed.

**Source:** Calculated from the raw data from the field survey in Beirut, Cairo, and Tunis in 2017.

**Table 5B: Migration push factors by sex**

Push factors*	Sex	
	Male	Female
Insecurity or violence (numbers/ percentage)	282	306
	60.4	66.8
Rights in country of origin (numbers/ percentage)	184	140
	39.4	30.6
Work or economic opportunity (numbers/percentage)	84	103
	18.0	22.5
Education (numbers/percentage)	85	91
	18.2	19.9
Personal and/or family reasons (numbers/percentage)	45	67
	9.6	14.6
Lack of social services (numbers/ percentage)	61	13
	13.1	2.8
Other (numbers/percentage)	97	35
	20.8	7.6
<b>Total</b>	<b>467</b>	<b>458</b>
	<b>100.0</b>	<b>100.0</b>

**Table 5C: Migration push factors by major countries of origin**

Push factors*	Country of Origin		
	Syrian	Eritrea Ethiopia Somalia Sudan	Other Countries
Insecurity or violence (numbers/ percentage)	178	267	83
	76.7%	76.3%	33.2%
Rights in country of origin (numbers/ percentage)	52	194	40
	22.4%	55.4%	16.0%
Work or economic opportunity (numbers/ percentage)	56	22	88
	24.1%	6.3%	35.2%
Education (numbers/percentage)	30	28	93
	12.9%	8.0%	37.2%
Personal and/or family reasons (numbers/percentage)	30	41	30
	12.9%	11.7%	12.0%
Other (numbers/percentage)	27	127	44
	11.6%	36.3%	17.6%
<b>Total</b>	<b>232</b>	<b>350</b>	<b>250</b>
	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

\* Multiple responses were allowed.

**Source:** Calculated from the raw data from the field survey in Beirut, Cairo, and Tunis in 2017.

## B. PULL FACTORS

With respect to pull factors, most youth migrate in search for a better life for themselves and their families. That may be achieved by finding better economic opportunities, greater general security, to study abroad, to reunite with their families, or just to get married. Migration decisions among youth appear to be related to major life transitions, such as obtaining higher education, starting work or getting married (Global Migration Group, 2014). The geographical proximity of the country of destination to that of origin and the geographical proximity of the targeted country as a transit country to another final destination, as is the case of North African countries, is another important pull factor. In the

case of forced migration and internally displaced persons, the most important pull factor is greater general security and better living standards.

The micro level data collected from youth migrants in Beirut<sup>2</sup>, Cairo, and Tunis suggest that the most important pull factor for youth is economic. It is working and/or earning money, a reason cited by 34 percent of respondents, with higher levels for migrants in Tunis and Beirut (46.55 percent and 41.2 percent respectively) compared to a relatively low level in Tunisia (28 percent only). The greater general security

<sup>2</sup> Palestinian respondents in Beirut were excluded from the analysis of pull factors since they did not actually choose Beirut. All Palestinian youth were born in Beirut. In addition, they have no access to work in 73 jobs, therefore overtime number of Palestinian refugees in Lebanon decreased from 500 thousand to 170 thousand according to the latest census on Palestinian refugees in Lebanon.

in the destination city ranked second as a pull factor, reported by 32.3 percent of survey respondents, with highest percent in Cairo (42.5 percent) compared to 22.1 percent in Beirut and 9.1 percent only in Tunis. Better living standards in the destination country ranked third as a pull factor, reported by 29.8 percent of survey respondents, with highest percent in Tunis (55.6 percent) compared to 30.1 percent in Beirut and 21 percent in Cairo. Access to better education ranked fourth. In addition, reunite with family members was reported by 45.6 percent of respondent in Beirut. (See Table 6A for more details).

Regarding the differences between males and females as shown in Table 6B below, one can notice that the main pull factors for both sexes are almost the same. The only large difference

between males and females is the difference related to the factor of “personal freedom.” This factor was stated by 20.7 percent of males versus 7 percent only for females.

Moving to the differences by country of origin (Table 6C), one can notice that the main pull factor for Eritreans, Ethiopians, Somalis, and Sudanese, combined together in one group, is the greater general security, which was mentioned by 49.7 percent of respondents, from these countries. As for Syrians, Working and/or earning money comes first as a pull factor (stated by 40.3 percent of respondents), followed by better living standards (stated by 31.6 percent of respondents). Greater general security was stated only by 20.8 percent of respondents in Beirut (See Table 6C for more detail).

**Table 6A: Migration pull factors by current city of residence**

Pull factors*	City			Total
	Beirut	Cairo	Tunis	
Working and/or earning money (numbers/percentage)	56 41.2%	156 28.0%	87 46.5%	299 34.0%
Greater general security (numbers/ percentage)	30 22.1%	237 42.5%	17 9.1%	284 32.3%
Better living standards (numbers/percentage)	41 30.1%	117 21.0%	104 55.6%	262 29.8%
Access to better education (numbers/ percentage)	38 27.9%	149 26.8%	73 39.0%	260 29.5%
Freedom from oppression or a threat to respondent's life at home (numbers/ percentage)	29 21.3%	171 30.7%	7 3.7%	207 23.5%
Personal freedom (numbers/percentage)	6 4.4%	109 19.6%	7 3.7%	122 13.9%
Reunite with family members (numbers/ percentage)	62 45.6%	28 5.0%	11 5.9%	101 11.5%
Other	20 14.7%	46 8.3%	20 10.7%	86 9.8%
<b>Total</b>	<b>136</b>	<b>557</b>	<b>187</b>	<b>880</b>
	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

\* Multiple responses were allowed.

**Source:** Calculated from the raw data from the field survey in Beirut, Cairo, and Tunis in 2017.

**Table 6B: Migration pull factors by sex**

Pull factors*	Country of Origin		
	Syrian	Eritrea Ethiopia Somalia Sudan	Other Countries
Working and/or earning money	93	108	98
(numbers/percentage)	40.3%	24.8%	45.8%
Greater general security (numbers/percentage)	48	216	20
	20.8%	49.7%	9.3%
Better living standards	73	73	116
(numbers/percentage)	31.6%	16.8%	54.2%
Access to better education (numbers/percentage)	57	119	84
	24.7%	27.4%	39.3%
Freedom from oppression or a threat to respondent's life at home (numbers/percentage)	30	167	10
	13.0%	38.4%	4.7%
Personal freedom (numbers/percentage)	11	104	7
	4.8%	23.9%	3.3%
Reunite with family members (numbers/percentage)	51	13	37
	22.1%	3.0%	17.3%
Other	16	42	28
	6.9%	9.7%	13.1%
<b>Total</b>	<b>231</b>	<b>435</b>	<b>214</b>
	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

\* Multiple responses were allowed.

Source: Calculated from the raw data from the field survey in Beirut, Cairo, and Tunis in 2017.



**Table 6C: Migration pull factors by major countries of origin**

Pull factors*	Country of Origin		
	Syrian	Eritrea Ethiopia Somalia Sudan	Other Countries
Working and/or earning money	147	152	
(numbers/percentage)	33.4%	34.5%	
Greater general security (numbers/percentage)	161	123	
	36.6%	28.0%	
Better living standards	133	129	
(numbers/percentage)	30.2%	29.3%	
Access to better education (numbers/percentage)	141	119	
	32.0%	27.0%	
Freedom from oppression or a threat to respondent's life at home (numbers/percentage)	96	111	
	21.8%	25.2%	
Personal freedom (numbers/percentage)	91	31	
	20.7%	7.0%	
Reunite with family members (numbers/percentage)	42	59	
	9.5%	13.4%	
Other	34	52	
	7.7%	11.8%	
<b>Total</b>	<b>440</b>	<b>440</b>	
	<b>100.0%</b>	<b>100.0%</b>	

\* Multiple responses were allowed.

Source: Calculated from the raw data from the field survey in Beirut, Cairo, and Tunis in 2017.

# 5

## SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/ GENDER-BASED VIOLENCE AND DEVELOPMENT NEEDS OF YOUTH MIGRANTS

As described above, youth make up a significant proportion of the migrant and refugee population in the Arab region. Due to the disruption of their regular lives as they adapt to a new country, and given the hazards they faced on their journey, migrants are more exposed to health hazards than nationals and

established residents. In this section, an attempt is made to explore young migrants' vulnerabilities in relation to sexual and reproductive health and reproductive rights (SRHRR), to assess their knowledge of sexual and reproductive health issues, and to determine their services needs in this area.

### Box 1: Migrants' Rights

Article 25 of the Universal Declaration of Human Rights states that:

1. Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

2. Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.

"The right of everyone to the enjoyment of the highest attainable standard of physical and mental health" is also laid down in Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR).

The 1951 Convention Relating to the Status of Refugees states that "refugees shall be accorded the same treatment" as nationals in relation to maternity, sickness, disability and old age.

The 2003 International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families has set out the rights of migrant workers to health care.

The concept of sexual and reproductive health and reproductive rights is an interpretation of human rights applied to sexuality and reproduction. It is a combination of four fields: sexual health, sexual rights, reproductive

health and reproductive rights. In SRHRR, these four fields are treated as separate but inherently intertwined (IPPF, 2008; United Nations, 2014; WHO, 2015).

Selected aspects of SRHRR are explored below, guided by data from the field survey. Issues discussed below include level of SRHRR knowledge, attitudes to SRHRR, the health status of youth migrants, health services, quality of service, and barriers to service.

## A. LEVEL OF SRHRR KNOWLEDGE

The level of knowledge is the base of behavior and action. The level of sexual and reproductive health and reproductive rights (SRHRR)/gender-based violence (GBV) knowledge was assessed by a set of related questions on sex and reproduction, listed in Box 2 below.

### Box 2: Statements to test level of SHR knowledge

1.	A woman can get pregnant the very first time that she has sexual intercourse.
2.	Masturbation causes serious damage to health.
3.	It is possible to cure AIDS.
4.	It is possible to have contracted HIV and lead a healthy life.
5.	A person with HIV always looks emaciated or unhealthy in some way.
6.	People can take a simple test to find out whether they have HIV.
7.	The use of contraception makes women infertile.
8.	All contraceptive methods that have you heard of.
9.	Sufficient knowledge and skills to lead a healthy and happy sexual and reproductive life.

The responses to these questions by respondents in the three cities indicate a high level of knowledge of sexual and reproductive health among youth migrants. No significant variations in the level of knowledge between the three cities was found.

## B. ATTITUDES

The attitudes of youth migrants to SRHRR/GBV were also measured using a set of questions, listed in Table 7 below. Regarding sexual behavior, 66.3 percent of respondents indicated that they believe it is acceptable for unmarried boys and girls to date. Moreover, 28.8 percent of respondents said that they believe there is nothing wrong with unmarried boys and

girls having sexual intercourse, if they love each other, although this average figure does, however, mask the differences between the migrants in Tunis and in the other two cities. While the percentage who answered yes was less than 20 percent in Beirut and Cairo, it was 65.9 percent in Tunis. This may be attributed, in part, to the nationality mix of youth migrants in the three cities, indicated above, and the fact that most of migrants in Beirut and Cairo are from conservative societies in the Arab region and East Africa, while migrants in Tunis are from more open societies with respect to relationships between men and women.

The percentage of respondents in favour of a boy forcing a girl to have sex if the boy loves her was 5 percent, while respondents who agreed that

a boy might be justified in hitting his girlfriend comprised less than 10 percent of the total respondents. These gender-based violations are not acceptable and could be areas of concern.

Regarding female virginity, almost three quarters of respondents believed that women should remain virgins until she gets married. The variation in responses from the different cities was aligned with the variations regarding sexual relations outside of marriage; respondents in Tunis were less supportive of this statement than their counterparts in Beirut and Cairo, with only 41.3 percent supporting this statement, compared to 78.5 percent in Beirut and 85.1 percent in Cairo.

With respect to the use of condoms as a means of protection against sexually transmitted infections, migrants in Tunis seem more knowledgeable than their peers in the other two locations. While the percent of respondents who confirmed that they insist on condom use every time they have sex was 36.2 percent for the total respondents, it was as high as 60.6 percent among migrants in Tunis. Moreover, respondents who indicated that it is mainly the woman's responsibility to ensure that contraception is used regularly was 29 percent of respondents in Tunis compared to 44.4 percent in Beirut and 45.5 percent in Cairo. As for the proper use of condoms, migrants in Tunis reported a much higher level of confidence than migrants in Beirut and Cairo.

The differences between males and females are presented in Table 7B below. Regarding sexual behaviour, 69.9 percent of

female respondents indicated that they believe it is acceptable for unmarried boys and girls to date compared to 62.7 percent for males. At the same time, 26.9 percent of female respondents said that they believe there is nothing wrong with unmarried boys and girls having sexual intercourse, if they love each other, compared to 30.7 percent for male respondents.

The percentage of male and female respondents in favour of a boy forcing a girl to have sex if the boy loves her was almost the same (around 5 percent), while respondents who agreed that a boy might be justified in hitting his girlfriend was higher for male respondents than female respondents (14.6 percent for males versus 5.1 percent for females).

Despite the fact that a high percent of males and females reported that they believe it's all right for unmarried boys and girls to go on dates, high percent of males and females reported that they believe that girls should remain virgins until they marry (71.1 percent for males and 78.8 percent for females).

With respect to the use of condoms as a means of protection against sexually transmitted infections, male migrants seem to be more knowledgeable than females (70.2 percent for males versus 29.5 percent for females). Also the percent of male respondents who confirmed that they insist on condom use every time they have sex was 45.6 percent, compared to 26.2 percent for females. Moreover, female respondents who indicated that it is mainly the woman's responsibility to ensure that contraception is used regularly was 49.9 percent compared to 34.3 percent for males.

**Table 7A: Attitudes regarding SRHRR/GBV measured by agreement with selected statements**

Statement/Question	City			Total
	Beirut	Cairo	Tunis	
I believe it's all right for unmarried boys and girls to go on dates (Yes)	113	353	143	609
	65.3%	62.9%	77.3%	66.3%
I believe there is nothing wrong with unmarried boys and girls having sexual intercourse if they love each other (Yes)	33	106	120	259
	19.1%	19.5%	65.9%	28.8%
I think that sometimes a boy has to force a girl to have sex if he loves her (Yes)	6	30	10	46
	3.5%	5.4%	5.4%	5.0%
It is sometimes justifiable for a boy to hit his girlfriend (Yes)	16	60	15	91
	9.3%	10.7%	8.1%	9.9%
I believe that girls should remain virgins until they marry (Yes)	135	463	76	674
	78.5%	85.1%	41.3%	74.9%
I am confident that I can insist on condom use every time I have sex (Yes)	41	137	106	284
	26.6%	30.1%	60.6%	36.2%
It is mainly the woman's responsibility to ensure that contraception is used regularly (Yes)	76	255	53	384
	44.4%	45.5%	29.0%	42.0%
I feel that I know how to use a condom properly (Yes)	78	214	116	408
	51.7%	45.5%	67.8%	51.5%

Source: Calculated from the raw data from the field survey in Beirut, Cairo, and Tunis in 2017.

**Table 7B: Attitudes regarding SRHRR/GBV measured by agreement with selected statements by sex**

Statement/Question	Male	Female
I believe it's all right for unmarried boys and girls to go on dates (Yes)	291	318
	62.7%	69.9%
I believe there is nothing wrong with unmarried boys and girls having sexual intercourse if they love each other (Yes)	139	120
	30.7%	26.9%
I think that sometimes a boy has to force a girl to have sex if he loves her (Yes)	24	22
	5.2%	4.9%
It is sometimes justifiable for a boy to hit his girlfriend (Yes)	68	23
	14.6%	5.1%
I believe that girls should remain virgins until they marry (Yes)	325	349
	71.1%	78.8%
I am confident that I can insist on condom use every time I have sex (Yes)	185	99
	45.6%	26.2%
It is mainly the woman's responsibility to ensure that contraception is used regularly (Yes)	158	226
	34.3%	49.9%
I feel that I know how to use a condom properly (Yes)	301	107
	70.2%	29.5%

## C. HEALTH STATUS

It is well-documented that migration disrupts the normal living arrangements of individuals and families, and can therefore also affect their health status. In addition, refugees and irregular migrants are usually more vulnerable than regular migrants to illnesses and health problems. Migratory journeys often threaten migrants' health, and forced migration or internally displaced persons in particular may have been subject to experiences such as smuggling, or escaping wars or natural disasters. Hazards related to the journey may also include different types of harassment and/or forced labour (Gushulak et. al., 2009).

Despite the fact that they were irregular migrants and refugees, the youth migrants interviewed in Beirut, Cairo and Tunis indicated a high level of confidence about their health, as reflected in their answer to the question of whether they considered themselves as healthy overall. About eighty-seven percent of respondents provided an affirmative answer. The differences between respondents in the three cities were minor, with 80.3 percent in Beirut believing they were healthy versus 88.8 percent in Cairo and 87.9 percent in Tunis. It should be mentioned that the tendency to consider the SRHRR as part of the general health status is unknown.

Overall, only 36.3 percent of respondents had the feeling that their health was put at risk during their journey from home to their city of current residence. Despite the fact that most migrants in Tunis were from sub-Saharan African countries, and had therefore usually made a long journey across the Sahara, they reported the lowest rate of concern about health risks from their migratory movements, at 19.9 percent, compared to 43.9 percent of those in Beirut and 41.6 percent of those in Cairo.

The empirical data indicate a high level of sexual activity among youth migrants: 83.3 percent of respondents in Beirut reported they were sexually active, as did 84.3 percent in Cairo.<sup>3</sup> These findings might well be relevant to health administrators considering the importance of sexual health services for the young migrants in these cities. Despite the high level of sexual activity, the proportion who used condoms in their most recent episode of sexual intercourse was low, averaging 36.5 percent overall. The lowest figures were in Beirut, at 23.3 percent. In addition to the low number of sexually active migrants using condoms, 24.3 percent of the respondents reported that they sometimes have more than one sexual partner, which increases the risk of sexually transmitted infections among the youth migrant population. The number of respondents who reported that they knew of a young migrant, either male or female, who had been the victim of sexual abuse during their journey or since they arrived in their destination city, was 14.2 percent overall, with the highest percent reported by migrants in Cairo (19.4 percent) and the lowest reported by migrants in Beirut (5.8 percent). For more details see Table 8 below.

As for the differences between males and females, as shown in Table 8B, data indicate that males perceive themselves as healthier than females with 90.3 percent compared to 83.7 percent for females.

As for the respondents' feeling that their health was put at risk during their journey from home to their city of current residence, slight differences were found between males and females (35.0 percent for males versus 37.6 percent for females).

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<sup>3</sup> This question was not asked in Tunis.

The empirical data indicate a high level of sexual activity among females compared to males (78.9 percent for males versus 90.3 percent for females). Despite the fact that females reported higher sexual activity than males, data indicate

that the percent of males who reported that they have more than one sexual partner is way higher than females (37.9 percent for males versus 11.2 percent for females).

**Table 8A: Selected health status indicators of youth migrants**

Statement/Question	City			Total
	Beirut	Cairo	Tunis	
Do you consider that you are healthy overall? (Yes)	139	501	160	800
	80.3%	88.8%	87.9%	87.1%
Do you feel that your health was put at risk during your journey from home to this city? (Yes)	76	235	24	335
	43.9%	41.6%	12.9%	36.3%
Are you sexually active? (Yes)	45	145	--	190
	83.3%	84.3%	--	84.1%
Did you use a condom during your last incident of sexual intercourse? (Yes)	21	64	49	134
	23.3%	37.2%	46.7%	36.5%
Do you sometimes have more than one sexual partner? (Yes)	2	50	42	94
	2.1%	27.2%	38.5%	24.3%
Do you know of any young migrant, male or female, who was the victim of sexual abuse during their journey or since they arrived in this city? (Yes)	10	109	12	131
	5.8%	19.4%	6.5%	14.2%

Source: Calculated from the raw data from the field survey in Beirut, Cairo, and Tunis in 2017.

**Table 8B: Selected health status indicators of youth migrants by Sex**

Statement/Question	Male	Female
Do you consider that you are healthy overall? (Yes)	420	380
	90.3%	83.7%
Do you feel that your health was put at risk during your journey from home to this city? (Yes)	163	172
	35.0%	37.6%
Are you sexually active? (Yes)	97	93
	78.9%	90.3%
Did you use a condom during your last incident of sexual intercourse? (Yes)	102	32
	54.0%	18.0%
Do you sometimes have more than one sexual partner? (Yes)	72	22
	37.9%	11.2%
Do you know of any young migrant, male or female, who was the victim of sexual abuse during their journey or since they arrived in this city? (Yes)	84	47
	18.1%	10.3%

Source: Calculated from the raw data from the field survey in Beirut, Cairo, and Tunis in 2017.

## D. HEALTH SERVICES

With respect to the availability and accessibility of health services for young migrants in the three cities, the findings of the survey indicate a low level of awareness among the migrants of the venues where they can access sexual and reproductive health. Only 21.6 percent stated that they know where to access sexual or reproductive health services in their current city of residence. However, more than 50 percent of the migrants reported that they had ever visited a health facility or health care professional of any kind in their current city. The reasons for visiting a health facility or health care professional were usually for services not related to sexual or reproductive health.

Youth migrants typically used the services of public health service providers and clinics operated by non-governmental organizations (NGOs). Generally speaking, 87 percent of respondents reported that they received the services they required when seeking health care, and the statistics from the three cities were all in

relatively narrow range (82.1 percent in Beirut, 88.9 percent in Cairo, and 86.7 percent in Tunis). Narrowing the focus to SHR services, the overall percent increased slightly to 88.2 for the overall population, with the highest level in Tunis (92.9 percent) and the lowest level in Beirut (79.2 percent).

Both males and females reported a low level of knowledge on where to access sexual or reproductive health services in their current city of residence. The percent of males was 21.7 percent and 21.4 for females. As for the utilization of health services, females reported a higher level than males. The percent of females reported that they had ever visited a health facility or health care professional of any kind in their current city was 70.5 compared to 40.8 only for males.

As for the SRHRR services, 90.6 percent of female respondents reported that they received the SHR services they required when seeking health care, compared to 81.5 percent for male respondents (See Table 9A for more details).

**Table 9A: Selected indicators of health services for youth migrants by city**

Statement/Question	City			Total
	Beirut	Cairo	Tunis	
Do you know where to access sexual or reproductive health services in this city? (Yes)	59	114	26	199
	34.1%	20.2%	14.0%	21.6%
Have you ever visited a health facility or health care professional of any kind in this city? (Yes)	106	288	30	424
	61.3%	51.2%	76.9%	54.7%
Did you receive the services that you came for (All Services)? (Yes)	87	256	26	369
	82.1%	88.9%	86.7%	87.0%
Did you receive the services that you came for (SRH services)? (Yes)	42	124	13	179
	79.2%	91.2%	92.9%	88.2%

Source: Calculated from the raw data from the field survey in Beirut, Cairo, and Tunis in 2017.

**Table 9B: Selected indicators of health services for youth migrants by sex**

Statement/Question	Male	Female
Do you know where to access sexual or reproductive health services in this city? (Yes)	101	98
	21.7%	21.4%
Have you ever visited a health facility or health care professional of any kind in this city? (Yes)	168	256
	40.8%	70.5%
Did you receive the services that you came for (All Services)? (Yes)	140	229
	83.3%	89.5%
Did you receive the services that you came for (SRH services)? (Yes)	44	135
	81.5%	90.6%

Source: Calculated from the raw data from the field survey in Beirut, Cairo, and Tunis in 2017.

## E. QUALITY OF SERVICE

Youth tended to rate the quality of the health services available positively. Some selected indicators of the quality of services are provided in Table 10 below. Regarding the comfort of the waiting room, 68.1 percent of the respondents viewed it as comfortable, with a high level of comfort in Tunis (80.05 percent) compared to Beirut (59.4 percent) and Cairo (70 percent). A total of 77.3 percent of migrants overall reported a clean facility.

Only 46 percent of youth migrants reported that while seeking health care they noticed signs in a language they understood giving the operating hours of the facility. This percentage was lowest in Cairo (37.5 percent). This may be due to the fact that most of the migrants in Egypt were from sub-Saharan African countries and could not read Arabic. The proportion in Tunis was the highest, at 73.3 percent. This high number may be attributed to the fact that in Tunis, French is usually used alongside Arabic, and many of the young migrants are from Francophone African countries, or are at least

familiar with the Roman alphabet. Regarding the provision of useful information at the health facility they visited, 71 percent of respondents reported that they were given information that was useful. With respect to their feelings during the medical consultation, more than 80 percent of total respondents reported that they were comfortable enough to ask questions during the process. Moreover, about 91 percent of respondents reported that the questions they asked during the consultations were answered adequately. Most of the respondents also reported that their privacy and confidentiality were respected during their consultation.

With respect to waiting time, 59.1 percent of the total respondents said they had experienced an acceptable waiting time. Only 25.3 percent of respondents reported that awareness-raising posters and booklets were available in the waiting areas of visited facilities, with respondents in Tunis and Beirut reporting more materials than Cairo.

Awareness of any peer-to-peer health services was low: only 8.7 percent of respondents reported that they had heard of such services.

At the city level, respondents in Cairo reported the highest level (9.7 percent), while these services are completely absent in Tunis, with no respondents there answering in the affirmative. Finally, 65.5 percent of total respondents found the cost of the services provided to be affordable, with migrants in Beirut the least likely to agree (49.1%) and those in Cairo most likely (72.2 percent).

Some 129 respondents reported that the cost of services provided are not affordable. They represent 30.7 percent of the total number of respondents. About 43 percent of respondents who reported that the cost is not affordable are Syrians. As for age, 83 percent are 20-24 years old. As for dissatisfaction by marital status, singles represent 51.9 percent, followed by married respondents (28.7 percent).

With respect to gender variations regarding the evaluation of the quality of services, and as shown in Table 10B below, no salient variations between the evaluation of males and females. Evaluations of males and females follow the same pattern, except for a very few items such as the comfortability of the waiting room which was rated higher by females than males (74.2 percent for females versus 58.7 percent for males). Another item is the adequacy of answering respondents' questions during the consultations, where 94.9 percent of females reported that they received adequate answers compared to 84.2 percent for males. As for the cost affordability, data indicate that cost was affordable by 74.8 percent of females compared to 51.2 percent only for males.

**Table 10A: Selected indicators of the quality of services available to youth migrants**

Statement/Question	City			Total
	Beirut	Cairo	Tunis	
Did you think that the waiting room was comfortable? (Yes)	63	201	24	288
	59.4%	70.0%	80.0%	68.1%
Did you find the facility clean? (Yes)	89	215	23	327
	84.0%	74.9%	76.7%	77.3%
At this facility, did you notice any signs in a language you understand that mentions the operating hours of the facility? (Yes)	65	108	22	195
	61.3%	37.5%	73.3%	46.0%
Overall, do you feel that you were given information that was useful? (Yes)	66	213	19	298
	62.3%	75.0%	63.3%	71.0%
Did you feel comfortable enough to ask questions during the consultation? (Yes)	88	237	25	350
	83.0%	82.3%	83.3%	82.5%
Were the questions you asked during the consultation answered adequately? (Yes)	74	219	25	318
	84.1%	92.4%	100.0%	90.9%
Did you feel your privacy was respected during the consultation? (Yes)	86	255	25	366
	81.1%	88.5%	83.3%	86.3%
Did you feel your confidentiality was respected? (Yes)	83	257	23	363
	78.3%	89.2%	76.7%	85.6%
Are the working days and working hours of the health facility convenient for you? (Yes)	71	250	21	342
	67.0%	86.8%	70.0%	80.7%

Statement/Question	City			Total
	Beirut	Cairo	Tunis	
Was the waiting time acceptable for you? (Yes)	55	182	13	250
	51.9%	63.2%	44.8%	59.1%
Were there posters or booklets on display that were meaningful to you? (Yes)	38	52	17	107
	35.8%	18.1%	56.7%	25.3%
Are you aware of any adolescents who are involved in providing health services to other adolescents in the community? (Yes)	9	28	0	37
	8.5%	9.7%	0.0%	8.7%
Did you find the cost affordable? (Yes)	52	205	18	275
	49.1%	72.2%	60.0%	65.5%

Source: Calculated from the raw data from the field survey in Beirut, Cairo, and Tunis in 2017.

**Table 10B: Selected indicators of the quality of services available to youth migrants by sex**

Statement/Question	Male	Female
Did you think that the waiting room was comfortable? (Yes)	98	190
	58.7%	74.2%
Did you find the facility clean? (Yes)	130	197
	77.4%	77.3%
At this facility, did you notice any signs in a language you understand that mentions the operating hours of the facility? (Yes)	90	105
	53.6%	41.0%
Overall, do you feel that you were given information that was useful? (Yes)	109	189
	66.1%	74.1%
Did you feel comfortable enough to ask questions during the consultation? (Yes)	133	217
	79.2%	84.8%
Were the questions you asked during the consultation answered adequately? (Yes)	112	206
	84.2%	94.9%
Did you feel your privacy was respected during the consultation? (Yes)	138	228
	82.1%	89.1%
Did you feel your confidentiality was respected? (Yes)	135	228
	80.4%	89.1%
Are the working days and working hours of the health facility convenient for you? (Yes)	137	205
	81.5%	80.1%
Was the waiting time acceptable for you? (Yes)	93	157
	55.7%	61.3%
Were there posters or booklets on display that were meaningful to you? (Yes)	37	70
	22.2%	27.3%
Are you aware of any adolescents who are involved in providing health services to other adolescents in the community? (Yes)	18	19
	10.7%	7.4%
Did you find the cost affordable? (Yes)	85	190
	51.2%	74.8%

Source: Calculated from the raw data from the field survey in Beirut, Cairo, and Tunis in 2017.

## F. BARRIERS

National health systems often discriminate against migrants and asylum-seekers in spite of several international treaties and commitments protecting their rights. Barriers to health services are not always material; social factors also play an important role with respect to service provision. For example, it can be difficult for unmarried people to seek sexual and reproductive health care in the Arab region due to taboos around premarital relationships (DeJong & Bashour, 2016). Despite the fact that youth migrants did not report a high level of dissatisfaction with health services, only 16.2 percent of respondents said that they feel health services in their current city of residence respond to the sexual and reproductive needs

of adolescent migrants. Table 11A below has more detail. As for respondent who reported that they they ever been denied access to any health facility in their city of residence (8.5 Percent), the reasons for this, as reported by respondents, were the fact that respondents are foreigners (42 cases, 54.5 Percent), and the respondents couldn't pay the fees (14 case, 18.2 percent). Among other reported reasons include respondents who were under age or not married (three cases, 3.9 percent).

With respect to the differences between males and females regarding barriers to health services, and as shown in table 11B, no observed salient variations in the barriers between males and female.

**Table 11A: Selected indicators of health barriers for youth migrants by city**

Statement/Question	City			Total
	Beirut	Cairo	Tunis	
Since you arrived in this city, were there times where you felt you should have sought medical help, but you could not? (Yes)	80	165	61	306
	46.2%	29.4%	32.8%	33.2%
Have any staff working in a health facility in this country ever treated you or your friends in a manner that made you feel upset? (Yes)	30	53	32	115
	17.3%	9.5%	19.5%	12.8%
Have you ever been denied access at any health facility in this city? (Yes)	21	43	13	77
	12.1%	7.7%	7.3%	8.5%
Do you feel the health services in this city are responding to the sexual and reproductive needs of adolescent migrants? (Yes)	12	112	24	148
	7.0%	20.0%	13.0%	16.2%

Source: Calculated from the raw data from the field survey in Beirut, Cairo, and Tunis in 2017.

**Table 11B: Selected indicators of health barriers for youth migrants by sex**

Statement/Question	Male	Female
Since you arrived in this city, were there times where you felt you should have sought medical help, but you could not? (Yes)	168	138
	36.2%	30.2%
Have any staff working in a health facility in this country ever treated you or your friends in a manner that made you feel upset? (Yes)	62	53
	13.7%	11.9%
Have you ever been denied access at any health facility in this city? (Yes)	42	35
	9.2%	7.7%
Do you feel the health services in this city are responding to the sexual and reproductive needs of adolescent migrants? (Yes)	90	58
	19.4%	12.9%

**Source:** Calculated from the raw data from the field survey in Beirut, Cairo, and Tunis in 2017.



# 6

## POLICY DIRECTIONS

Youth make up a significant proportion of the migrant and refugee population in the Arab region. The number of migrants aged 15 to 24 increased from 2.4 million in 2000 to about 4.5 million in 2017, or 11.6 percent of the total number of migrants in the region. This youth population requires due attention from decision makers at places of origin and destination; policies at all levels should be formulated to deal with this group's drivers of migration, and to provide adequate and affordable health services and awareness.

### A. DRIVERS OF MIGRATION

The diverse and complex migration dynamics in the Arab region provide both opportunities and challenges for development. The context of the region calls on actors and policymakers to adopt policies and strategies that respond to the realities of the current migration dynamics.

Hence, while addressing the root causes of migration, *Arab countries should develop policies to face the challenges associated with each type of human mobility: from, to, and through the region. While economic development, controlling overpopulation problems, containing the youth bulge, and engaging youth in political and socio-economic development may contribute to addressing the root causes of economic migration, other policy measures should be put in place to*

*address the root causes of forced migration, such as the political instability within the region and beyond.*

Sending, transit, and receiving countries are urged to address the root causes and drivers of migration and formulate policies that promote safe and orderly mobility. This may be addressed through more cooperation on regular migration with regional partners, as well as socio-economic development efforts and mainstreaming migration into development planning.

### B. SEXUAL AND REPRODUCTIVE HEALTH AND REPRODUCTIVE RIGHTS (SRHRR)

Countries must do more to help migrants to stay healthy in the countries they travel through and settle in. Arab states are urged to extend and strengthen the provision of sexual and reproductive health services to their nationals as well as to migrants, with greater focus on young migrants. Services related to HIV prevention and diagnosis and treatment of sexually transmitted infections should also be made widely available, especially for youth migrants from countries with a high prevalence rate of such diseases. Adolescent-friendly sexual and reproductive health services should also be made available.

Arab countries should be prepared to act in emergencies and humanitarian crises by not only providing primary health services for vulnerable groups such as irregular migrants, refugees, but also extending such services to include SRHRR.

Migrants' health is of a global concern and health care and health services for migrants should be built on values of equal human rights and of shared humanity. The provision of services should be gender-sensitive, in order to equally respond to the needs of men, women, boys and girls, and to gender-based violence. The provision of sexual and reproductive health services for youth migrants is not only about respecting their human rights; it also protects nationals and non-nationals in the broader community. Provision of health services to youth migrants should not be regarded as a burden, but rather as a means to include this vulnerable group within national health coverage plans and to integrate healthy migrants into the socio-economic development of the countries of residence.

Health systems dealing with the needs of youth migrants in Arab countries should also be culturally sensitive, meaning that they should eliminate language and other cultural barriers that may affect the provision of services to these vulnerable youth. Males and females should have access to sexual and reproductive health services regardless of their age or marital status.

Awareness-raising materials and instructions in migrants' own languages should be available at health service centres, especially centres located in or near to areas with

significant migrant populations. Lastly, decision makers should combat xenophobia and enable migrants to better integrate into their communities, by providing psychosocial services for young migrants and by fostering a positive perspective on migration among nationals.

**In addition to the policy directions recommended above, broader recommendations are provided below:**

1. Migration in some Arab countries is characterized by irregular flows of people, whereby migrants become entwined in human smuggling operations or become victims of human trafficking. When people migrate irregularly or are forced to migrate, they are exposed to risks of rights violations, trafficking, and crime. Hence, laws and regulations in Arab countries should be adjusted to deal with such crimes and to better protect migrants.
2. Nation states are committed, by international treaties to protect the human rights of their nationals and non-nationals, regardless of the migratory status of non-nationals. Hence, the human rights approach migration is needed to protect the rights of all migrants and their rights, including health rights.
3. Programs should overcome local/Arab culture prevails in some Arab countries, and youth migrants, males and females, should have access to SRH services regardless of their age or marital status.
4. Arab countries are urged to strengthen their cooperation with sending countries, both in the Arab region and outside, to ensure safe and regular migration streams between sending and receiving countries.
5. In a globalized world, youth development plans in the Arab countries should include youth migrants, not citizens only.

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