

Tunisian Forum for Economic and Social Rights

IN SEARCH OF DIGNITY



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Violence against sub-Saharan migrant women in Tunisia

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Introduction

Currently, more than 258 million people live abroad all over the world⁷⁸. Nearly half of the migrants are women who are increasingly involved in independent international migration.

For almost three decades, a large number of sub-Saharan migrant women fleeing conflict zones, war-related violence, gender-based violence, extreme poverty in their countries have settled in Tunisia to seek employment to search for a better life or to transit to Europe. Because of the failure of attempts to reach European soil, Tunisia has become a country where we see developing an important illegal immigration sector.

These migrant women faced countless violations of their basic rights before leaving their countries of origin. Thus, their journeys to arrive in Tunisia are various and it's not without dangers for some.

Once in Tunisia, they face unexpected sources of insecurity and additional violence because of their vulnerable economic, social and legal situation (undocumented, extended stay). On the

⁷⁸ United Nations Department of Economic and Social Affairs – Population Division, December 2017, No. 2017/5.

other hand they face insecurity and violence because of their sexual identity as migrant women.

In fact, regular campaigns of identity checks, humiliating and degrading treatment, arrests, and pushback at the borders that give rise to many violations of the rights of migrants are added to the violence from human traffickers, employers and even fellow citizens or ordinary citizens. The situation is getting worse because of the lack of means of protection of women migrants.

The UN, in the declaration on the elimination of violence against women, defines violence against women as "any act of violence directed against the female sex, and causing or may cause to women physical, sexual or psychological harm or suffering, including the threat of such acts, coercion or arbitrary deprivation of liberty, whether in public or private life".⁷⁹

The phenomenon of violence against sub-Saharan migrant women in Tunisia and its impact on physical, psychological and mental health is often neglected or misunderstood by the public which only aggravate the question of vulnerability of these migrants by reinforcing the stigma attached to them. In fact, the increase in irregular female migration has resulted in a default association between migration and pronounced vulnerability.

In this study, we will try, through a qualitative exploratory study conducted in September- October 2019, to demystify some

⁷⁹United Nations Division for the Advancement of Women, 2003, Report of the Consultative Meeting on "Migration and Mobility, and How these Movements Affect Women", Malmo, Sweden, 2-4 December 2003.

recurring stories related to migration and gender issues. In particular, all issues related to gender-based violence against migrant women and girls by several actors as well as existing care services that are little discussed or currently poorly documented in Tunisia. The purpose of this paper is therefore to draw attention to the problem of violence against migrant women and girls and to take stock of the situation of gender-based violence in Tunisia by highlighting information concerning this issue. We will also highlight a key message that should be conveyed and reflected on, namely based on the fundamental rights of migrant women, regardless of their legal situation, to benefit from human treatment and to have access to health care and satisfaction of other specific needs. To achieve the purposes of this study, we will answer the following questions:

1. What forms of violence are suffered by sub-Saharan migrant women living in Tunisia?
3. What are the barriers to health care faced by migrant women and what solutions are available?
4. What role is civil society currently playing and is it able to play a significant role in supporting the enhancement of the security of migrants?

Methodological approach and selection of respondents

Contact with the respondents: With the help of the Association of African Students and Trainees in Tunisia (AESAT) and the Cultural Club Association Ali Belhouane (CCAB).

Investigative technique: Semi-directive interviews and focus-group.

Profiles of respondents

- Twenty-six migrant women from sub-Saharan Africa aged between 18 and 45 years old: single women migrants, separated from their spouses who remained in the country of origin, single mothers, single-parent families (women with children), divorced women.

- Six sub-Saharan women migrant aged between 15 and 17 years old.

We can classify the migrant women surveyed under several categories, including: female workers, female students, women who have left their country in the context of family reunion, irregular migrant women, women who have been trafficked. The boundaries between these various categories are obviously fluctuating and some women may belong to more than one category at a time. For example, a student may find herself in an irregular situation. Similarly, migrant women in a regular situation may become irregular migrants due to the expiry of their residence permit.

- A group of 6 people working in the public health sector.
- A group of actors representing civil society associations and organizations that have contact with Sub-Saharan migrants including Médecins du Monde (MdM), Maison des Droits des Migrants (MDM), CARITAS, Terre d'Asile, Tunisian Red Crescent (CRT), National Office of the Family and Population (ONFP).

Nationalities of respondents

Ivory-Cost, Mali, Senegal, Central African Republic, Cameroon and Niger.

Objectives of the study

- Determine the drivers of sub-Saharan female migration in Tunisia;
- Explore and draw attention to the forms of violence suffered by sub-Saharan migrant women in Tunisia;
- Better identify the barriers to access to health care;
- Understand the role and intervention of civil society actors: possibilities, limits and future projects;
- Better understand the attitude of civil society organizations towards the violations suffered by sub-Saharan migrant women in Tunisia and their practices to support them.

Encountered difficulties

- The apparent absence of thorough investigations into all cases of ill-treatment, prosecution or violence against regular and irregular Sub-Saharan migrants in Tunisia;
- The difficulty of identifying migrant women who are victims of violence for investigation. We had to go through their fellow citizens who have a legal status to facilitate meetings with surveyed migrant women.

1. REASONS FOR EMIGRATION AND LIVING CONDITIONS OF MIGRANT WOMEN IN TUNISIA

1.1 Reasons for emigration

Four typical profiles are drawn in our sample:

1. People seeking security and preservation of their physical integrity because of conditions of high insecurity in their countries of origin;
2. Women migration on the grounds of higher education (this reason is often transformed into an economic motive);
3. Migration for economic reasons (intention to settle in Tunisia): work or search for a job;
4. Transit to Europe (intention to leave for the migration project but currently unable to continue their journey for lack of money or because they were victims of trafficking).

1.2 Conditions of residence and integration

Residence status: Apart from students and some domestic workers who have a legal status, the majority of surveyed migrant women are in an irregular situation without having residence visas. This status strongly impacts the lives of these migrants. They live in a situation of severe trauma.

Accommodation: Some migrant respondents reported that they were initially hosted by friends in the host country who often provide help and assistance (money, accommodation, and counseling) to newcomers. We note here the presence of a form of solidarity that reflects a very strong social and cultural community relationship. This solidarity impacts the resilience of migrant women victims of violence in the face of hardship.

The social bonds of most of the migrant women encountered are woven within their communities. Relations with the Tunisian population are quite confrontational.

Work: Most of the migrants we met do domestic work or are unemployed (mainly migrant victims of trafficking who have fled their abusers), others are in a situation of hidden unemployment. For the rest, the work is in most cases degrading, lived as such, is done in difficult conditions and almost all poorly paid.

According to the results of our survey, sub-Saharan migrant women perform the following tasks: domestic helpers, babysitters, hairdressers, waitresses, workers in restaurants and cafes, workers in massage centers, etc.

Sub-Saharan migrant women represent a labor force at very low prices, not enjoying a contractual relationship and, above all, not benefiting from social security coverage. This is a cornerstone of the precariousness of the vast majority of migrants of sub-Saharan origin in Tunisia.

Migrant women experience advanced forms of socio-professional exploitation. Their social situations disqualify them in relation to access to the labor market.

1.3 Ignorance of rights

The irregularity and the lack of knowledge of their fundamental rights⁸⁰ lead to inability to mobilize the support opportunities

⁸⁰ ARAISSIA Hajer, 2019, « Les réfugiées syriennes en Tunisie : Difficultés d'accès aux droits économiques et sociaux », In « *Les cahiers du FTDES* », *Cahier N°1 Migration*. pp102-117, p112.

that exist around them and to overcome the difficulties they have experienced. This issue impacts their living environment and creates a psycho-sociological situation which is painfully experienced. There is a strong causal relationship of precariousness that exists between professional situation and social condition, accentuated by the couple fear-misunderstanding.

2. FORMS OF VIOLENCE SUFFERED BY THE MIGRANT WOMEN SURVEYED

Migrant women surveyed face and endure multiple forms of daily violence from public authorities, employers, ordinary citizens or even from their fellow citizens. These acts of violence are at the origin of malaise and acute depressive states among migrant women. The intensity of this malaise is correlated with the judicial situation and with the socio-economic situation.

"I have faced a variety of threats to my health such as physical injury, malnutrition, lack of shelter and psychological problems related to discrimination and racism". Hayati, 22 years old, Ivory-Coast.

2.1 Violence by the public authorities

The violence exerted by the public authorities is manifest, according to the surveyed migrant women, in:

- Inhuman and degrading treatment during arrests;
- Brutal arrests and refoulement;

- Accumulation of penalties which forces them to work in inhuman conditions to be able to pay the fines due to the overstaying.

In this context an Ivorian migrant confesses the following: *"We do not find any problem to enter Tunisia legally but we fall very quickly into the irregularity because of difficulties in obtaining residence documents. This situation exposes us to the accumulation of fines and brutal arrests by the police "*. Fatimatou, 24 years old, former student, Ivory Coast.

- Impossibility of recourse to justice in a different case with whoever is or in case of aggression and violence suffered by migrant women;
- Adoption of a purely security approach during arrests;
- Poor reception and the obligation to pass the HIV test (public health services);
- Discrimination while complaining to police stations (always considered as carrying the HIV/ AIDS virus).

2.2 Violence exerted by employers

The migrant women surveyed reported several types of violations perpetrated by their employers. These are mainly migrant women who were victims of trafficking. Among these violations we quote:

- Moral (badly treated) and physical violence (beaten, assaulted);
- Inadequate food and sleep deprivation;

- Deprivation of their papers which leads to the difficulty or even the impossibility of leaving the work environment and the Tunisian territory.
- Harassment, sexual abuse and threats of sexual assault;
- Domestic servitude (they are enslaved by their employers who force them to work day and night without a sufficient rest period);
- Very limited access to health care;
- Absence of social support;
- Absence of a contract which defines the tasks and conditions of work and they have no opportunity to leave oppressive working conditions;
- Poorly paid, unable to manage their money (they can't transfer their money to the remaining family members in the country of origin);
- Remuneration lower than that of men;
- No payment of salary, postponement of payment, transfer to an account to which they do not have access (in case of trafficking);
- Emotional abuse: migrant women leave their children and their families to care for other women's children;
- Without mobility, they often do not know where the consular services of their countries or the competent services are to complain ...;

Respondents reported that there was no possibility of leaving the oppressive working conditions for fear of once again falling into the hands of traffickers especially since they are undocumented and know nothing about the country.

"Several Ivorian girls, Malian, Congolese, etc. come with false contracts, they are recovered at the airport, deprived of their papers, of freedom, they discover that they have debts to repay and discover another reality, it is the whole process of trafficking here: with physically and morally abused people, working too much, who, when they are sick, do not receive health care ". Imen N., IOM.

"It is very difficult for migrant women to escape a violent relationship or to seek help from the relevant authorities in the country of destination. Employers can easily employ young women in this situation with the threat of depriving them of the right to stay in the country to prevent them from leaving. These migrant women, who are dependent on their employers, are particularly vulnerable to physical and psychological violence, but are often reluctant to file complaints officially because of language barriers, family pressure, isolation or cultural traditions, as well as discrimination in police centers in case of complaints ". Kadida, 39 years old, Ivory-Cost, activist for the rights of migrants, victims of violence.

2.3 Violence exerted by of ordinary citizens

- Humiliations, vexations, insults, physical attacks in the street, price increase (traders), refusal of rent, regular control of rented houses, etc....;
- Discriminatory behavior "unbearable and stifling treatment based on the color of the skin".

"I personally do not go out, I'm always at home, I'm afraid of going out and I have not yet contacted Tunisians. My contact with Tunisian society is very limited. Racist behavior towards us deeply touched me. The way Tunisians treat us and watch us prevents me from seeing them. We are called "Africans"! It looks like they are not Africans! ». Amina, 28, works in a restaurant, Mali.

2.4 Violence exerted by fellow citizens

Trafficking in human beings is usually done through the mediation of their fellow migrants or their fellow citizens. Some interviewees admitted that they were even forced to emigrate before leaving their country of origin. This type of trafficking is aimed at exploiting women sexually or domestically.

It is important to note that the trafficking circuit operates from a triangulation between three key actors. The first is an intermediary trafficker who is installed in the country of origin. It assures the role of the on-site recruiter of potential female victims, eligible candidates for migration. He chooses those that are easier to fall into trafficking networks.

The second actor of this triad is the trafficker who lives in the country of destination. He is a connoisseur of the field knowing how to match the local demand to the profile of the migrant candidates. Moreover the traffickers prefer poor and illiterate migrant candidates vulnerable to undergo the pressure ... In discussion with a victim, they refine an offer by arguing that it will be well paid and therefore well settled. With a poor and

illiterate candidate, the financial argument has a huge impact on the motivation to travel.

"I came to Tunisia through an Ivorian gentleman who is here. He reassured me that things are good in Tunisia and that... because everyone wants to access Europe. This gentleman told me that here in Tunisia I could quickly go to Europe ... Nobody told me about the risk of falling into the hands of traffickers ..."

Mireille, 36 years old, Ivory-Cost.

The third actor of this developed traffic is the employer. It is a local and initial applicant of the service. He has total power over a victim who, without her passport confiscated, has no connections in the new country, does not master the local language and knows nothing about national social and legal rules, is immediately bogged down in a process submission and exploitation.

The low level of professional qualification which increases the inaccessibility to labor market, the irregular situation of residence, the low incomes and the difficulties of access to health care reinforce the structural precariousness of victims of trafficking and perpetuate their potential vulnerability to various forms of exploitation and violence.

The victim is sucked into a domestication and enslavement circuit that will only be cut when she dares to leave or flee. After the escape, the victims of trafficking realize that they were subjected to violence by their own compatriots and suddenly discovering the fall of their migration project. In most cases, they do not file a complaint. It makes their situation even more fragile. Scam, exploitation and flagrant lack of knowing

what to do, create a strong sense of frustration and even cases of traumas.

It should be noted that the trafficking of human beings as a lucrative activity is apparently in an exponential movement. It benefits from a combination of local demand and migratory flow of a socio-professional layer of those from rather modest socio-economic origin and a very low level of education.

3. VIOLENCE BASED ON GENDER

Migration affects both men and women, but it does not have the same impact on both sexes. The situation of migrant women differs from that of migrant men in official migration circuits and sectors of activity: the universal prevalence of gender-based violence, the forms of abuse they experience and the consequences of such abuse. Sometimes, they do not even have access to informal work and often have to do sex work. The obstacles and dangers of migration are often different for women who face additional sources of insecurity because of the inequalities they face as women in their economic, social and political situation.

The following testimonies confirm what has been stated above: *"Violence, including sexual violence, mainly targets defenseless migrants who can't be defended precisely because they do not exist for anyone."* Tasnim F., 29, activist for rights of migrants in vulnerable situations.

"For migrant women who are victims of violence, insecurity is often reinforced by a lack of protection by the competent

authorities at national level. This lack of protection may be aggravated by the woman's situation with regards to the law (for example, women who are not in possession of a residence permit are reluctant to contact the police or the judicial services). Sexist and racist discrimination and other abuses against migrant women are not taken seriously or even recognized". F.A., Woman, working in a police station in Ariana governorate.

Testimonies on sexist discrimination suffered by migrant women

Several respondents have been victims of gender-based violence internally by their fellow citizens, mainly in the case of forced migration, where they are constantly exposed to the risk of physical and sexual assault during their journey and in the country of destination. Their rights are frequently violated, most often with impunity. *"I was forced to suffer sexual abuse as a price for traveling to Europe ... it was a horrible experience that I will never forget". Aissata B., 32, Ivory Coast.*

"As a result of sexual violence, migrant women are doubly discredited by their fellow citizens and by themselves. Several women migrants were victims of violence for a very long time before their situation was discovered. Following the repeated sexual assault, they have suffered several illegal abortions which have a negative impact on their state of health ". Dr. L. GARBOUJ, MdM.

"Some sub-Saharan women told me that they were forced to submit to an HIV test. These practices can cause the loss of their jobs or deportation in the event of positive results. Some

migrant women resort to clandestine abortion under duress or inability to access reproductive health services because obstetric care is unaffordable, which leads them to serious health risks." Midwife at the Basic Health Center - Ariana (she has direct contact with sub-Saharan migrant women).

"Sub-Saharan migrant women are seen as carriers of disease and a burden on public health systems. It is for these reasons that they are not welcome to the Tunisian public health services. They opt for NGOs to ask for help. The need for the inclusion of migrants in health systems in Tunisia is an issue that should not wait even longer." A. M., CARITAS.

Because of many reasons such as gender identity, being black sub-Saharan women migrants implies the invisibility and the violence that migrant women suffer. These victims live in an intersection of racism, sexism and discrimination that are not experienced by male migrants in the same way.

4. EXPECTATIONS OF THE MIGRANT WOMEN SURVEYED

In response to our question "What are your expectations"? Their responses were different and they vary according to their migration plans. Expectations are summarized as follows and essentially cover:

- Access to labor market and economic reintegration;
- Regularization of the residence situation including for unaccompanied minors and children born in Tunisia: *"We want to work, to have a future and to be considered as subjects of rights"*. Kady F., 35, Central African Republic.
- Granting visas to go to Europe;

- Easing or abolition of residence penalties (for those who want to return voluntarily to their country of origin);
- Effective access to health care.

Economic and social integration is the first concern of all women migrants because bed integration into the labor market can cause additional stress⁸¹. They also want to have access to health care, training and schooling for their children, etc...

5. RESULTS OF INTERVIEWS WITH HEALTH STAFF

5.1 Objectives of the interviews

- Take stock of the access of sub-Saharan migrants to public health care services;
- Identify the barriers faced by migrants seeking health care;
- Identify solutions for effective access to health care.

According to health workers surveyed, in Tunisia, access to health services for migrants is marked by multiple challenges they face.

The majority of health professionals surveyed confirmed that sub-Saharan migrants living in Tunisia are highly vulnerable to health issues because the conditions in which they live and work expose them to diseases, accidents, violence and abuse. Several barriers to access to health care services contribute to the deterioration of health status of migrants. This vulnerability

⁸¹SANSONETTI Silvia, 2016 "Female refugees and asylum seekers: the issue of integration", Policy Department for Citizen's Rights and Constitutional Affairs, 2016. 56 p, p35.

experienced by migrants is directly related to socioeconomic and legal determinants.

Difficulties of access to health care that may have an impact on their health status, essentially in the case of giving up care because of financial difficulties, fear of repercussions in the case of statements made by certain health professionals, even in the case of serious illnesses. Migrants with low skills who are in an irregular situation and who are unemployed often give up access to health care in both public and private sectors.

"The feeling of being in an illegal situation, of being criminalized, and the resulting insecurity make the migrant afraid of having to justify the regularity of his stay and thus of having to give up the need for care". Dr. Leila GARBOUJ, MdM.

5.2 Barriers to access to health care

The health professionals surveyed listed the following barriers that hinder access to health care by migrants:

- For the health system, it's about a funding problem, the lack of inclusive health policies and the absence of specific and rigorous legislation for the medical care of irregular migrants;
- For health service providers, there is an ignorance of the regulatory texts allowing migrants to access health care in public services;
- For regular migrants, it is the lack of knowledge of their rights, about accessible healthcare services and the functioning of the health system that prevent them from benefiting from this fundamental right.

- For irregular migrants may fear approaching service providers to access assistance or report abuse due to the possibility of arrest or deportation⁸².

Thus, linguistic, cultural barriers and communication difficulties, poor reception and discriminatory practices on the part of health staff, violence exerted by Tunisian patients when they attend public health services deprive them from health care access. This can be also due to laws that restrict access based on immigration status, where services are unaffordable and migrants are not eligible for state subsidies provided to citizens, or where policies in place require fulfilling impossible pre-requisite criteria for services, such as providing a national ID card or other form of identification which migrants may have trouble obtaining⁸³.

In fact, it is only students and workers with an employment contract who are covered by social security and can access to Tunisian public health services.

Legal, cultural, linguistic and communication barriers added to precariousness of living conditions and working conditions, lack of access to health and violence experienced during the migratory journey expose migrant women to greater risk of having a critical situation of physical and mental health.

Faced with the barriers mentioned above, migrant women in an irregular situation resort to NGOs to ask for their support. Among these NGOs we mention the Tunisian Red Crescent,

⁸²The International Federation of Red Cross and Red Crescent Societies (IFRC), "How barriers to basic services turn migration into a humanitarian crisis". Migration Policy report. Geneva, 2016. 32 p., p4.

⁸³ Op.cit., p5.

Médecins du Monde, Caritas, High Commissioner of Refugees (HCR), International Organization of Migration (IOM). However, even with the support of NGOs, migrant women with children are in great need of maternal and child health care and cannot consult the private sector which is considered very expensive for them.

"Personally, I believe that while migrant and mobile populations enjoy physical, mental and social well-being, they can make a substantial contribution to the economic and social development of their communities of origin and their host societies». Alexia, 33 years old, she was a former student, left university and works in a Tea Room, Niger.

5.3 Health services available and accessible for migrants

- The care structures of the first three lines includes: Basic Health Centers, Regional Hospitals and University Hospitals;
- The National public health programs includes: national program for reproductive health and family planning; national immunization program; school and university medicine; National Tuberculosis Control Program; national HIV / AIDS program.

Although these national programs do not exclude migrants, they differentiate them from Tunisian patients and they are still unknown by some migrants.

6. ROLE OF TUNISIAN AND INTERNATIONAL CIVIL SOCIETY ORGANIZATIONS IN GUARANTEEING THE RIGHTS OF MIGRANTS

Several Tunisian and other international NGOs operating in Tunisia have provided support to migrants in various fields. They have played and still play a central role in ensuring a decent welcome to migrants⁸⁴. Through coordination with other actors, they help migrants, refugees and asylum seekers to acquire basic needs such as food, health care, education, shelter, work and voluntary return to countries of origin.

"Violence against migrant women is a very strong phenomenon in Tunisia. There are few support mechanisms. Until the state ensures the protection of citizens, civil society is working on the ground". Sonia. Kh., Activist for the rights of migrants.

Among the services offered to migrant women, representatives of Tunisian and international NGOs surveyed cited the following:

- Humanitarian, socio-medical and financial assistance to migrants in adverse situations;
- Participation with other NGOs in advocating for the elimination of barriers to access to health care, improving benefits and making access inclusive;
- Awareness of issues related to the daily lives of migrants;
- Support for daily care needs and in times of crisis;

⁸⁴ BEN SEDRINE Said, 2018, « Défis à relever pour un accueil décent de la migration subsaharienne et Tunisie », Fondation FRIEDRICH EBERT en Tunisie. 90 pages, p8.

- Promotion of a favorable protection environment for refugees, asylum seekers and migrants;
- Assistance in case of voluntary return (payment of penalties, granting of plane tickets, etc.);
- Listening, advice, support and orientation;
- Support for victims of trafficking (psychological support, medical care, return assistance, orientation, etc ...)
- Accommodation;
- Restoring relations between migrant women and their families;
- Awareness and monitoring in the fight against human trafficking.

6.1 NGO's efforts are still insufficient without state intervention

Representatives of the NGOs surveyed also testified to their inability to guarantee all economic and social rights to all irregular migrants without state intervention. Knowing that some regular migrants also find enormous problems that prevent them from enjoying their fundamental rights.

"The irregular status of the migrants blocks them, it prevents them the access to a multitude of fundamental rights. We cannot, as NGOs, guarantee all rights to all migrants. Well, to the limit in terms of health, thank God, what civil society is doing is not bad, since migrants can have access to health care even in a situation of irregularity. But, I don't know, if a migrant is being abused on the street and is a victim of racism or having been sexually assaulted, and there are many cases of victims of sexual assault, they are sometimes seen in public gardens, they

can't complain because they are in an illegal situation and may be arrested because of the cumulative amounts of penalties that are of the order of 20d per week and after,... it blocks their access to their fundamental rights". Representative of Terre d'Asile.

CONCLUSION AND RECOMMENDATIONS

Tunisia has become a destination for migrants from sub-Saharan Africa and a gateway to Europe. This holds our country responsible for the establishment of a migration policy based on the Human Rights approach and not on a purely security approach because Human Rights are also those of migrants who are human beings first.

In fact, irregular migration in Tunisia is a very important sector of transnational organized crime, forced labor and human trafficking. This is confirmed by the multiple violations against sub-Saharan migrant women in our country. This reality can in no way help to promote the image of the winner of the Nobel Peace Prize, Tunisia, as a pioneering experience in the field of democratic transition and coexistence with difference.

On the other hand, it also obliges Tunisia to respect the provisions of the 2014 Constitution, particularly in its articles 38 and 46, as well as the international and regional conventions, previously ratified by Tunisia, calling for the respect of migrants' rights, namely the prevention of violations of the rights of migrant women and unaccompanied minors.

Tunisia has set up a national instance for the prevention and fight against trafficking in human beings. The Assembly of the Representatives of the People has adopted, by the majority of its members, an organic law on the elimination of violence based on gender and another law on racial discrimination, but they are still insufficient since gender-based violence against

migrant women is persisting with alarming figures on this phenomenon.

The restrictive policy coupled with the criminalization of irregular migration has accentuated violence against migrant women. For this, irregular migration must be decriminalized, because describing individuals as "illegal" contributes to increasing the negative discourse of migration and reinforces negative stereotypes against migrants. Moreover, such language legitimizes the rhetoric about the criminalization of migration which in turn contributes to isolation, marginalization, discrimination and daily abuse of migrants.

Several Tunisian and international NGOs have made the rights of migrants their field of action. Some of them try to lobby for the fight against human rights violations by focusing on migrant women in particular. They operate with foreign networks defending their rights. Despite this, the problem persists because of an anchor in the perception of the migratory problem between the civil society which privileges the humanitarian dimension, in particular the respect of the fundamental rights of the migrants and of the State which seeks to find a balance between political and diplomatic constraints and legal ones.

The prevention of violence and violations against migrant women and girls and the treatment of victims must be part of a multi-sectoral approach that involves several governmental and non-governmental actors who must work in a concerted and coordinated manner.

RECOMMENDATIONS

- Put in place a regulation of migration that guarantees respect for the fundamental rights of migrants;
- Strengthen the capacity of health professionals in the field of migrants' rights to improve services to migrants and combat discrimination and stigma against them by raising awareness and providing trainings on the following topics: reception of migrants, rights of migrants, universality of access to health care, rights of people with HIV and the principle of confidentiality, human rights of migrants, etc...;
- Strengthen the capacity of police professionals in the field of migrants' rights and the need to take seriously and fairly the complaints lodged by migrant women;
- Establishment of a communication strategy aimed at sensibilisation of citizens, authorities, health professionals, police professionals on the rights of migrants in order to improve the perception of sub-Saharan migration;
- Facilitate access to housing, transport, education, training, work and to the social and cultural integration of migrants;
- Facilitate access of vulnerable migrants to curative care of STD / HIV
- Establish conventions and bilateral agreements with migrants' countries of origin to guarantee the rights of migrants;
- Improve the conditions of detention of migrants in a situation of irregularity because migrants, including asylum seekers in detention, often suffer from health problems caused or aggravated by unsanitary conditions, length of detention and lack of regular and adequate medical assistance;

- Reform all legislation that criminalizes irregular migration, abolish the law on late arrival of penalties and facilitate the regularization of migrants in an irregular situation;
- Gather the necessary funds to take care of the needs of migrants, especially the most vulnerable (women, children, unaccompanied minors, sick, disabled, orphans, elderly, etc.);
- Tunisia international organizations and partner government parties are called upon to support Tunisia, which has become a country of immigration, in responding to migrants' emergency and vulnerability situations so that any migrant, regardless of its status, may have access, without constraint, to care services on the same footing as nationals.
- Provide special funds to be reserved for health operators (public and private) to cover the health costs provided to migrants and refugees.
- Provide medical coverage to all students regardless of their nationalities and bilateral agreements with their countries;
- Guarantee free medical examinations;
- Support the implementation of the law expressly condemning racism and discrimination, drafted in 2018, which provides for complaints and redress mechanisms for migrant women, victims of discrimination and psychological violence;
- Integrate migration into sectoral strategies of ministries with a human rights-based approach;
- Support the practical implementation of the National Migration Strategy developed in 2012 and updated in August 2017;

- Strengthen governance and networking between the various institutional and associative actors to respond to crisis and emergency situations, and to the needs of the most vulnerable categories of migrants and refugees;
- Create social services to welcome migrants who will be different from detention centers which are now unhealthy and not respectful human dignity;
- Develop communication and outreach mechanisms to provide information on the situation of migrants;
- Develop actions to change citizens' attitudes towards migrants.

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