

## Irregular Migration, Trafficking into Forced Marriage, and Health Insecurity

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### Abstract

*This study focuses on the lived experiences of women and girls trafficked from Afghanistan to Pakistan for forced marriages and highlights the ways they experience health insecurity associated with their exploitation. The primary data for this paper is drawn from in-depth interviews conducted with twelve women and girls trafficked from Afghanistan to the Balochistan province of Pakistan. The study showcases that the victims of trafficking are exposed to severe health risks during and after migration. As the victims lack legal status, they continue to experience exploitation and health insecurity throughout their lives.*

**Key Words:** Irregular Migration, Trafficking into Forced Marriage, Health Insecurity, Gender

### Introduction

Amid rising conflicts and political unrest in different parts of the world, human migration and associated vulnerabilities of migrants have been the focus of many scholarly discussions (see, for example, [Gazzotti, 2019](#); [Slaven, & Boswell, 2019](#); [Spencer, & Delvino, 2019](#); [Triandafyllidou & Richard-Guay, 2019](#)). Due to political and economic instability, over the last several decades, Afghanistan has been one of the leading source countries of involuntary migrants fleeing to different countries, particularly Pakistan ([Moore, & Shellman, 2004](#)). Millions of Afghan migrants, both regular (documented) and irregular (undocumented), reside on-camp and off-camp in different parts of Pakistan ([Nagra, Mustafa, & Imran, 2019](#); [UNHCR, 2019](#)). The regular migrants in one way or another may have access to health services on-camp or off-camp in Pakistan ([Kronenfeld, 2008](#)). However, irregular migrants, especially trafficked persons, are usually the ones who are unable to have access to health services and frequently remain outside the radar of humanitarian interventions. Focusing on the lived experiences of women and girls trafficked into forced marriages from Afghanistan to Pakistan, this study showcases their continued health insecurities. Although the women and girls are victims of trafficking and need protection and access to basic services, they are treated as irregular migrants and denied basic facilities, including health security.

Several studies and reports highlight that during political and economic crises women and girls are at a greater risk of exploitation in many industries, particularly human trafficking ([Bruinsma, & Meershoek, 2012](#); Shelley, 2003; UNHCR, 2001). Trafficking in persons has become one of the fastest-growing criminal activities in current times ([Potts, 2003](#); [UNODC, 2019](#)). Many countries in the world today act as a source, transit, and destination for human trafficking ([Lee, 2005](#); UNODC, 2019). Pakistan remained the main destination country for many Afghan regular and irregular migrants for the last several decades ([Ali, Sabir, & Muhammad, 2019](#); [Ishaque, Qumber, & Shah, 2017](#)).

Trafficking in human beings as a form of irregular migration has become a risk-induced emerging issue in the world that includes several insecurities including health ([Green, & Grewcock, 2002](#); [Nobil, 2008](#)). However, little work has been done on the gendered health insecurities associated with the trafficking of women and girls into forced marriages that involves irregular migration ([Malik et al., 2019](#)). Irregular migrants are perceived as

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the violators of state laws. Therefore, they are not provided legal support or health aid depriving them of their fundamental rights. Women and girls who are trafficked into forced marriages are pushed into miserable conditions which expose them to severe health risks. Irregular migration may lead to the exploitation of people in various industries due to their illegal status. Women and girls trafficked into forced marriages are forced to migrate against their consent, using irregular means by the traffickers, and remain vulnerable to exploitation throughout the rest of their lives ([Dimitriadi, 2013](#); [Schneidl, & Bose, 2016](#)).

According to the recent world migration report, published by International Organization for Migration (IOM), the movement of people through regular and irregular ways remains a widespread practice among Afghans to flee the situations of crisis ([IOM, 2019](#)). Approximately 3.9 million Afghan migrants are residing in Iran and Pakistan ([UNHCR, 2016](#)). The real estimate of irregular migrants is not known. Many Afghan migrants also use Pakistan as a transit country to enter into other countries for recovering lives ([Dimitriadi, 2013](#)). Migration of people amid situations of violent conflicts exposes them to physical and mental health risks ([Abou-Salah, & Christodoulou, 2016](#); [Jabeen, & Awan, 2017](#)), however, the gender of the migrants plays a significant role in shaping their exposure to health risks ([Suleman, 1988](#); [UNHCR, 2010](#)).

## **Research Method**

For this research, we used a qualitative research design for gaining deep insights into the vulnerabilities and insecurities associated with the trafficking of women and girls that involves episodes of irregular migration. The study focuses on the lived experiences of women and girls who are trafficked from Afghanistan to Pakistan for forced marriages and highlights how this particular form of irregular migration leads to health insecurity of trafficked women and girls. The first author of the study conducted the fieldwork for the collection of primary data in the Quetta and Zhob divisions of the Balochistan province of Pakistan. The specific area for the fieldwork was selected because these two divisions of the Balochistan border with Afghanistan and there are several routes in this area that are being used for irregular migration from Afghanistan to Pakistan. The primary data for this paper is drawn from in-depth interviews conducted with twelve women and girls who were trafficked from Afghanistan to Balochistan. For obtaining meaningful data, a purposive sampling technique was used. To conduct the interviews with the participants of this study, an interview guide was developed as a tool for data collection. The purpose of the study was explained to all the participants of the study and their informed consent was obtained to participate in this study. Each interview lasted for 60-90 minutes. To protect the identity of the participants, we use pseudonyms. Thematic analysis approach was adopted to analyze the data obtained from the in-depth interviews.

## **Political and Economic Instability and Health Insecurity**

People living in politically and economically unstable areas face severe threats to their health security. The participants of this study shared that even before their trafficking they were experiencing health insecurity, though different from the health insecurity they encountered during the course of trafficking. Afghanistan has been experiencing violent conflicts and political and economic instability for the last almost four decades due to which the health infrastructure of the country has been severely damaged. Millions of people became the victims of war in Afghanistan and migrated to Pakistan, Iran, and other countries. A significant number of health professionals also migrated to safe areas within the country or migrated to other countries ([Reilley et al., 2004](#)). The brain drain decreased the number of health professionals in the country coupled with deteriorating health infrastructure. As a result, a significant number of people do not have access to proper health services.

Due to the lack of medical services, people frequently visit Pakistan for their treatment. After the treatment or consulting health professionals, people buy the bulk of medicines before going back so that in future they might not need frequent visits. Moreover, other local people who cannot visit Pakistan for treatment, tend to use the medicine if they have similar symptoms without consulting any physician. Many times, such practices of self-medication make the conditions worse for the patients. Shagufta, 29 years old, shared as:

I lived with my parents in a rural area of Afghanistan. There was no health care center to receive health services. We often depend on the medicines used by other patients with similar diseases. Once a person would go to Pakistan for treatment, he would bring back full packs of medicines for use because other people could not

travel frequently to Pakistan due to lengthy travel and expenditures. Similarly, when I was suffering from typhoid, my parents gave me the medicines of another person. But the joint pain and headache were not treated completely. Now I am a permanent patient of headaches and joint pain in the body.

People from Afghanistan frequently travel to Balochistan and Khyber Pakhtunkhwa provinces of Pakistan for the sake of treatment. They take an appointment with physicians in Quetta or Peshawar at a particular time. However, for those who do not have prior traveling experience to Pakistan face difficulties in taking an appointment or visiting health centers because of the language barrier and unfamiliarity with the area. Many people hire a guide or an agent in these cities who provide their services for taking the patient to relevant health providers in exchange for money. These agents or guides frequently travel to border areas in search of patients. Zara, 25 years old, highlighted told:

We have no healthcare unit in our area. Those people who received treatment bring many cartons of medicines from Pakistan. People like those physicians who prescribe more medicines and change physicians if they do not prescribe any medicines. It is a common practice that other people who are suffering from similar diseases buy medicine from that person to get relief from the pain because they do not have any other options.

### **Irregular Migration and Health Risks**

Pakistan is one of the main destination countries for Afghan migrants—both regular and irregular. Those who migrated through proper channels and obtained refugee cards frequently travel to Pakistan for their business, health-related issues and some also have their residence here. Whereas, irregular migrants are those people who migrate with the help of migrant smugglers or are trafficked by human traffickers. Smugglers receive payment in exchange for providing services for crossing the borders using illicit means or through irregular routes. Whereas traffickers use deception and/or force to recruit particularly young women and girls in Afghanistan and transport them to Pakistan for exploitation generating profits. Among this stream of trafficking are also women and girls who are trafficked into forced marriages in Pakistan. Being trafficked, they do not own any legal document of migration to Pakistan and remain at the disposal of traffickers. As human smugglers and traffickers often follow uncommon deserted long and dangerous routes for travel to escape law enforcement agencies, victims of trafficking are exposed to serious health and safety risks under extreme weather conditions. During the process of migration, the victims cannot have access to any health care facility or medicine when they are unable to bear the harsh conditions; some victims even die during the migration or develop lifelong health complications ([Lori & Boyle, 2015](#); [Pashkov, Liubchenko, & Liubchenko, 2019](#)). Sabeera, a 32-year-old participant, shared her experience of migration as:

We [girls] are never asked about the choice of marriage. The majority of us are forced into marriage against our will. I am a misfortunate girl trafficked into a forced marriage in exchange for a little money. My parents and the purchaser decided to cross me the border through the chain of traffickers and smugglers. Therefore, I was taken through an irregular route to the point of destination by the agents along with other men and women. Since my childhood, I have been experiencing shortness of breath [Asthma]. Due to the long route and harsh travel, I continuously suffered from shortness of breath but none of the agents helped me for catching breath nor was there any possibility to have medicine or seek medical assistance. I was between death and life and thought I would never make it to the other end.

The availability of clean drinking water is vital for life and maintaining health. Many diseases are associated with the drinking of dirty water. Women and girls brought from Afghanistan to Pakistan by traffickers, during the travel, faced several issues including the unavailability of clean drinking water. In this regard Nazia, 24 years old participant, explained:

During my migration to Pakistan, we were given clean drinking water at the start of the journey. But later on, we were given dirty water throughout the long tedious way. I needed more water because I am a kidney patient, but the agents did not provide me clean water to drink. I suffered from kidney pain throughout the way.

The women and girls who are trafficked from Afghanistan to Pakistan continue to experience health insecurities after reaching the point of destination.

## **Trafficking into forced marriages and associated health insecurities**

Freedom from slavery or servitude and access to basic health services are basic human rights. However, the experiences of women and girls trafficked into forced marriages indicate that they are deprived of these fundamental human rights. Trafficking in human beings exposes the victims to severe human insecurities, including health insecurity. The women and girls trafficked from Afghanistan into forced marriages continue to experience exploitation during the course of trafficking and associated health insecurities. As their trafficking involves episodes of irregular migration, i.e. crossing of the border through irregular means, they are considered as illegal migrants with fewer options to have access to public health services.

Women and girls trafficked into forced marriages experience health issues in their daily lives. A significant number of the victims are trafficked at an early age for exploitation resulting in physical, sexual, and psychological violence and trauma. The majority of these girls are transited and given in marriages through illegal means that make them susceptible to further vulnerabilities living in situations of exploitation. These girls are sold into marriages through hidden channels. They face several health issues that are not taken care of by their in-laws. Their lack of documents also makes them vulnerable to health risks. Sobia, a 27-year-old participant, stated her experiences as:

I am forced into a marriage with an old man. Since I am sold into marriage, I face physical and mental abuse from my in-laws every day. In this society, males consider violence as a dose of medicine for women to control them. After my marriage, I have never seen a healthy day. Headache, restlessness, difficulties in sleeping have driven my life to miserable conditions. My in-laws have no concern about my health issues.

Women and girls trafficked into forced marriages also suffer from identity crises in Pakistan. Many women and girls were trafficked and sold into marriages in childhood involving a chain of actors, including parents, relatives, brokers, traffickers, and buyers. When the young girls are trafficked, they do not know the whereabouts of their families. Being trafficked to Pakistan, coming to a different cultural setting, and living without any documents to prove their identity, they are further marginalized as outsiders without any identity. It affects their daily lives as they are considered inferior and cannot travel elsewhere alone. Being unable to produce any formal identification document, they are unable to receive free health services in hospitals due to their illegal status in Pakistan. Salma, 22 years old participant who was trafficked in her early childhood shared her experience as:

I do not have any identity or any idea regarding the whereabouts of my family. I was sold in Afghanistan by my family and brought to Pakistan in childhood on the pretext of marriage...I cannot access hospitals for treatment because I do not have any documents to prove my identity...Even my husband could not prove my identity because I was purchased from unknown brokers. I cannot travel anywhere or leave the place of my husband...

Similarly, Nazia, 24 years old participant, told:

I am neither Afghan nor Pakistani citizen. I do not have any proof to show others who I am because I was sold when I was unaware of the importance of having an identity. The control of my life is in the hands of others. I cannot prove my identity or have a life worth living. I am unable to receive the necessary health facilities when I do not feel well.

Women and girls trafficked into forced marriages illuminated that being illegal they are denied health services in public hospitals because receiving free medicine and other health facilities require identity documents that they lack. When they face any health issue, they move to private hospitals for treatment. According to the participants, private hospitals are very expensive and their families are not willing to spend money on them as they have purchased them. The participants added that most of the time they relied on homeopathic medicines and spiritual treatment because of lack of access to public health facilities and the huge cost of visiting private hospitals. Nooria, 32 years old participant, said:

I have been experiencing health issues for the last so many years. However, I am not able to move freely and receive free health services like many local women. My in-laws do not like to spend money on my health. Therefore, I prefer homeopathic medicines because these are easily accessible and can be purchased at cheap prices as compared to other medicines. Though these medicines are not very effective, I have no other option.

Similarly, Fariha 24 years old participant, shared her experience as:

After my marriage, my husband refused to take me to a hospital for treatment. He told me to forget about

hospitals and directed me to visit a spiritual healer for spiritual treatment. I cannot ask for anything even when I am in severe pain. The only thing that is good for me is patience to bear the pain and survive the disease.

Women and girls trafficked into forced marriages had different experiences in their daily lives. Their illegal status made them vulnerable to different forms of exploitation and deprived them of health facilities. They were refused to avail health services in public hospitals and their families did not want to spend money on them for their treatment in private hospitals. Many of them had to rely on traditional homeopathic medicines and/or spiritual treatment. Otherwise, they had learned patience to bear the pain and survive the disease considering it a matter of their fate.

## **Conclusion**

Pakistan is the host country of millions of Afghan migrants. A significant number of them are irregular migrants that involve the smuggling of human beings and the trafficking of human beings. This study reveals that women and girls trafficked into forced marriages from Afghanistan to Balochistan experienced several episodes of exploitation and associated health insecurities in their home country, during migration and the course of trafficking. This study highlights the issues of health insecurities of women and girls trafficked into forced marriages that they experienced in their daily lives. The experiences of these girls were painful due to their status as irregular migrants. Although they are victims of trafficking and need protection and other services, including health services, they are considered as irregular migrants and denied basic rights.

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