

Time to go further: On coaxing SRHR in migration research out of its comfort zone

*M8 Alliance Webinar Series on Migrant and Refugee Health:
Sexual and Reproductive Health and Rights in Migration
Organized by the M8 Alliance
under the leadership of the Sapienza University of Rome
June 18, 2021*

Chi-Chi Undie
Population Council

Warm greetings to everyone from a chilly Nairobi.

My presentation today is really a ‘conversation starter’ which I hope will lead to further discussions on Migrant and Refugee Health. My goal is to, essentially, open up a can of worms, so to speak, and see where this might lead us.

I’m sure I’m not alone in my experience of reading publications and reports on SRHR in migration and coming away from them with the sense that we still really don’t know as much as we could or should. Our findings are still very tentative, and our gaps are still very large. Uncertainty is a common refrain.

Now – don’t get me wrong: Research on the subject of SRHR in migration is varied and has spanned decades. Yet, I don’t think we can deny that it has typically focused on small-scale, isolated studies, which, although representing an important contribution to the evidence base, are unable to lead to definitive statements about the status of SRHR in the context of migration. Indeed, I would argue that it has almost become an expectation that migrants-based research findings *will* be suggestive, rather than conclusive.

Consequently, my impression is that Research on SRHR in migration is stuck in a comfort zone of sorts.

I think there are good reasons why SRHR in migration research has been ‘stuck in a rut,’ so to speak: The settings in which this research occurs are often accurately referred to as ‘emergency’ settings, and characterized by all the features that the term ‘emergency’ connotes. It is challenging and impractical to do anything more

than is typically done in the way of research in such contexts.

However, we need to move away from this monolithic construction of what an 'emergency' or 'refugee' setting, for instance, is like. Yes, such contexts *can* be volatile, and *can* be composed of transient populations. And yes, there are debates around what the average length of stay really is for a refugee outside his or her country. Some put it at 20-26 years; others put it at 5-10 years. The bottom line is that it's often not a short amount of time. This means that, in some contexts, refugee populations are intransient enough to permit meaningful participation in more robust, large-scale surveys (and other kinds of research methodologies) that would both nudge us out of our comfort zones, but also permit us to begin to build an evidence base that is much more robust, and to design even more effective programs, as a result.

As we know, the well-known, global, robust surveys that we all know about and use in aspects of our work totally overlook refugee populations. This reinforces the notion that it's simply not possible to carry out a Demographic and Health Survey, or a Violence Against Children Survey, for instance, in these contexts.

However, with support from FCDO over the next 5 years, the Population Council, the African Population & Health Research Center, and Well Made Strategy, have come together under a consortium named 'Baobab' to attempt to fill in gaps in SRHR among refugee populations. It will do so in several ways, including through moving out of our comfort zones by implementing well-recognized surveys, such as the Violence Against Children survey; longitudinal surveys on unintended pregnancy; and abortion incidence surveys in refugee settings in the East and Horn of Africa region.

I want to emphasize that it would have been impossible to conceptualize such an endeavor without an adequate funding duration. In my engagement with UN organizations and UN implementing partners under the Regional GBV Working Group in the East and Southern Africa Region, I have learned that, for implementing partners in refugee settings a period of 18 months is often seen as a 'long-term' period by donors that focus on these settings. But this is really an insufficient amount of time for building a robust evidence base. It takes time to generate good evidence, and to test good programs.

We could not have a Baobab Research Program Consortium without a realistic program duration, nor without funding to cover such a duration. We could not have a Baobab Research Program Consortium without strong partnerships. In this vein, I want to be sure to mention that the Baobab consortium has prioritized building partnerships with other experts to ensure that our research in refugee settings is the best it can be. In addition to a range of other stakeholders, we have budding collaborations with experts who are responsible for designing the surveys we plan to conduct. For instance, we are working on an emerging collaboration with Together for Girls and the U.S. Centers for Disease Control on the Violence Against Children Survey in refugee settings, and with the Guttmacher Institute on the Abortion Incidence Survey.

As much as I believe we must venture out of comfort zones in this field, I acknowledge that longer funding periods, more robust funding, and strong partnerships between and across program specialists and researchers are essential. However, to begin inching our way out of this zone of comfort, we must first of all acknowledge that we've been comfortable for way too long, and begin to desire something different.

Now that this 'can of worms' has been opened, I will leave us with it, trusting that in this sort of 'emergency' situation, all of our expertise, creativity, innovation, and brilliant ideas will kick in, and we will begin to consider what we can do differently in order to push the envelope and go a bit further in this particular field of research.

Thank you.