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Action Brief:

Women Migrant Workers and Mental Health

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This Action Brief was developed as part of the Safe and Fair Programme: Realizing women migrant workers' rights and opportunities in the ASEAN region (2018–2023). Safe and Fair is part of the multi-year EU-UN Spotlight Initiative to Eliminate Violence Against Women and Girls, funded by the European Union, and is implemented by ILO and UN Women in collaboration with UNODC. It delivers technical assistance and support with the overall objective of making labour migration safe and fair for all women in the ASEAN region.

This brief is part of a series of action briefs illustrating lessons learnt and promising approaches as the result of the implementation of the EU-UN Spotlight Initiative in South-East Asia launched in 2018. The other briefs in the series include:

- Safe Technologies in Providing Remote Services
- Peer Networks Empower Women Migrant Workers
- Role of Embassies in Addressing Violence against Women Migrant Workers

For additional resources and more information on the initiative, see:
www.spotlightinitiative.org/safe-and-fair

What's the Issue?

Migration builds women's agency but also comes with risks that cause distress

Women's labour migration is an important aspect of labour mobility in the ASEAN region and can be a crucial source of empowerment for women migrant workers, who also make vital social and economic contributions to their communities, their countries of origin and countries of destination. Through migration, they also inform and change social, cultural, political and gender norms, and influence positive change across households and communities.¹

In the ASEAN region, multiple factors lead to women's migration for work, including: the desire for a better future for their families; alleviating poverty; securing an income; escaping an abusive relationship; being free from traditional roles or avoiding early marriage; and seeking new personal growth experiences.² Yet, the reality is that the promise of economic opportunity, or the desire to leave stressful contexts could expose women migrant workers to a range of unforeseen experiences, including violence and harassment that can cause trauma, distress, anxiety, depression and other mental health conditions, further affecting their ability to function professionally and socially.

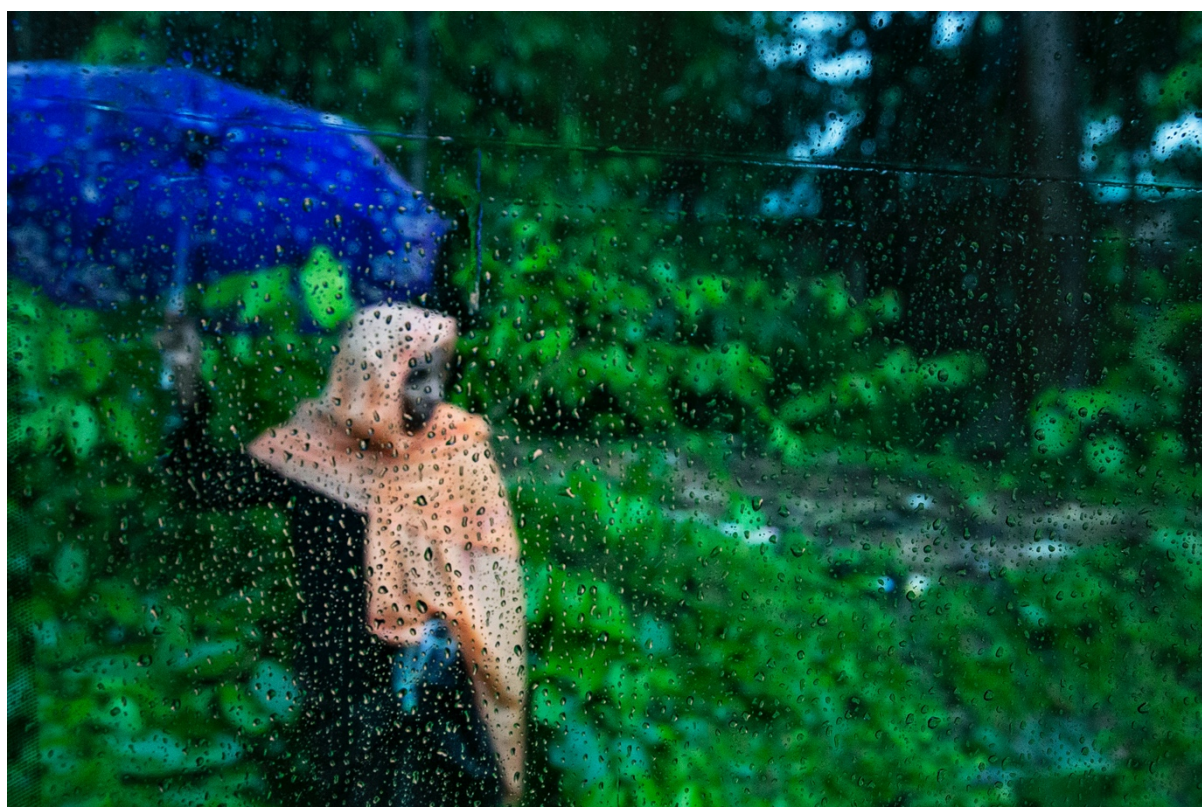


Photo: UN Women/Allison Joyce

¹ Safe and Fair. 2020. [Policy Brief: Coordinated Quality Services for Ending Violence against Women Migrant Workers](#).

² ILO and UN Women. 2021. Risks of Violence against Women in the Migration Cycle and Services that Need to be in Place throughout the Migration Cycle.

Social isolation from family and friends and lack of language skills, coupled with negative stereotypes and discriminatory beliefs about migrant workers (e.g. that they take national people's jobs; that their work is of low value; and that they pose a security risk)³ create stress for women migrant workers. Working circumstances in turn can further isolate women from their social support networks. For example, domestic workers could be isolated in their employer's house without having interactions with friends or community members, or their employers could limit their mobility by keeping passports and limit their use of mobile phones or computers. Many migrant women have reported increased anxiety, depression and worry – which can further impact their short and even longer-term mental health.⁴

Women migrant workers also face more serious situations, such as experiencing violence, harassment, and trafficking linked with co discrimination and gender inequality which limit their access to safe and regular migration.^{5,6} Violence, harassment and trafficking are violations of a person's rights and have severe mental health consequences that can last for many years (even lifetimes), resulting in lost productivity, lower social functioning, and in severe cases, suicide.⁷



Photo: UN Women/Bangladesh

³ ILO. 2019. [Changing Attitudes and Behavior Towards Women Migrant Workers in ASEAN: Technical Regional Meeting.](#)

⁴ World Health Organization. 2017. [Women on the move: Care work and health.](#)

⁵ ILO and UN Women. 2021. [Risks of Violence against Women in the Migration Cycle and Services that Need to be in Place throughout the Migration Cycle.](#)

⁶ UN Women. 2021. [From evidence to action: tackling gender-based violence against migrant women and girls.](#)

⁷ World Health Organization. 2021. [Violence against Women.](#)

The COVID-19 pandemic affected mental health

The major social and economic disruptions caused by COVID-19 exacerbated mental health challenges for many people, including women in the region. A survey on the gendered effects of COVID-19 conducted by UN Women in 2020 found that the pandemic was affecting the mental health of as many as 66 percent of the female population in the Asia-Pacific region, compared to 58 percent of males.⁸ Another big data study found that 80 percent of internet searches in three migrant dense neighborhoods in Malaysia, Singapore and Thailand were tied to mental health concerns.⁹ Mental health impacts of COVID-19 could be attributed to a number of factors, including: increased economic pressure from rising costs and income losses, job insecurity, greater burdens of care, discriminatory attitudes towards migrants of Asian descent and for some the inability to reunite with family during a scary and uncertain time.

Economic pressure escalated

A brief focusing on the experiences of migrant workers during COVID-19 found that among women migrant workers in the ASEAN region who remained employed during the pandemic, some had been forced or coerced to continue working in unsafe conditions and/or without sufficient protective equipment, while others were trapped in countries of destination and unable to reunite with family members, including those who needed care and support.¹⁰ For many, their ability to stay and continue working abruptly ended. Throughout the region, many businesses ceased operations or reduced working hours. Tens of thousands of migrant workers from Cambodia, Lao People's Democratic Republic and Myanmar travelled back from Thailand to their home countries in response to the sudden social distancing and mobility restriction measures placed to control the pandemic.¹¹ A study conducted by Cambodia Women's Crisis Center in 2021 revealed that, of 701 returned women migrant workers from Thailand, over 80 percent did not have sufficient income upon their return.¹² The uncertainty about the future and lack of guaranteed employment have been associated with increased stress, anxiety, depression and burnout.¹³

While the level of stress increased during the COVID-19 pandemic, women migrant workers were often reluctant to ask for support or raise concerns due to the fear of losing their jobs and their income. Some adopted unhealthy coping mechanisms, such as alcohol consumption or overworking (e.g. long working hours, increased workloads and performing tasks that were not part of their job descriptions) with the aim of keeping their job.¹⁴

⁸ UN Women. 2020. [Unlocking the lockdown: The gendered effects of COVID-19 on achieving the SDGs in Asia and the Pacific.](#)

⁹ Quilt.AI, Spotlight Initiative and Women Count. 2020. [COVID-19 and Migrant Women and Men: Evidence from big data analysis.](#)

¹⁰ ILO. 2020. [Experiences of ASEAN Migrant Workers during COVID-19: Rights at Work, Migration and Quarantine during the Pandemic, and Re-migration Plans.](#)

¹¹ ILO. 2020. [COVID-19: Impact on migrant workers and country response in Thailand.](#)

¹² Cambodia Women's Crisis Center. 2021. Study on the Impact of COVID 19 on the Livelihoods of Women and Girls in Cambodia.

¹³ ILO and UN Women. 2020. [Covid 19 and women migrant workers in ASEAN.](#)

¹⁴ ILO. 2020. [Managing work-related psychosocial risks during the COVID-19 pandemic.](#)

Risks for violence against women rose

Women migrant workers are at a high risk of exploitation, violence, harassment and trafficking linked with gender inequality and discrimination based on factors such as race, ethnicity, nationality, language, age, migration status, sexual orientation and job type or sector, among others.

In many countries, an increase of violence against women was observed throughout the pandemic. According to UN Women, some service providers who support survivors of violence reported receiving nearly a thirty percent increase in calls from women seeking help.¹⁵ Women's organizations reported that many women were facing greater violence due to stressors associated with COVID-19, while being confined to their homes (where the abuse was occurring) as part of the disease control measures. In parallel, though desperately needed, regular support services were closed or severely restricted with lack of freedom or privacy to call for help.



Photo: UN Women/M R Hasan

From a global survey conducted by UN Women between April and September 2021, 27 percent of women reported that they or a woman they knew experienced a form of violence since the COVID-19 pandemic.¹⁶ Women who reported this were 1.3 times more likely to report increased mental and emotional stress than those who did not and that they felt less safe in the home and in the community. Women who were unemployed reported more experiences of violence and felt less safe at home and in public spaces.¹⁷ Some women

¹⁵ UN Women. 2020. [Action Brief: A Guide for Action to Stem Increasing Violence Against Women amid the COVID-19 Pandemic in Asia and the Pacific.](#)

¹⁶ UN Women. 2021. [Measuring the shadow pandemic: Violence against women during COVID-19.](#)

¹⁷ *Ibid.*

migrant workers returning from abroad were also feared to have COVID-19, resulting in families and communities discriminating against them, diminishing support for their full reintegration into the community.

Women's care work increased

Even before the pandemic, women across the globe spent about three times as many hours on unpaid domestic work and care work as men.¹⁸ During the COVID-19 pandemic, the responsibility for care work had increased and fallen disproportionately on women. For domestic workers (who are mostly women¹⁹) this meant significant increases in their workloads. In the Asia-Pacific region too, women traditionally carry higher care burdens than men, spending more than four times the amount of time on caring for children, the elderly and those who are sick.²⁰ School closures and increases in the number of people that fell ill, coupled with discontinuation of home care and caregiver support services created extra stress and difficulties in balancing work and family responsibilities.²¹

Domestic workers reported being overburdened with additional duties, no overtime pay, and foregone payments for leave days during lockdowns.²² During the COVID-19 pandemic, providing care work to the sick at home had its own risks to being exposed to the virus. Women migrant workers also constituted a large proportion of essential public service workers, especially in the health and social work fields. Women make up roughly 70 percent of health-care workers globally and 80 percent of nurses in most regions- roles in which they have particularly close and prolonged contact with sick patients.²³ Many of the women migrant workers in these fields were at increased risk of contracting COVID-19 in the workplace, especially where personal protective equipment was not available or in short supply, causing additional stress.

¹⁸ UN Women. 2020. [Whose time to care: Unpaid care and domestic work during COVID-19.](#)

¹⁹ ILO and UN Women. 2020. [Policy Brief: COVID-19 and women migrant workers in ASEAN.](#)

²⁰ ILO and UN Women. 2020. [Policy Brief: COVID-19 and women migrant workers in ASEAN.](#)

²¹ ILO and UN Women. 2020. [Policy Brief: COVID-19 and women migrant workers in ASEAN.](#)

²² International Domestic Workers Federation. 2020. [The Impacts of COVID-19 on Domestic Workers and Policy Responses.](#)

²³ World Health Organization. 2019. [Gender equity in the health workforce: Analysis of 104 countries.](#)

How Do We Make a Difference?

Enhancing front-line service provider skills

Experience has shown that front-line service providers are a critical link to providing survivor-centered psycho-social support to women migrant workers both as part of their regular case work and through referrals to more specialized mental health services where needed. Skilled psycho-social support interventions improve the well-being of survivors who often experience a myriad of mental health consequences from the violence and harassment they have suffered.



Photo: UN Women/Ploy Phutpheng

Crisis service providers in Cambodia, Indonesia, Laos, Malaysia, Myanmar, the Philippines, Thailand, and Viet Nam are often first points of contact for survivors and have a critical role to play in creating psychological safety and an entry point for further services. Enhancing skills to ensure that this is done in a survivor-centred way can reduce women migrant workers' distress, anxiety and trauma – improving their immediate and longer-term mental health. In the context of COVID 19, rapid changes were required to continue making this support available, including through mobile and online modalities. Specifically, partners were engaged to strengthen their skills in supportive communication, such as active listening, non-blaming language and using healing statements. Trainings included: understanding the dynamics of violence against women (including in the context of migration); how to deliver support remotely; identifying specialized treatment needs; and making referrals.

Learning from the rapid adaptations that emerged at the onset of the COVID-19 pandemic required pivoting interventions and support, including: 1) the development and roll-out of

guidance on how to safely move in-person crisis intervention services to online methods, a process that has complex technical and safety requirements; 2) prioritization of safety planning skills in a context with limited mobility and lockdowns; 3) extension of hotlines and helplines to ensure they were available, operational, and employed appropriate technology with safety and security considerations and 4) assurance of the availability of personal protective equipment to support the continuity of essential in-person life-saving services.

Engaging CSOs that work with women migrant workers



Photo: Media Active/Nicholas Axelrod

During the COVID-19 pandemic, expanded partnerships with CSOs, women's networks and community-based organizations have been crucial to ensure the emerging and unique needs of women migrant workers were being addressed in a timely and adequate manner. These networks – many of which are led by women migrant workers - have served a key role in ensuring women's needs were prioritized, and that their voices were heard. CSOs are on the front-line and have direct engagement with women migrant workers, being the first to learn about the realities of their situation, helping the community to identify and meet their needs, providing direct services and promoting peer support.

Peer networks initiated by CSOs are an invaluable source of psycho-social support for women migrant workers²⁴. Through peer networks women migrant workers and their family members get informal support through trusted communication, information sharing, and learning from each other in safe spaces. This has proven critical when dealing with complex and sensitive issues, such as violence and harassment. Across countries networks have been established that are providing spaces for women migrant workers to support their peers. Since the inception of the Safe and Fair programme, over 130,000 users of community-based and women-led networks have been supported to take an active role in preventing VAW and trafficking.



Photo: UN Women/Fiji

In **Indonesia**, staff crisis services and women's networks working in West Java improved their understanding on the linkages between violence against women, trafficking and migration in order to better leverage women migrants' rights, mitigate the risk factors for violence and strengthen strategies to prevent and respond to abuse. Ongoing collaboration also provided opportunities to continue dialogue and share learnings among women in different contexts to improve their practices.

Safe shelters enhanced women's groups to strengthen the supportive environment for peer support. The Rumah Perlindungan Trauma Center (RPTC) organized group therapy sessions and rehabilitation activities for returning women migrant workers that had experienced

²⁴ Ho KHM, Yang C, Leung AKY, Bressington D, Chien WT, Cheng Q, Cheung DSK. 2022. [Peer Support and Mental Health of Migrant Domestic Workers: A Scoping Review](#)

violence. Through these mechanisms, women have been emboldened to take on community roles, offering support and strength to their peers , sharing advice and experiences on the different challenges they had faced and overcame, upon their return.

In the **Philippines**, the [Babaeng Biya \(hero\)](#) project set up psychosocial support teams to expand their helpline and online assistance to women migrant workers and service providers during the COVID-19 pandemic. Psychosocial support services include psychological first aid, emotional and practical support, and more formal online counselling. Essential services in turn, have included social services, police and legal assistance, and provision of economic support. The case management team also helped returning migrants to explore and navigate their options related to the reintegration process back home.



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The joint ILO-UN Women Safe and Fair Programme: Realizing women migrant workers' rights and opportunities in the ASEAN region (part of the multi-year EU-UN Spotlight Initiative to Eliminate Violence Against Women and Girls) undertook a qualitative study involving potential and returned women migrant workers in four countries of origin in the ASEAN region – Cambodia, Indonesia, Myanmar, and the Philippines. The study covers intra-ASEAN labour migration, including women who intended to migrate to, or had just returned from, Malaysia, Singapore, or Thailand. The study provides insight into women migrant workers' use of mobile phones, and how women migrant workers could access more accurate information throughout the migration process and increase their connections with peers.

The Spotlight Initiative is a global, multi-year partnership between the European Union and the United Nations to eliminate all forms of violence against women and girls by 2030. It is the world's largest targeted effort to end all forms of violence against women and girls. Launched with a seed funding commitment of €500 million from the European Union, the Spotlight Initiative represents an unprecedented global effort to invest in gender equality as a precondition and driver for the achievement of the Sustainable Development Goals. As a demonstration fund for action on the Sustainable Development Goals, the Spotlight Initiative is demonstrating that a significant, concerted and comprehensive investment in gender equality and ending violence can make a transformative difference in the lives of women and girls.

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