



**Redressing Gendered Health  
Inequalities of Displaced  
Women and Girls**

Preliminary results: ReGHID  
Survey-Honduras.

## Health status and Mental Health during Displacement

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## Preliminary results: ReGHID Survey-Honduras

A study of the sexual and reproductive health of returnee migrant women

### Health status and Mental Health during Displacement

Health status defined as a state of complete physical, mental and social well-being is explored by the ReGHID study through the use of different self-reported indicators in migrant women and adolescent girls<sup>1</sup>. This brief report shows changes associated with the self-perceived health status variable before migration (in home country), during displacement (transit countries) and at the end of their migratory journey. Changes in mental health and the impact of the migratory journey on this indicator are also included.

The results showed that approximately over half (54%) of the women and adolescent girls who undertook a migratory journey from their origin country experienced some changes in their health status (Tab.1).

Table 1. Changes in health status during the migratory journey by the last country reached

| Change in State of Health | Last country reached |       |     |       |       |       |
|---------------------------|----------------------|-------|-----|-------|-------|-------|
|                           | Mexico               |       | USA |       | Total |       |
| No Change                 | 375                  | 58.1% | 293 | 49.7% | 668   | 54.1% |
| Some Change               | 266                  | 41.2% | 275 | 46.6% | 541   | 43.8% |
| N/A                       | 4                    | 0.6%  | 22  | 3.7%  | 26    | 2.1%  |
| Subtotal                  | 645                  | 1%    | 590 | 4%    | 1235  | 100%  |

The group of migrant women who reached the United States reported a greater percentage (46%) of changes in their health status during displacement compared to women that could only reach Mexico. Roughly 60% of this later group showed no changes on their health status in the migratory journey (Tab.2).

<sup>1</sup> Survey implemented in collaboration with International Organisation for Migration (IOM). Sample size was 1,235 returnee woman and adolescents in Returnee Reception Centres in San Pedro Sula, Honduras. June-July 2022. See infographic and preliminary report of ReGHID survey in the following link <https://gcrf-reghid.com/publications/>

Table 2. Type of changes in state of health between country of origin and the end of the migratory journey, by country from which they were returned

| Type of change in health status | Last country reached |       |     |       |       |       |
|---------------------------------|----------------------|-------|-----|-------|-------|-------|
|                                 | Mexico               |       | USA |       | Total |       |
| No Change                       | 392                  | 60.8% | 310 | 52.5% | 702   | 56.8% |
| Deterioration in health         | 224                  | 34.7% | 246 | 41.7% | 470   | 38.1% |
| Improvement in health           | 25                   | 3.9%  | 14  | 2.4%  | 39    | 3.2%  |
| N/A                             | 4                    | 0.6%  | 20  | 3.4%  | 24    | 1.9%  |
| Subtotal                        | 645                  | 100%  | 590 | 100%  | 1235  | 100%  |

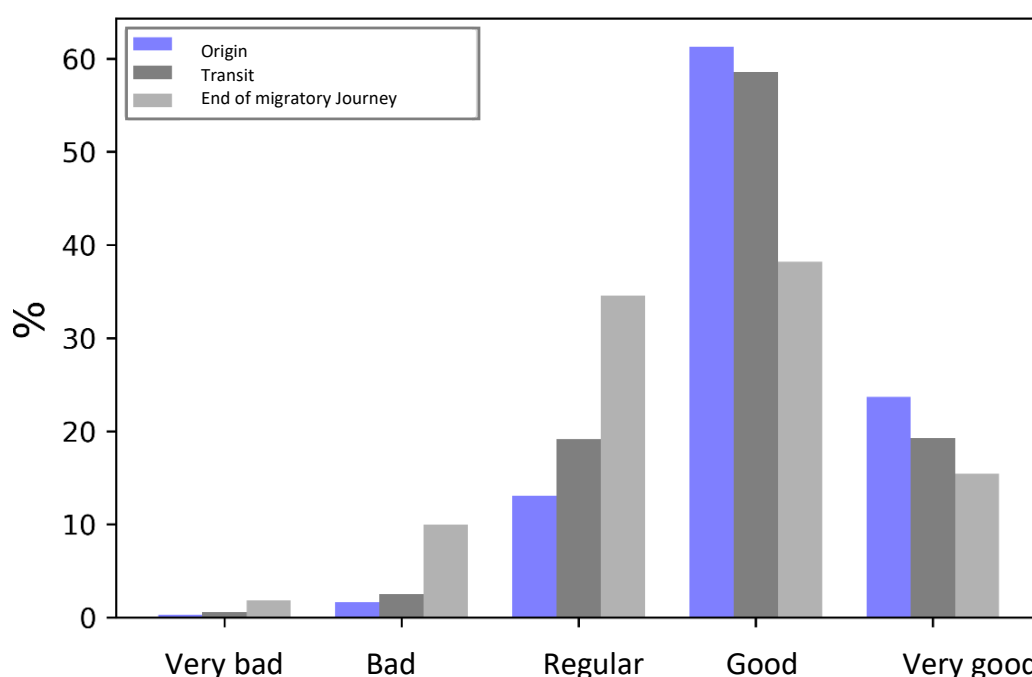
Note: the difference in the total number of women who had a change in their status (Tab.1) and the associated type of health change (table above) is due to unrecorded information on the initial and final status in some interview statements that couldn't make possible identify the type of change.

In regards of the type of change in the health status of Honduran migrant women and adolescents in displacement, data showed that health deterioration was 7% higher (42%) in women who reached United States compared to those that only reached Mexico (35%). Output that could be associated with the duration of the migratory journey and risks associated during displacement through Mexico.

### Self-reported Health Status and Mental Health

The self-perceived health status of Honduran returnee women captured by the ReGHID survey shows significant variation between reported health status at the beginning, during displacement and at the end of the migration journey (Fig. 1).

Figure 1. Self-Assessed State of Health as Reported by Migrants Surveyed



Note: A total of 1213 interviewees answered the 3 questions used to create this graph. The remainder (N=22) left the question blank.

Overall, a notable deterioration in the self-reported health status of migrant women is observed. The “Good” health status reported before leaving home country (60%) decrease remarkably 20% at the end of the displacement.

In relation to mental health, results of the survey showed quite clear repercussions of the migratory journey over mood state of interviewed women (Tab.3). 47% of returnee women indicated that the migratory journey had a negative effect on their mood. Meanwhile the other 50% reported any type of effects.

Table 3. Effect of Migratory Journey on Mood by Condition of Travel

| Effect on Mood | Travelling condition |       |                        |       |                          |       |       |       |
|----------------|----------------------|-------|------------------------|-------|--------------------------|-------|-------|-------|
|                | Travelling alone     |       | Travelling with others |       | Travelling with children |       | Total |       |
| No             | 370                  | 56.7% | 120                    | 55.3% | 111                      | 32.3% | 601   | 49.5% |
| Yes, Negative  | 260                  | 39.9% | 87                     | 40.1% | 227                      | 66.0% | 574   | 47.3% |
| Yes, Positive  | 21                   | 3.2%  | 10                     | 4.6%  | 4                        | 1.2%  | 35    | 2.9%  |
| N/A            | 1                    | 0.2%  | 0                      | 0.0%  | 2                        | 0.6%  | 3     | 0.3%  |
| Subtotal       | 652                  | 100%  | 217                    | 100%  | 344                      | 100%  | 1213  | 100%  |

Among all migrant women, the group of women travelling with children experienced the greatest changes in their mood. Results revealed that two out three Honduran migrant women travelling with their kids had negative consequences in their mental health. Additionally, when is compared returnee women by the last country they were able to reach, potentially country of deportation, it is showed that women who reached the United States were those who experienced a more negative effect on their mood (Tab. 4).

Table 4. Effect of Migratory Journey on Mood by las country reached

| Effect on Mood | Last country reached |       |     |       |       |       |
|----------------|----------------------|-------|-----|-------|-------|-------|
|                | Mexico               |       | USA |       | Total |       |
| No             | 400                  | 62.4% | 201 | 35.1% | 601   | 49.5% |
| Yes, Negative  | 213                  | 33.2% | 361 | 63.1% | 574   | 47.3% |
| Yes, Positive  | 27                   | 4.2%  | 8   | 1.4%  | 35    | 2.9%  |
| N/A            | 1                    | 0.2%  | 2   | 0.3%  | 3     | 0.3%  |
| Subtotal       | 641                  | 100%  | 572 | 100%  | 1213  | 100%  |

The data reported (Tab 5) that the degree of mood affectations ranged from "fair" to "very much" (with values close to 45% at both levels of gradualness). These results indicate significant negative repercussions of the migratory journey on the mental state of migrant women in displacement. In addition, more than 40% of the women returnees had their physical health affected by displacement.

Table 5. Effects of the migratory process (current or prior) on interviewee state of health and mood.

| Effects of migratory journey experiences on physical health <sup>1</sup> | Total | %    |
|--|-------|------|
| Yes  | 500   | 41.2 |
| No   | 713   | 58.8 |
| Level to which mood was affected <sup>2</sup>                            |       |      |
| A little   | 56    | 9.2  |
| Neutral  | 269   | 44.2 |
| A lot  | 283   | 46.5 |

<sup>1</sup> A total of 1213 interviewees answered this question. The remainder (N=22) left the question blank

<sup>2</sup> Question asked of the 609 interviewees who had reported that migratory experiences had affected their mood – negatively or positively. One interviewee left the question blank.

Overall, the indicators explored in this section showed variously the impact of the migration journey on the health status of migrant women. The most important repercussions reported were identified in the mental health status of women and adolescent girls compared to their self-perceived health status. The most affected groups were mothers in the company of their infants during displacement and the group of women whose last country of the migratory journey was the United States.



## Recommendations

The results of the health conditions of displaced Honduran migrant women and adolescent girls show clear signs of a significant deterioration in their general health status and, in particular, their mental health status. Considering mental health as a public health issue, specific actions are urgently needed in situations of human mobility to mitigate the adverse effects of the migratory journey and its stressors (including pre-existing conditions or mental disorder in the origin country prior to displacement).

Among the strategies to be implemented, the World Health Organisation (WHO) recommends a multidisciplinary approach in its [Global Plan of Action 2019-2023](#) to promote the health of refugees and migrants in line with the Sustainable Development Goals. Considering the empirical evidence from the ReGHID study in Honduras and the framework for action on mental health, the following recommendations are listed to respond to the needs of migrant women in displacement:

Inform the migrant population, especially women and adolescents about risks and adverse situations during displacement, including information about the characteristics of the migratory route, factors associated with the displacement and migration and places to access services or seek help. Inform about the factors that can potentially impact mental health and general health status, indicating the likely consequences according to population groups (by age, gender, migratory status, etc.). In this sense, the migrant population can be informed about the current migratory framework and how to access services along the migration route (when leaving their country of origin, during transit countries and upon arrival in the planned country).

Facilitate access to mental health services during movement. Provide information about their rights in relation to mental healthcare and how to obtain the necessary medical attention. Disseminate this information to at-risk groups (unaccompanied minors, women travelling alone with younger children, LGBTIQ+ persons, etc.). Facilitate communication between groups considering cultural (language) barriers, guarantee the availability of services without discrimination and ensure person-centred care with respect and recognition of their cultural diversity.

Integrate mental health care within the primary health care system with gender relevance and ensuring the continuity of care for migrants within host countries. These actions also include social integration initiatives considering social determinants of health and their interaction with gender.

This action plan must be adapted to the specific needs of each segment of the migrant population (regardless of their irregular, regular, refugee or other status) according to the characteristics of the migration corridor and their interaction (health, gender and territory). Lastly, ensure the consistency of migrant health strategies within mental health policies in host countries.