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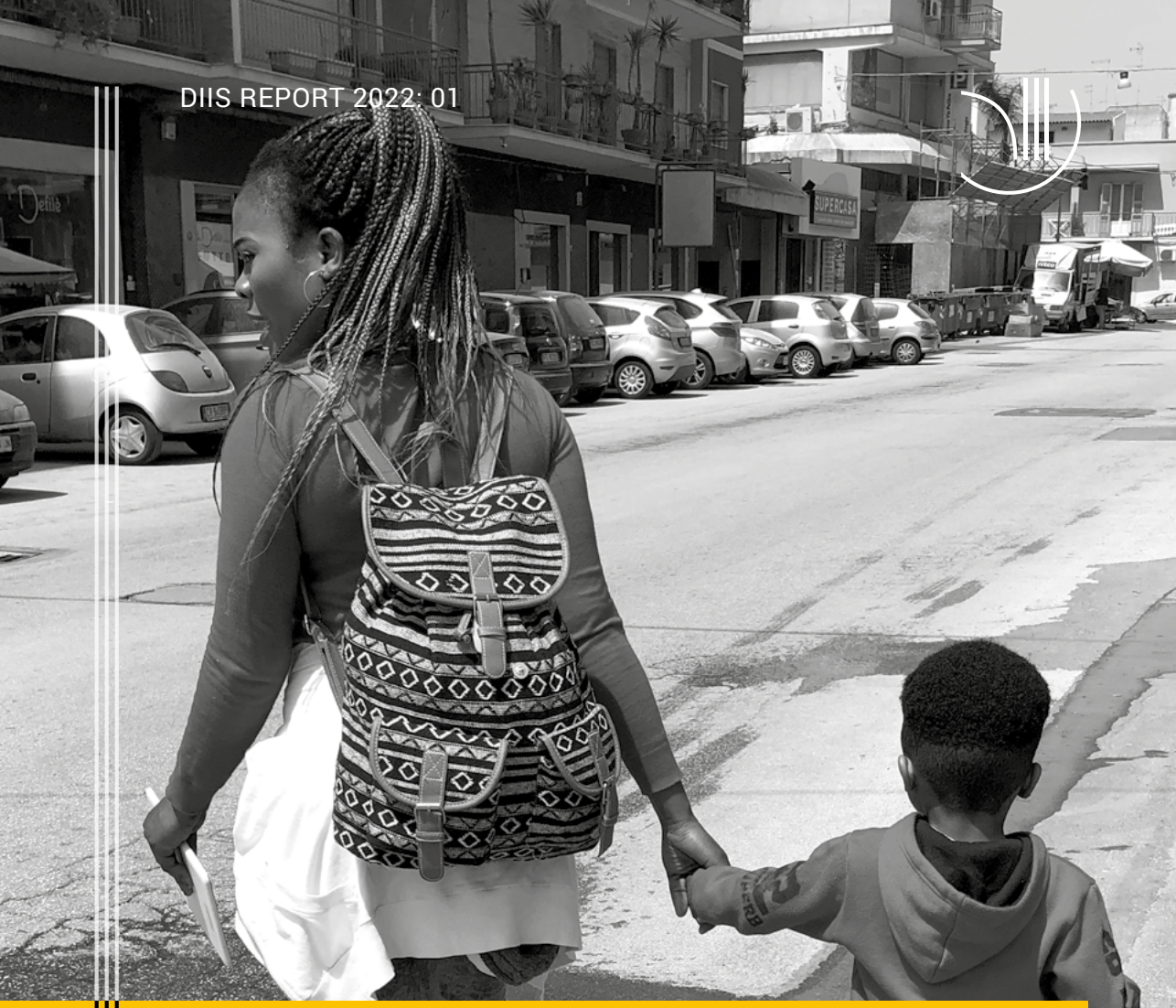

WOMEN ON THE MOVE

Trafficking, sex work and reproductive health among West African migrant women

This report is written by Sine Plambech, DIIS, Ahlam Chemlali, DIIS and
Maria Chiara Cerio, DIIS.

DIIS · Danish Institute for International Studies
Østbanegade 117, DK-2100 Copenhagen, Denmark
Tel: +45 32 69 87 87
E-mail: diis@diis.dk
www.diis.dk

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In particular, we thank all the migrant women who participated and shared their stories and experiences. Without their time and engagement, this report would not have been possible.

Finally, we thank Open Society Foundations, New York for funding this project.

All testimonies used throughout this report have been anonymised, except for Becky's story, as her story is already told in the documentary Becky's Journey (2014). All participants were asked whether they consented to being photographed — all the photos used in this report have been authorised by the women involved and some of them have been taken by them.

ABSTRACT

This report explores the interconnections between trafficking, sex work and reproductive health along the West African–European corridor. Fifty-one women were interviewed at different points of their journeys from Nigeria and Ivory Coast through Niger, Tunisia, Libya, across the Mediterranean to Italy and onwards to Northern Europe.

Moving away from the *do not migrate* message, this project draws on migrant women's experiences to develop better harm reduction measures, with a special focus on reproductive health along the route. The argument that women are using 'anchor babies' to exploit humanitarian systems ignores how difficult it can be to reach Europe without getting pregnant, given the high level of sexual violence en route. Irregular migrant women face exclusion from reproductive healthcare and stress their need for assistance and information services.

The report applies a trafficking-migration continuum to understand how categories of forced, voluntary or irregular migration will vary according to political and moral values. While often overlooked, debt plays a central role in the migratory experience. With the term indentured sex work migration, we switch the focus from human trafficking to a labour migration actively organised by women.

INTRODUCTION: BEYOND THE 'DO NOT MIGRATE' MESSAGE

This report is about migrant women from West Africa travelling irregularly via the African-European migration routes. The report focuses on, and seeks to connect, a number of themes which continuously accompany the experiences of migrant women on these routes such as trafficking, debt, violence and sex work, as well as other, often overlooked, aspects of the reproductive health of women on the move, including birth control, pregnancies and abortions.

Due to increasingly harsh migratory policies, there are few opportunities for legal migration to Europe from most migrant countries of origin in West Africa. The absence of legal avenues for migration has however not quelled the desire for mobility—women still move across borders for a range of reasons. There has been a continuous increase in migrant women travelling alone and irregularly to Europe (UNDESA, 2020), despite that data shows it to be far more dangerous and deadly for women to cross the Sahara Desert and the Mediterranean (Pickering and Cochrane, 2013). Yet, from January to August 2021, a total of 2,094 women crossed the Mediterranean arriving on Italian shores (UNHCR, 2021).

Throughout the migration experience, migrant women often endure multiple gendered hardships including sexual violence, unwanted pregnancies and the absence of reproductive healthcare. Several of the women interviewed for this study, who had arrived in Europe, stressed how they hoped to never repeat the journey because the conditions were inhumane and miserable. Yet, migrant women are still leaving West Africa, following the same pattern, travelling with the same facilitators.

Though women often participate in the facilitation of other migrant women's journeys as madams, smugglers and sponsors, migrant women's journeys toward Europe are often interlinked with and shaped by the intimate relationships with the fathers of their children, boyfriends, husbands, fellow migrant men and sex clients. That is, women's migration is often part of what Groes and Fernandez (2018) have termed 'intimate mobilities'. There are specific areas in countries of origin from where women travel to Europe for marriage, the sex industry or to become involved in trafficking. In these regions, women's migration is an everyday condition, a strategy and an emotional state. Children miss their mothers abroad, old parents are dependent on the money being sent home, and most people in the community knows someone with a daughter or mother in Europe. Information on new migration laws is received over the phone from the women who already left, read on Facebook or learned by word of mouth within migrant communities. For this report we have followed a group of women, most of whom have migrated to Europe from one such place, Benin City in Nigeria.

Migration is often described as a direct movement from A to B. For decades, the literature on migration has talked about push factors in origin countries and pull factors in destinations, with little attention to what happens in between — the transit. Transit is often deemed marginal to the migration experience as a whole, yet migrants on the move spend a significant amount of time being in transit, and they also sometimes change destinations along the way. Hence, the focus of this report is to look at origin and destination countries and regions, as well as women's situations in the transit phase of the migration journey.

The report has two main analytical perspectives: harm reduction and the migration-trafficking continuum. Both of these perspectives challenge existing narratives about trafficking, sex work and migrant women, where women's migration is often seen as a phenomenon that could be prevented with campaigns, while the women themselves are often solely seen as victims of exploitation or as criminals violating immigration laws, rather than women trying to change their lives through migration.

FROM PREVENTION TO HARM REDUCTION

As a response to the risks of migration, the focus of political and humanitarian actors has often been on prevention and a *'do not migrate'* message in local communities in West Africa. However, such messages are undermined by the lack of sustainable livelihood solutions and thus migration continues to be seen as the only way out of poverty.

Harm reduction can be understood as a set of practical strategies that aim to improve the migratory journey and mitigate risks along the route.

Most research reveals that women (and men) are generally aware of the dangers posed while on the move, yet they decide to migrate anyway (Alpes and Sørensen, 2015; Fiedler, 2019; MMC, 2018; Van Bemmel; 2019 Zimmerman et al., 2003). They might not know all of the details, but they are aware that there are risks and many unknowns en route. Therefore, the point of departure of this project is from having acknowledged the women's decisions to migrate, and seek understanding about the lives and perspectives of the migrant women as well as how they employ measures of harm reduction in pursuit of safe migration.

Harm reduction can be understood as a set of practical strategies that aim to improve the migratory journey and mitigate risks along the route. Harm reduction strategies may include a migrant's own strategies to avoid risky or dangerous situations or it could be initiatives provided by humanitarian organisations. For the purpose of this report, importance is placed on listening to migrant women with first-hand experience, as they are the ones who know and are constantly coming up with and trying to improve their own harm-reduction strategies, adapting and expanding them to deal with critical events in everyday life in transit.

THE TRAFFICKING-MIGRATION CONTINUUM

Twenty out of the fifty-one women interviewed in this report had sold sex or were in other ways involved in the exchange of sexual services for money, safety or other kinds of needed provisions. These exchanges were often explained by the women as a livelihood strategy, to pay for the journey or to repay debt. Migrant women who sell sex either en route or upon arrival to destination countries are often described or identified as victims of trafficking, sometimes even as a default a category (International Organization of Migration IOM, 2017). Yet, research shows that selling sex on the move often reflects the women's complex set of strategies between coercion and voluntariness (Plambech, 2014).

According to the UN Palermo Protocol of 2000, 'human trafficking refers to persons' recruitment, transportation, transfer, harbouring or receipt by the means of threat, use of force or other forms of coercion, abduction, fraud, deception, abuse of power,

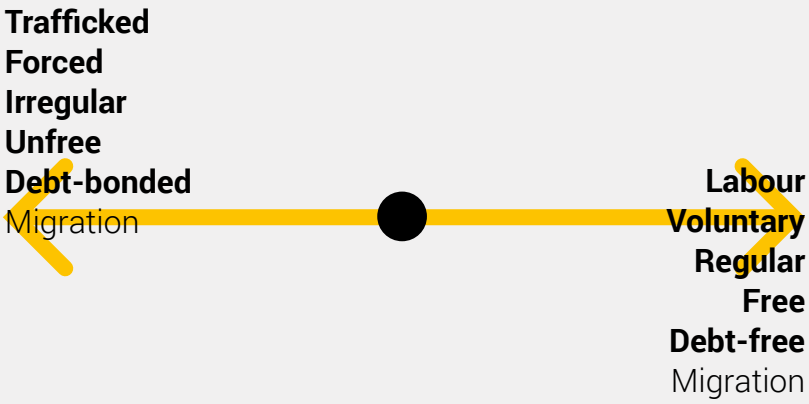
position of vulnerability, or giving or receiving of payment and benefits to achieve the consent of a person having control over another person, for the purpose of exploitation' (United Nations UN, 2000). The protocol specifies that trafficking targets all types of exploitation, although it specifically mentions 'prostitution'.

This definition of trafficking has been contested and criticised over the years by scholars of different disciplines for being too wide or too narrow. Legal scholars have pointed out that the breadth of the definition makes the practical implementation of the law difficult and that it does not contain any mandatory provision under which nation-states are required to protect the victims or conduct prevention initiatives (Goździak and Vogel, 2020). As the UN reported in 2016, even if most countries now have the appropriate legal framework for tackling trafficking crimes, the large discrepancy between the number of detected victims and convicted offenders indicates that trafficking crimes may still go unpunished (UNODC, 2016). Shoaps (2013) states that although there is no doubt that the Palermo Protocol has increased awareness surrounding the problem of human trafficking, the definition is constrained within the 'perfect victim' model and consequently fails to accord assistance to a substantial number of victims that fall outside this model. The role of trafficked women within the definition has been highly contested. While some argued that trafficking is one of the expressions of patriarchal structures and, therefore, it should be regarded as a form of gender-based violence (Giammarinaro, 2016), others argued that the overall emphasis on protecting women has led to shortcomings in addressing protection and prevention for male and LGBTQI victims of trafficking (Uy, 2011). Moreover, other scholars have highlighted how the focus on sex work leads to an underestimation of other types of trafficking in other labour sectors. Either too wide or too narrow, the definition rarely captures the everyday lived reality and the complexity of trafficking in the migration process.

Therefore, this report is based on the concept of the trafficking-migration continuum, which asserts the idea that the point at which tolerable forms of sex work related migration ends, and human trafficking begins, will vary according to political, individual and moral values and experiences not easily captured by legal definitions (Anderson and Davidson, 2003).

This continuum allows us to deconstruct the perpetrator-victim, coerced-noncoerced, voluntary-nonvoluntary binaries and to understand migrant women's agency and their active engagement in their own migration process.

Figure 1. Trafficking-labour migration continuum



TRAFFICKING-MIGRATION CONTINUUM.

The marker in the graph moves following the experiences of migrant women according to legal, political, individual, and moral categories.

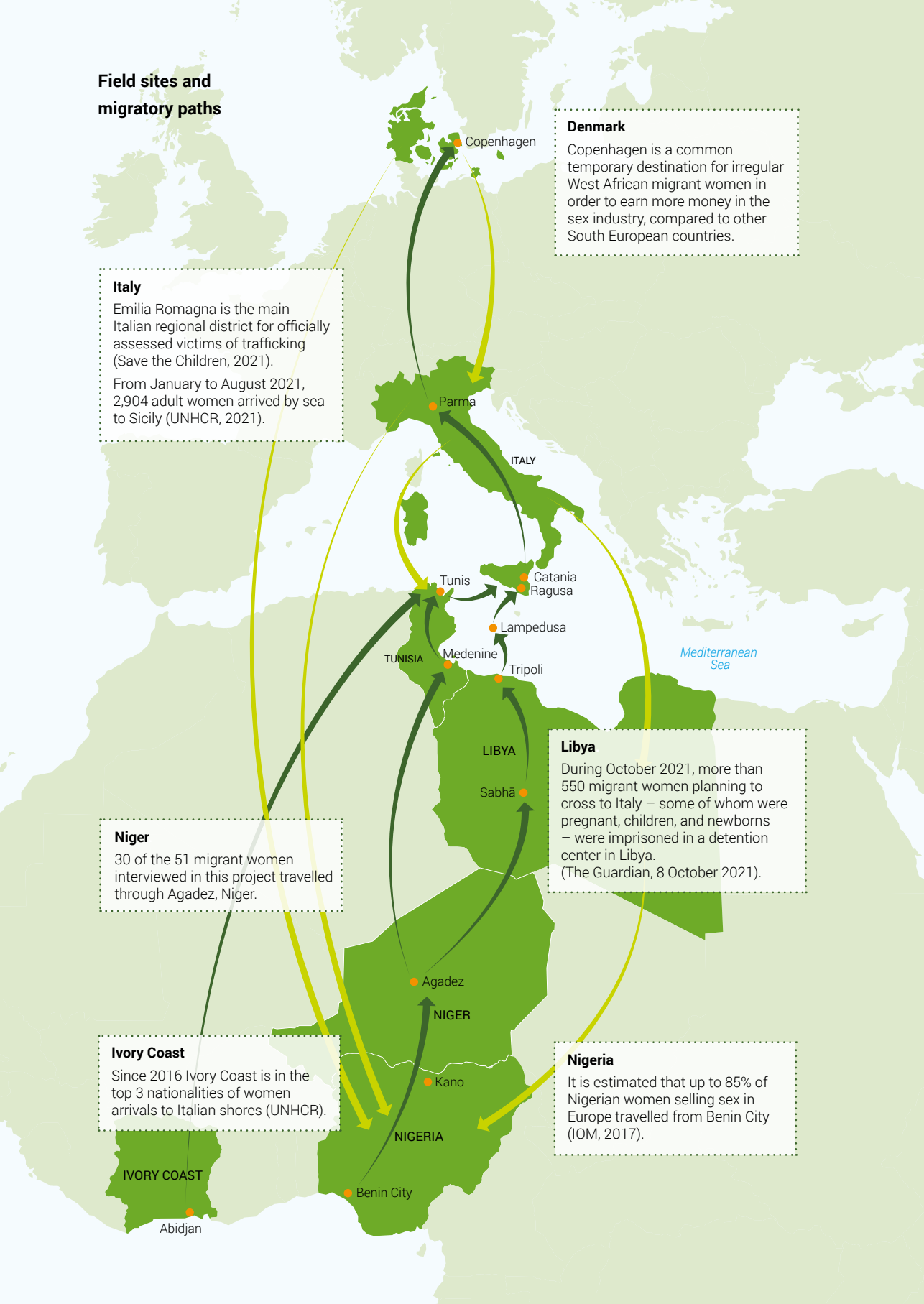
All the migrant women interviewed moved on the trafficking-migration continuum. They have, at some point of their journey, been identified, described, formally categorised by others, or defined themselves some of the following: irregular, trafficked, forced, migrant, labour migrant, victim, debt-bonded, voluntary, illegal, free and empowered.

These are two examples of how the trafficking-migration continuum could look for a migrant woman:

Jennifer (28 years old, Nigeria) left Benin City debt-free, having no family members to take care of. However, during the journey to Europe her condition shifted towards a debt-bonded migration since she had to borrow money to move further along; the debt to her madam then increased over time. When she reached the European shores in 2016, she was an irregular migrant and identified by IOM as a victim of trafficking. With time, she obtained the residence permit and a job, becoming a regularised labour migrant.

Justine (40 years old, Ivory Coast) left Abidjan with legal documents on a plane to Italy. She was debt-free and considered herself a voluntary labour migrant. After some years in Italy, having been denied asylum after overstaying her visa and now without a regular job, she borrowed money to survive and started selling sex for a madam, thereby becoming irregular and debt-bonded.

The report obviously considers human trafficking, forced labour, exploitative indentured sex work, and all types of labour exploitation, in the sex industry as well as in every other sector, as unacceptable. Unfortunately, these criminal practices are undeniably on the increase within informal and formal economic sectors forming part of contemporary labour migration movements (UNODC, 2021). Yet, rather than simply explaining trafficking and exploitation as in the hands of traffickers, clients or smugglers, we base our understanding of 'trafficking' as a product of the following three forces: 1) the demand for cheap, intimate, sexual and flexible labour (sometimes for profit maximisation, other times for pleasure); 2) states concerns to fortify their borders through restrictive immigration policies; and 3) migrants' desire and aspirations to improve their lives (Cheng, 2013).


Field sites and migratory paths
Copenhagen
Denmark
Copenhagen is a common temporary destination for irregular West African migrant women in order to earn more money in the sex industry, compared to other South European countries.
Italy
Emilia Romagna is the main Italian regional district for officially assessed victims of trafficking (Save the Children, 2021).
From January to August 2021, 2,904 adult women arrived by sea to Sicily (UNHCR, 2021).
Parma
ITALY
Tunis
Catania
Ragusa
Lampedusa
TUNISIA
Medenine
Tripoli
Mediterranean Sea
LIBYA
Libya
During October 2021, more than 550 migrant women planning to cross to Italy – some of whom were pregnant, children, and newborns – were imprisoned in a detention center in Libya.
(The Guardian, 8 October 2021).
Sabhā
Niger
30 of the 51 migrant women interviewed in this project travelled through Agadez, Niger.
Agadez
NIGER
Ivory Coast
Since 2016 Ivory Coast is in the top 3 nationalities of women arrivals to Italian shores (UNHCR).
Kano
NIGERIA
Nigeria
It is estimated that up to 85% of Nigerian women selling sex in Europe travelled from Benin City (IOM, 2017).
IVORY COAST
Benin City
Abidjan

METHODOLOGY

The report builds on fifty-one qualitative in-depth online and in-person semi-structured interviews to give depth of information and to allow informal conversation. The questions were intentionally broad to give the participant leeway to explain in her own way and time. We interviewed West African migrant women from Nigeria, Ivory Coast, Burkina Faso, Senegal, Guinea and Cameroon; interviews were conducted in Nigeria, Tunisia, Italy and Denmark. The women were either interviewed at different points along their journeys to Europe or the upon their return to Nigeria from Europe or Libya. An interview, on average, lasted approximately one hour. During the interviews, the women were encouraged to talk about their migration experience and current condition. The in-person interviews were conducted in an ethical and safe manner, in accordance with research standards, and informants could stop and withdraw their participation at any point in the interview.

In addition, we interviewed NGOs and organisations in different cities along the migratory route in Benin City, Nigeria; Tunis and Medenine in Tunisia; Parma, Ragusa, Catania and Siracusa in Italy and Copenhagen, Denmark.

The Principal Investigator of this project, Sine Plambech, has conducted fieldwork in Nigeria, Italy and Denmark since 2011, and this report draws on these longitudinal insights. However, the first fieldwork in Nigeria for this specific project was conducted in August 2019 in Benin City. Here, interviews were held with eleven women return migrants and three focus groups were conducted. All the return migrants interviewed had been detained or stuck along the route and had subsequently returned under the IOM's assisted voluntary return programme, which brings stranded migrants back to their home communities from transit and/or destination countries like Libya.

In Tunisia during 2020, the original fieldwork plan and research methods were adapted to the restrictions caused by the Covid-19 pandemic, resulting in five interviews conducted during September 2020 by an on-site research assistant. We then broadened data collection in October 2021, interviewing fifteen women and seven local NGOs and international humanitarian organisations.

In Italy, we interviewed fifteen Nigerian women in Sicily and five Nigerian women, who are asylum seekers and live in an Extraordinary Reception Centre (CAS) in the outskirts of Parma, Emilia Romagna. We met with the women between August 2017 and September 2021.

In Copenhagen, we did participant observation in the red light district of Vesterbro and interviewed migrant women and relevant NGOs working with migrant sex workers, such as The Nest International and The Red Van.

This report is anchored in critical trafficking studies and from these, as the point of departure, the analysis focuses on the following themes: trafficking, sex work, debt and reproductive health along the migratory route. Too often these themes are taken into account separately, or not at all, without capturing the complexity of the whole experience. This study seeks to connect these issues while drawing on academic articles, reports, and statistics.

The overarching aim is to collect and bring to the fore individual stories of migrant women and returnees from West Africa to Europe. Since irregular migrant women's voices and experiences are often overlooked, we used an emancipatory approach, to overcome the invisibility of migrant women usually depicted as just victims of trafficking or criminals crossing European borders. Migrant women were given the opportunity to tell their own stories. The interviews were conducted in different settings, contexts and points of the journey, aiming at capturing a more nuanced picture of how women live the migratory experience. Interviews were conducted giving careful consideration to the emotional and physical vulnerabilities that migrants are often exposed to, both during and after the journey.

The research and data collection processes were based on two principles: informed consent and confidentiality. The overall aim and objectives of the research were explained to potential participants prior to the interview. All participants were guaranteed anonymity and confidentiality and we followed 'do no harm' principles. All data and information generated have been treated and stored in a safe manner.

SOCIOCULTURAL BACKGROUND

The women interviewed were between the ages of 19 and 30, except for one who was in her 50s. Most of them did not complete secondary education, and the few who did pursue higher education decided to skip their studies to begin the migratory journey. Most were unmarried and did not have a contracted job prior to migration but worked either as a labourer in the countryside or on a day-to-day basis to support their families. For the vast majority, it was their first time attempting international migration and many had children in their country of origin whom they left with family members.

Even if sharing the same migratory experience, migrant women obviously have personal and individual backgrounds and perspectives on their travels. We have tried to capture the complexity of these experiences and how the women define and identify themselves by using the trafficking-migration continuum.

All of the migrant women interviewed in the CAS in Parma, Emilia Romagna, Italy were reported at least once to the anti-trafficking system during their asylum procedure. According to the Italian legal framework, once the anti-trafficking system receives the referral, the woman is contacted and informed of her options: staying in the assigned CAS or being transferred to a special anti-trafficking structure. The anti-trafficking system can only admit migrant women who voluntarily accept to undertake the programme; this decision cannot be made against their will. Among the women interviewed, and in general among all the women welcomed in the mentioned CAS, only one agreed to be part of the anti-trafficking programme. The social worker responsible for the referrals explained to us how this woman was the youngest in the group, the least educated and the only one without family and children to support in Nigeria. There are multiple reasons why many women do not want to be transferred to the anti-trafficking facilities. The social workers' control over the women increases significantly and, therefore, the women are less independent; they cannot use their personal phone (at least in the early stages of the programme) and they are allowed to be out on their own only for a few hours a day. These restrictions are seen as too strict by many women, who then could not keep working as sex workers and repay their debts.

The majority of the women interviewed in Tunisia had all taken the plane from their country of origin, e.g. Ivory Coast and Cameroon, because of the free entry-visa agreement between the countries. This route sets apart the women from the 'usual' dangerous land journeys across the Sahara and several borders. But interestingly, they still end up in precarious and vulnerable positions upon arrival.


Experiences of women on the move
Denmark
Copenhagen
' Return to Nigeria is not an option. There is nothing for me there'.
Mariam - Sex worker in the Red-Light district in Copenhagen.
Mediterranean
' I was almost six months pregnant when we eventually pushed (tried to cross the Mediterranean) the second time. Inside the boat were newborn babies. We were pushed in the night. En-route, we met Libya patrol guard who eventually allowed us to continue after we begged for mercy using the newborn babies and had given them money, all passengers contributing what they had on them'.
Miriam - On her third attempt of crossing the Mediterranean Sea.
Parma
ITALY
Tunis
Catania
Ragusa
Lampedusa
TUNISIA
Medenine
Tripoli
Libya
' Life in Libya was too hard, there was no money, and it was tough surviving. It is not like Europe; you can't just walk to the super market and buy food or women's pads. Moving around is dangerous'.
Joy - On her years spent in Libya before reaching Italy.
Sabhā
LIBYA
Niger
' The journey from Agadez through the desert to Libya was where we had our first bitter experience. Soldiers molested, manhandled and raped migrants. However, there were some soldiers who seemed kind and showed mercy towards us. Nothing was free on the move though, we had to compensate those kind soldiers with sex and money'.
Ivie – On her second attempt to reach Libya after being deported in 2018.
Agadez
NIGER
Nigeria
' We were promised jobs upon our return to Nigeria, and we are still expecting the jobs years after our return. I came back to Nigeria with heavy pregnancy and was rejected by my family members. After delivery, I had to resort to prostitution as the available means of survival'.
Happiness - Deported from Libya to Nigeria in 2019.
Kano
NIGERIA
IVORY COAST
Benin City
Abidjan

THE MIGRATORY ROUTE: WOMEN ON THE MOVE FROM NIGERIA AND IVORY COAST TO EUROPE

The migratory routes of women in this report start primarily in Nigeria, moving by land via the Sahara; or they begin in Ivory Coast and transit via direct flight from Abidjan through and to Northern Africa, towards Italy and onwards to Northern Europe.

Benin City, Nigeria is where the journey of many interviewed women started. Data from the IOM and the United Nations High Commissioner for Refugees (UNHCR) indicate that over half of all Nigerian irregular migrants to Europe come from or travelled from Edo state and Benin City (Arhin-Sam, 2019). What is unusual compared to other migrant groups towards Europe is that the ratio of women to men is significantly higher—from 33 to 50% of the Nigerian migrants have at certain times been women travelling without their immediate family members (Plambech, 2014). The women are not stopped by the many billboards along the streets of Benin City, often funded by European governments, with messages warning women against migration, of the risks of being trafficked or dying along the way to Europe. While the general situation of poverty, insecurity and unemployment in Nigeria is the main cause contributing to the migration flow of this group of women, there are other reasons involved as well, including their desire for greater autonomy and adventure, divorce, domestic violence and familial expectations (Plambech, 2014).

'I mean, I was always sad. Nigeria is not a safe place. If something happens the police would not investigate. Because this is how it works in Nigeria. In Nigeria things are difficult and we are talking about a place where there is no work, no food, just poverty. Nigeria is not like Europe where you can find at least a little help. There you cannot find anything. You can only suffer. I wanted to be happy and free' (Joy, 26 years old, Nigeria).

Billboards in Benin City streets warning against irregular migration from Nigeria to Europe.
Photo by Sine Plambech.

From Benin City, women leave on small buses to the next destination, which is often Kano, in the northern part of the country. Here migrant women meet many other women with the same desire of leaving, as well as smugglers who will help them in crossing the Nigerian border. Almost all the interviewed women who started their migratory journey in Nigeria recalled Agadez, in the middle of the Sahara Desert in the central part of Niger, as the focal point for migrants and smugglers. Here is where the desert crossing starts:

'From Benin City they put us on a bus that took us to Kano. Here we got off and took a motorbike taxi to cross the border and arrive in Agadez. I couldn't understand what to do because we were in a place I didn't know. But at the bus station there were men calling people to get into the pickups. They called us and we got in. So, we started the desert crossing without food or water because our madam didn't warn us about it. Once you arrive you have to call a number and they will tell you what to do. You have to follow the instructions of the smugglers if you want to survive' (Happy, 25 years old, Nigeria).

Bus station from where the women jump on mini-buses towards the border with Niger.
Photo by Chinedum Maxzy Iregbu.

For many of the women, the first city after the desert was Sebha in Libya. Libya is a transit country where migrants get stuck for several months or even years. Eventually, some of them manage to cross the Mediterranean Sea, while many other decide to return home. Living conditions for refugees and migrants, especially women, are worsened by the armed conflict, widespread violence and economic instability in the country (Amnesty International, 2021). In Libya, migrant women work in connection houses, in shops or as domestic or sex workers in order to pay for crossing the Mediterranean Sea.

'I call it the walking journey because everything I did in Libya was walking in the streets and working there. I didn't have a place where to stay. I worked in the connection house in Sebha, but at one point I was pregnant and I wanted to move. They said that I would have to pay back the money to my madam, but I didn't have any money with me. I kept working there but the money was never enough. So, I asked my grandmother to send me 50,000 Naira (USD 122) and I could finally go to Tripoli and wait for the good weather to cross' (Mariam, 34 years old, Nigeria).

Some of the interviewed women are from Ivory Coast, one of the main countries of origin for migrants who use the Central Mediterranean Route, with more than 30,000 arriving in Italy by sea since 2016 (UNHCR, 2021). Many West African countries, like Cameroon and Ivory Coast, have free visa agreements with Tunisia, meaning no entry visa is required, which is why the Ivorians interviewed in this project flew directly from Abidjan to Tunis. Thanks to this special visa arrangement Ivorian nationals are allowed to stay in the country on a regular basis without a visa for up to 90 days. However, after 90 days they need to acquire a work certificate if they want to work regularly, a carte de sejour, which is almost impossible to get, and thus they find themselves in an even more vulnerable and precarious situation, as there will be daily fines accumulating for each 'illegal' day in the country, equivalent to TND 20 a week (USD 7) and TND 80 a month (USD 28). This accumulates for each month, and women who have stayed in the country irregularly for two to three years end up with hefty fines. Currently (2021), a cap of TND 3,000 (USD 1,059) has been set which has to be paid in order to leave the country legally.

> 'I came to work in Tunisia. I wanted to stay here, but it is impossible with la pénalité (daily fines) just growing and growing, and no job, no money. How will you survive? I am stuck here. I can't go back home. I can't move forward. I am living in an open-air prison.'
>
> (Brigitte, 32 years old, Ivory Coast)

Many of the women, therefore, find themselves stuck in involuntary immobility in a country facing multiple political and economic crises aggravated by the Covid-19 pandemic. Unable to find work, earn a living and make savings, migrant women end up wanting to cross the Mediterranean, even if Tunisia was thought of as the final destination of their journeys. Transport by boat from Sfax to Italy costs around TND 4,000 (USD 1,412), which makes it cheaper than paying the fine and plane ticket back home:

'Look instead of me saving up to pay la pénalité, of TND 3,000, and then on top pay a plane ticket home for TND 1,500-2,000, I can just pay for a Zodiac (boat) to take me to Europe. It's cheaper. I know it is dangerous, but life here is no life' (Fatima, 32 years old, Ivory Coast).

This involuntary immobility and debt also place the women at increased risk of economic or sexual exploitation and abuse because the women often have to seek help or assistance from male migrants or other men in the area.

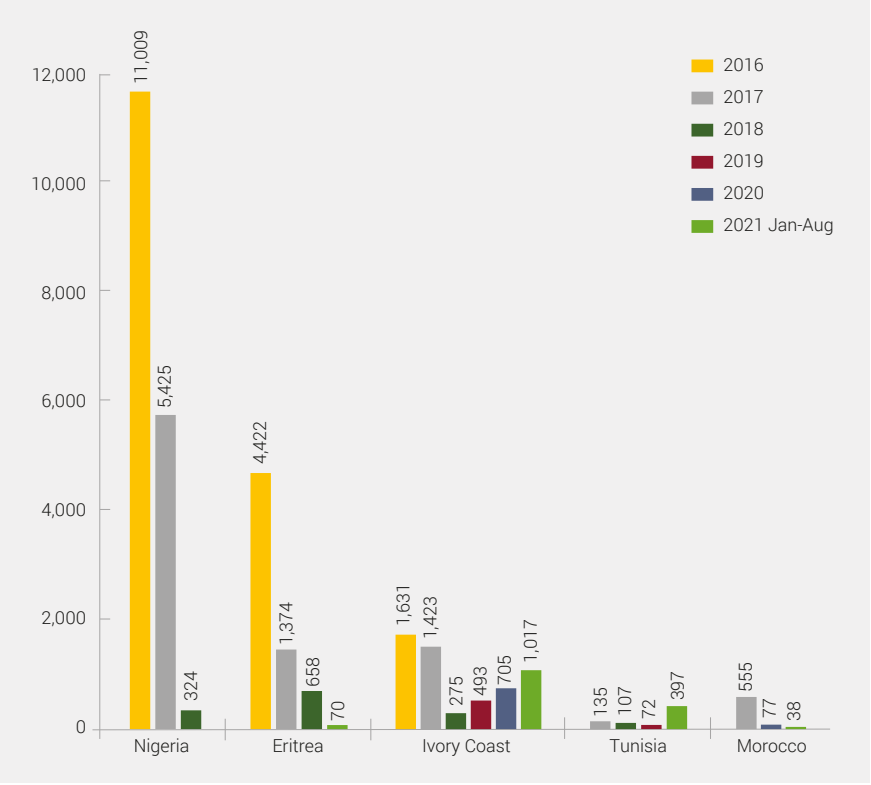
Tunisia, a country in political and economic turmoil, has transformed into an emerging transit country in North Africa and in 2020 surpassed Libya and became the main country of departure to Europe. It is believed that under the former dictator Ben Ali, Tunisia's sea border was the most secure in the entire Maghreb region, with EU-funded and equipped patrol boats operating from ports like Zarzis and Sfax. Yet, despite the changes in political leadership in the country since the 2011 revolution and its transition to democracy, successive Italian governments and the EU have remained constant in their demands to Tunisia when it comes to border control (Zagaria, 2020).

Lampedusa, is the southernmost Italian territory in the Mediterranean Sea, located 220 km away from Sicily and only 113 km from Tunisia, the closest landfall to the island. Its position makes the island a highly prominent and symbolic migration stopover, since it is the first Italian territory that migrants encounter from both Tunisia and Libya. Over the past six years, there has been an increase in Tunisian, Ivorian and Algerian migrants to Italian shores, while Nigerian arrivals have decreased (see Figure 2).

However, according to the Department for Equal Opportunities and the System for Data on Trafficking (SIRIT), during 2020, among the 2,040 victims reported to the anti-trafficking system, Nigeria is still the main country of origin, followed by Ivory Coast, Pakistan, Gambia and Morocco (see Figure 3). For most Ivorian citizens, and in particular women and minors, Italy is just a transit country towards France (Save the Children, 2021).

In the Italian reception system, there are five First Aid and Reception Centres (CPSA or hotspots) solely geared towards registration and initial reception; one of these centres is in Lampedusa. Some migrants stay only a few days on the island, but delays of several weeks are common before they are transferred to an assigned Extraordinary Reception Centre. While waiting, migrant women and girls start selling sex in the areas around reception and identification centres, regardless of their physical and psychological condition upon arrival, which is often critical. The selling of sex in Italy often takes place on outlying streets with Italian clients, in reception facilities, and in private houses of Italian families, where women perform care work but also sexual services for their male employers. It is not a remunerative job: the average wage is 10 euro per sexual service (USD 11.57) (Pasquero and Palladino, 2017).

Figure 2. Women arrived to Italian shores by sea from 2016 to 2021 by nationalities

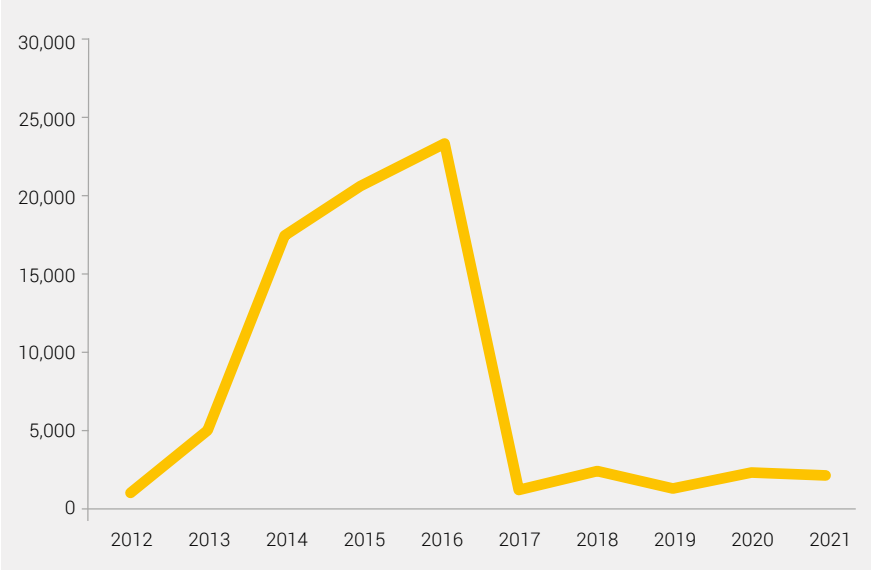


Source: UNHCR (2016 - 2021)

Note: This graph refers to the first five nationalities declared by women upon arrival per year. It focuses on five relevant countries relevant for this study. For instance, while Ivory Coast has been in the first five most common nationalities among women arrived to Italian shores from 2016 to 2021, Nigeria only from 2016 to 2018, but with considerably higher numbers.

Once assigned to a CAS, social and work integration programmes are activated for migrant women to find jobs. However, these programmes are often unsuccessful and migrant women remain unemployed for years (ISTAT, 2020). Since the implementation of the Security Decree on Immigration in 2019, migrant women are not entitled to free Italian language courses and residency permits. The lack of these two factors makes finding a job extremely difficult. Moreover, job opportunities are more limited for migrant women than men (Ministero del Lavoro e delle Politiche Sociali, 2020). In a few cases, migrant women accept unpaid or underpaid apprenticeship contracts, with salaries of 400 euros (USD 470) per month, to work

Figure 3. Women arrived to Italian shores by sea from 2012 to 2021



Source: UNHCR (2011 – 2021)

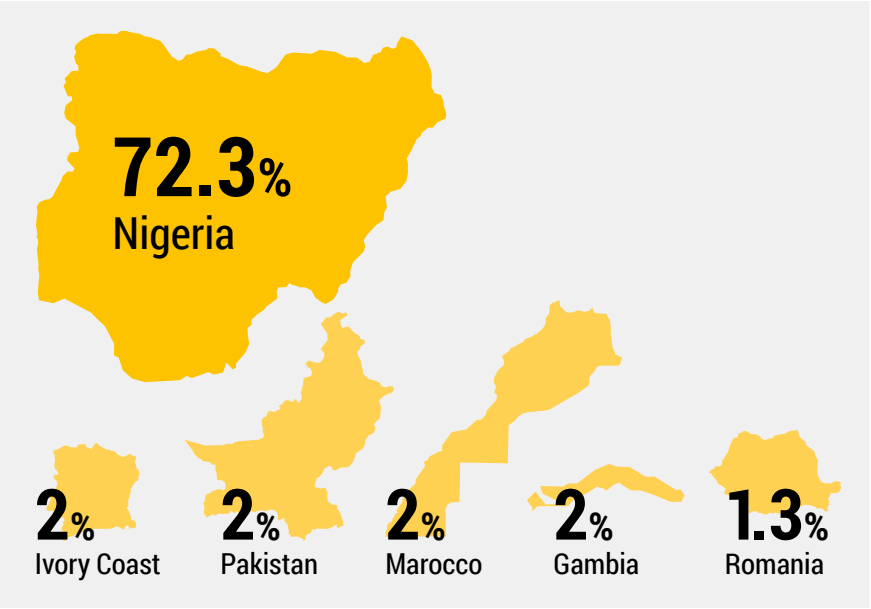
Note: In 2014 and 2015 the number of women who arrived at Italian shores is considerably higher compared to previous and successive years because of the Syrian refugee crises. Syrian women often arrived with family, while the migration we are looking at in this report from West Africa is often individual.

as a factory or domestic worker. All the Nigerian women we interviewed in a CAS in Parma, Emilia Romagna stressed how hard it is to find a job as an immigrant woman in Italy:

'It is really hard to find a job. Nobody wants to hire you, even in the factory. They only want men because they think they are stronger. And then, when you find a job, they say that they will give you a contract, but it never happens and you just wait, wait and wait. And without a contract we don't get documents' (Jennifer, 32 years old, Nigeria).

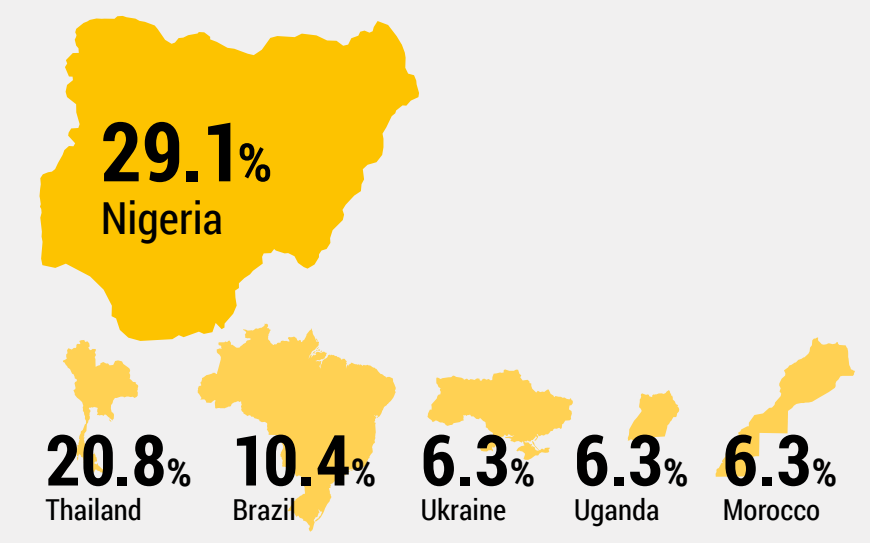
Therefore, selling sex appears to be the fastest and most profitable option available in order to repay their debts to their madams and send money home. For this reason, some of them escape from the Italian reception system towards Northern Europe countries, like Denmark, where sex prices are more lucrative.

Figure 4. Top six nationalities of women victims of trafficking officially reported to the Italian anti-trafficking system



Source: Save the Children (2021)

Figure 5. Top six nationalities of women victims of trafficking officially reported to the Danish anti-trafficking system



Source: Center mod menneskehandel (2021)

There are several groups of migrant women working as sex workers in Denmark, many are from Thailand or Eastern Europe, but the majority is from Nigeria (GRETA, 2016). Migrant women who are working as sex workers in Denmark experience different kinds of vulnerabilities. Among others, the much higher cost of living compared to the European average further exacerbates their debt situation. While it is not criminalised to buy sex in Denmark, it is illegal to earn money on others selling sex. It is furthermore illegal to work without a work permit, and it is not possible to get a work permit for irregular migrants to sell sex. Hence, although women experience episodes of violence and physical or psychological abuse, they rarely seek assistance from the police or report the incidents, but rather actively avoid contact with the police. This is because they are afraid of being recognised as irregular migrants by the police and, therefore, risk being deported (Plambech, 2017). For these reasons, as the study conducted by Knudtzen at al. (2021) showed, undocumented migrants use healthcare systems less often than their legal counterparts, and the medical service is more often inadequate. Their access to basic healthcare is mainly dependent on local NGOs, which try to offer care services to 'unreachable' patients through outreach programmes. The majority of patients contacted by these NGOs are sex workers, regarding STIs and gynaecological issues. Wendland et al. (2016) showed in their study about irregular migrant women in Denmark that the risk perceived by migrant women of utilising the Danish healthcare system may include the fear of having personal data recorded in an official register, and this data could be used to issue an expulsion from the country. Therefore, barriers, such as fear of deportation, concerns about payment for services, uncertainties about rules for access and avoidance of Danish authorities, all affect the reproductive health of migrant women, who rely on maternity care services offered by NGOs (Funge et al., 2020; Knudtzen et al., 2021).

TRAFFICKING, SEX WORK AND DEBT

The migrant women included in this study did not define themselves as 'trafficked' or victims, despite being irregular and/or selling sex for a living while on the move. They considered themselves as women looking for work, safety and business opportunities (their term), basically as women seeking to improve their lives via migration. This is the case for many Nigerian women who are involved in debt-bonded migration to the sex industry in Europe. They further explained that using smugglers for their migration in many instances had made their journey smoother. This was also confirmed by Roberta Caccamo, psychologist at Proxima, Italy who explained, 'women are accompanied throughout the whole journey by smugglers, who try to facilitate crossing borders and more dangerous areas along the route. Given the impossibility of entering Europe legally, smuggling is often the only available option'. Madams and sponsors have more information about the route, the money necessary to counterfeit documents and they have an interest in ensuring that migrant women reach Europe so they can repay the debt to them:

> ‘I was the one who contacted Mama Blessing. I didn't want to marry a 62-year-old man, he was too old for me. I knew other girls who travelled with Mama Blessing; she brought so many girls to Europe. She helped so many families there. If you want to leave Benin City you just need to ask her, she is one with money and knows how to cross the desert. She is my sponsor. Everybody knows her in Benin City and everyone in Benin City knows what she is looking for.’
>
> (Precious, 24 years old, Nigeria)

The journey from Nigeria to Europe is far from fast and linear. Women have spent and are still spending months or even years in transit countries like Libya and Tunisia. In general, those who can pay for all the stages of the journey upfront manage to move more rapidly and smoothly along the route. Those without sufficient resources must earn their passage, usually by working in transit countries, as e.g. Tunisia, where they try to look for work to save up money, or in Niger and Libya where they often get stuck in detention centres or brothels (Grotti et al., 2018). In terms of employment, women have fewer options available than men and, even when they find a job as domestic workers or in the service industry, the tendency is to merge work with sexual services and favours (Ibid.). This can take place in situations where the women, for instance, have to find accommodation or shelter and end up sharing a room with a male migrant in exchange for sexual services.

VIOLENCE EN ROUTE

All the interviewed women experienced or witnessed sexual violence in transit in Tunisia, across the desert to Niger and in Libya. A range of studies indicate that irregular migrant women face several vulnerabilities en route, including rape, maternal and infant mortality, limited access to contraception and pregnancy termination, and generally heightened levels of gender-based violence (MMC, 2020; Tyszler, 2019; Grotti et al., 2018; Wolff et al., 2008). Abuses are experienced at the hands of local authorities, local people, smugglers and within the migrant community. Some migrants report experiencing extortion, abandonment and even torture from smugglers. Migrant women often rely completely on smugglers during the journey.

All the interviewed women experienced or witnessed sexual violence in transit in Tunisia, across the desert to Niger and in Libya.

One Nigerian woman recalls that, when in the desert, the only way to survive is to follow smugglers' instructions, because they know the way. The women generally stress that the lack of infrastructures and safe migratory routes, especially through the desert, makes the journey full of risks and dangers. One of the women interviewed in Tunisia recalled how out of desperation she tried to escape by running into the desert, but since she had her little child with her, she decided to return and complete the journey. Reaching the destination is more important. Maryam, another 26-year-old woman, emphasised that 'travelling by land should be avoided. It is full of danger. It is a trip whose return is not guaranteed. The Sahara is even more dangerous than the Mediterranean Sea'.

SEX WORK

For some of the women in this study, there are few to no alternatives to selling sex in Europe, even if life conditions while doing it are harsh. Being an irregular sex worker adds a layer of discrimination, social exclusion and precarity vis-à-vis public services and authorities. Many irregular sex workers experience theft, violence, harassment, exploitation, evictions and homelessness. They have limited access to essential services, including healthcare, and face immense barriers to accessing

protection and justice. They are unable to report crimes to the police without risking deportation, and police are sometimes the perpetrators of violence. Irregular sex workers are disproportionately subject to police harassment and targeted for immigration enforcement, including as a result of anti-trafficking initiatives (PICUM, 2019).

The desert crossing from West Africa across the Sahara to North Africa is depicted as one in which people are detained and prevented from continuing the journey unless they meet what seems to be specific and organised demands for money or sexual services. If women lack adequate access to finances, their bodies may become a currency (Gerard and Pickering, 2013). This situation is particularly common during the last leg of the journey into Libya, where women are systematically subjected to sexual assault (Amnesty International, 2017; Grotti et al., 2018). Many of the interlocutors describe the time spent in Libya as the most traumatising in the journey, as Ese from Nigeria told us:

'All through the desert journey (from Sabha to Tripoli; and from Tripoli to the seaside) we were raped, molested and manhandled until we got to Tripoli, where we were kept in another camp. At the camp, we were commanded to be on all fours for another episode of rape. The next day we saw other girls who had been abandoned for a long time in the camp, and who served as sex machines for the Arabs. We stayed there for a week experiencing rape every night, until we were taken to a camp in Subrata. In the camp, we were kept in a building without a roof near the white house. Every drop of rain and shine of the sun touched us for the entire days we spent in that camp' (Ese, 28 years old, Nigeria).

When the women disembark or are rescued from the boats in the Mediterranean Sea and arrive on Sicilian shores, some start selling sex immediately in the registration phase. Afterwards, migrant women are assigned and then transferred to CASs, according to the capacity of the facilities. The women we interviewed in the CASs, despite being hopeful for their asylum procedures, expressed a widespread frustration. In fact, they have to respond to a double control system, to the social workers in the CAS camp and to their Nigerian madams:

> Working at night in the streets of Parma means that you have to run away from the apartment and hope that no one sees you. Many times, I was not paid because I was late and have had to wait for the camp guardian to go to bed. It's not easy. If you get caught you risk being thrown out of the camp, but I wouldn't know where to live. All the other girls live these things too, but we never talk about it.
>
> (Precious, 24 years old, Nigeria)

A few women explained that they were not aware of the job they would get in Europe, until the madam told them what to do in Italy or Libya. While this was the case for a few of them, most studies show that the women are aware that sex work might be the only option for some time. Since sex work is so stigmatised, it also requires some courage to explain that they might have known about what awaited them and that it was a choice or chance they took out of very few or no other possibilities. It could be seen as a loss in integrity and moral status.

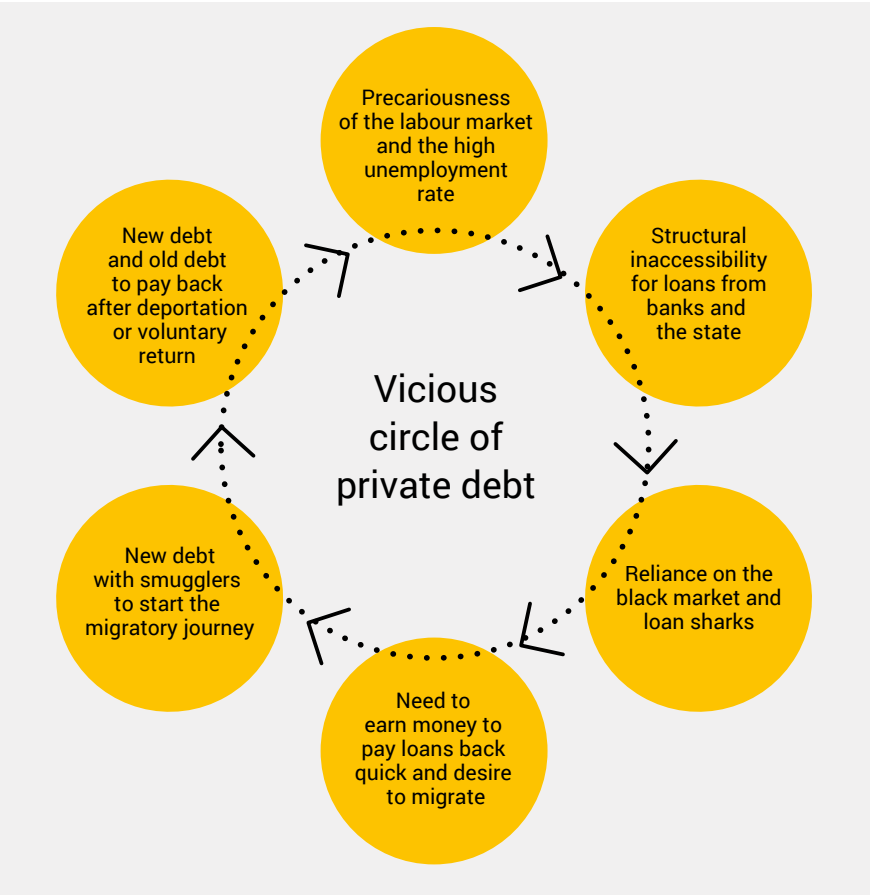
Some were also aware that admitting that they knew about the possibility of sex work could make them be interpreted as 'less of a victim of trafficking' and put them at higher risk of deportation, denied asylum or humanitarian assistance, as they would be considered irregular labour migrants.

DEBT

Migration from West Africa to Europe is often one of many attempts to break a vicious circle of private debt, which traps millions of families in, for instance, Nigeria. Yet, the migration is often only possible by obtaining even more debt to sponsors, madams, smugglers or the state (as is the case of Tunisia). Private debt is often hidden and does not attract attention like capsized boats in the Mediterranean, yet among the women, debt was often mentioned as the main reason why they had taken the risk to start the dangerous journey.

The precariousness of the labour market and the high unemployment rate are two major causes underlying private debt. For day labourers in Nigeria or Ivory Coast, without a permanent contract, the only solution for dealing with sudden expenses is to count on loan sharks in the black market. Most migrants included in this project pointed out how one of their main reasons to move was sending money home or earn as much as possible in Europe because back home there is debt and 'no future'.

Figure 6. Vicious circle of private debt



Migrant women explained that they are willing to take the risk and work in the European sex industry to release themselves and their families from the clutches of debt. Therefore, they start working as soon as they arrive in Europe. Owing money at home and being afraid of deportation, made them want to make as much money as possible in the shortest time. This means working day and night in the streets, brothels, in the red light districts of North European cities or escaping asylum camps at night.

We might, therefore, more precisely apply the term indentured sex work migration, as it switches the focus from human trafficking to the ways in which contemporary migrant labour is organised and the significant, yet often overlooked, role of debt and the active role of women in this organising.

Money transfer businesses like Western Union line the streets of Benin City where migrant families receive remittances from abroad.
Photo by Chinedum Maxzy Iregbu.

TRAFFICKED BY THE STATE?

Debt is not only owed to private and illicit facilitators, it can also accumulate during transit at the hands of the state. Several of the Ivorian women interviewed in Tunis explained the organised and forced labour scheme they ended up in upon arrival in Tunisia. Which interestingly was defined as human trafficking by all the representatives of the organisations interviewed.

The majority of women interviewed had used an agent or middleman to buy the plane ticket (about CFAF 500,000, or roughly USD 823) for a work contract, usually as a domestic worker. Many of the women did not know that they were 'placed under contract' before leaving Ivory Coast, that their passports would be confiscated upon arrival and that they would not be paid during the first six months in Tunisia. What often happens is that the employer, usually a Tunisian family, has paid a sum to the middleman, and that is the 'debt' that the migrant women must reimburse to their new employer by working for free for four to six months; some of the women

interviewed worked ten to twelve months. During those months, the women receive no salary—a form of indentured work. An IOM (2020) study found that those months were assessed at CFAF 650,000 (about USD 1,120), so more than the cost of the plane ticket. Some women interviewed said that they paid for their own plane ticket. Maria, an Ivorian migrant interviewed in Tunis and now 'free', described the working conditions:

'I was working from six in morning to eleven at night, nonstop, all week. I wasn't allowed to go out, to have a phone, talk to others. I didn't even have a key to my room, no privacy at all. I would only eat leftovers. It was horrible. I couldn't leave. I didn't have my passport. I didn't know anyone who could help me. It was hell. After the six months I was free, but then I had no money and then realised I was already in debt because of la pénalité' (Maria, 27 years old, Ivory Coast).

Most of the women did not know that although they entered the country legally, they must pay a daily fine if they overstay the first three months. The women have no choice but to accept their working conditions, as they know no one there and benefit from little protection because of their irregular situation and lack of a valid residence permit. Because of this precarious situation, some of them are pushed to continue the journey to Europe via the Mediterranean or via Libya. Some of them, unable to pay the fine, have found themselves unable to return home and thus stuck in transit and an ever-growing debt.

An interview with Samia Ben Massoud, the President of AMAL, a local Tunisian organisation, Association pour la Famille et l'Enfant, which runs a shelter for women and their children, stressed that the irregularity and daily fines are what hurt the women the most. 'They can't move with the fines. They can't go back to visit their children in their home country, they can't take care of their children in this country, and they can't move forward. This is the biggest obstacle for the women, especially the mothers'.

Private debts among these women and their families were rarely a consequence of short-sighted personal choices, but rather embedded in structural problems. That debt and migration are closely linked might be more apparent when migrants cross the border to sell sex in a brothel somewhere in Europe to repay debt to their madams. There are, however, also more discrete and intimate interlinkages of debt and sexual exchanges, such as those explained by the interviewees in Tunisia, where women, often unemployed, saddled with debt to the Tunisian State, have to seek help and assistance from male migrants, for instance to share a room and bed, and take care of the cleaning and cooking.

BECKY'S STORY: 'I WANT TO DECIDE FOR MYSELF'

Becky was a driven zipped lip girl, a woman who, as Becky explained it, doesn't say anything about anything to anyone, because that is the best way to protect yourself in Nigeria. Becky had a dream of becoming someone, to be famous, a dream of being seen and heard. She was fearless and sensitive. She had many and conflicting reasons for dreaming of Europe, and poverty was just one of them. As she once said: 'Everything in Nigeria is fake. I love the shoes my aunt in Italy sent to me. They are real. That's why I love Europe. Europe is real'.

But this wasn't the only reason, she mainly wanted to be free, free from her family and free from Nigeria. For this reason, she decided to convert from Islam to Christianity, because 'Muslim women don't travel to Europe and do what I want to do'. She was raised in a Muslim family in the state of Adamawa, where Boko Haram were raging. So, she travelled to Southern Nigeria and converted to Christianity, because she wanted to decide for herself whom to date; later her family didn't want to meet her non-Muslim boyfriends:

'I want to live like a white woman—I want to decide for myself'.

The first time Becky tried to reach Europe, she used the money that her father had given her for school to pay for her counterfeit travel documents. But she was stopped at the airport. Nigerian border control officers are trained by European police officers to detect counterfeit documents and, in particular, to prevent women who are under suspicion of travelling via a trafficking network. The women are stopped and sent to counter-trafficking centres in Nigeria, often paid for by donations from European countries, trying to make them give up their dream of Europe.

However, this didn't stop Becky; if she couldn't fly to Italy, she would try to cross the Sahara Desert, even if the journey is more expensive and dangerous. When in 2011 she first left for Italy, a madam paid her journey. Becky knew that she was going to sell sex to make money if she came to Europe; she believed that migration and selling sex was the best option she had to improve her life. 'The people I have met, who have sold sex, they have looked beautiful when they came back to Nigeria'.

With 36 other migrants she travelled through the Sahara Desert to Libya. From Libya they would cross the Mediterranean Sea to Italy. After ten days in the desert there was no more food and water, and one of her fellow migrants died. When they finally arrived in Libya, the civil war broke loose, and it was no longer possible to cross the sea, so they had to hide there for two months and then go back to Nigeria.

Crossing the Sahara on the way home, Maureen, Becky's friend, died. She was nine months pregnant with a Libyan man's baby, a sex client she met while waiting to cross the Mediterranean. She went into labour in the desert, but the placenta was stuck. A fellow travelling woman told them that the placenta could be pushed out, if the woman giving birth bit hard on a spoon. The little group of women and men stood by helplessly and watched as she died. The baby lived. Becky explained how she suddenly became 'the doctor' that day, even though all she knew about deliveries was what she had seen in films. She travelled with the now motherless baby for three months before she could return the baby to its grandmother, Maureen's mother, back in Benin City.

But Becky didn't lose faith and at the end of 2015 she tried again through the desert. She knew that embarking towards Italy was life-threatening, but she wanted to leave anyway:

> ' I watch every day on CNN. But I'm not afraid. If I die, I don't care. If I get the opportunity to cross the sea, I will do it. I won't stop before I reach Italy. I'll do it for me and my family. But I hope that my madam can take me on a plane to Italy. '

This time, Becky's madam wanted €60,000 to get Becky to Italy by sea, but she negotiated the amount down to €30,000. In return, she would travel around the state of Edo and find five other women to bring along. Thus, as part of her third attempt to Europe, Becky became a recruiter herself and took part in the 'migration industry'. She recruited other women and girls, negotiated prices, created plans and collected wire transfers. Eventually, Becky managed to recruit five women and she left Nigeria with them for the third time in 2016.

Becky's third attempt to reach Europe did not succeed, she had to turn around and was stopped in Niger. On the way back she got pregnant. The baby died in her womb, and days later Becky lost her life because the doctor's attempts to get the baby out in a worn-down clinic failed. Becky died of something as common as pregnancy. Just like her friend, Maureen, in the desert.

THROUGH THE WOMEN'S EYES: LIFE IN BENIN CITY

Some of the women in Benin City were given instant cameras and asked to document what they felt was important to them in relation to their migration to Europe. Most took photos of their families, what they had bought with the money they earned in Europe or the reintegration shops a few of them were offered by IOM upon return to Nigeria. The photos are published with the women's consent.

REPRODUCTIVE HEALTH ON THE MOVE

Pregnancies are not uncommon for many women on the move. As such, reproductive health is as integral a part of the overall conditions of the women's migration as indentured status and sex work. Some interviewed women in our study had become pregnant en route or in transit in North Africa and had subsequently given birth, while some lost their foetus or child due to lack of proper healthcare services and poor hygienic conditions along the route. Others had miscarriages or had unwanted pregnancies and tried to get or got abortions, either induced medically with surgery or self-induced through herbs or poisons they had been recommended by friends and family.

Sulekova et al. (2020) conducted a case study in five CASs in Rome between 2016 and 2018. Out of 1,432 migrant women hosted in the asylum centres, 222 (15.5%) were pregnant upon arrival to Italy or they got pregnant in the CAS. Our study, as well as others (Carling, 2007; Grotti et al., 2018; Pickering and Cochrane, 2013), found that reproductive, sexual and gender-based violence constitute a major factor that characterised the maternity experience of the pregnant migrants in Sicily and Lampedusa, where pregnant patients were seen and treated after being rescued at sea (Grotti et al., 2019; IOM, 2020).

The United Nations Sustainable Development Goals (SDGs) by 2030 work to ensure universal access to sexual and reproductive healthcare services; however, refugee and migrant women are at particular risk of being forgotten in the global attempt to achieve this target. The right to free maternity care remains fundamental, and networks of actors have emerged to facilitate its implementation (Grotti et al., 2017). Even so, as many interviewed women highlighted, the African-European migration routes are still highly unsafe for pregnant migrants.

In general, migrant women with irregular immigration status are often excluded from maternal healthcare and stress their need for assistance, specifically, for information on reproductive healthcare, access to contraceptives, birth control and sanitary pads and the need for safe spaces.

According to IOM, access to health services was reported as a major constraint for migrant women in Libya; almost 75% of assessed migrants reported only having limited or no access to health services at all. However, lack of health services starts long before the arrival in Libya. Many of our interlocutors stressed how psychological and physical assistance is highly desired by women who suffered violence during the journey through the desert. Many migrant women emphasised the importance of these services in the first aid provided by to NGOs and humanitarian organisations along the route:

'All women need menstrual pads, treatment for sexual abuse and sexually transmitted diseases because women often find themselves forced into prostitution, and many have unwanted pregnancies. Some of them are later forced to abort under inhumane conditions, causing acute health problems. This is especially the plight of migrant and helpless women and underage girls. Added to this are the poor hygienic conditions, which entail that migrant woman are inevitably exposed to sexually transmitted diseases. This creates a great need for intense medical assistance' (Faith, 27 years old, Senegal).

PREVENTION, PREGNANCIES AND ABORTIONS DURING THE JOURNEY

> 'After some months in Libya, I was always tired and I was feeling sick. My friend told me that I was pregnant, but I didn't believe her. In Libya they don't sell pregnancy tests like in Italy, so I didn't know. But after some time, I realised that it was true, and I didn't know what to do. I know that it happened because I was always raped by this African man and they don't like to use condoms, so I always drank a pill with water and lemon, but it wasn't enough. I had a miscarriage after three months because in Libya there was no good food, I was always shaking and vomiting. After losing the baby, I was relieved, but I felt sick for four months and I couldn't work.'
>
> (Joy, 26 years old, Nigeria)

Many unwanted pregnancies are caused by the heightened levels of sexual violence and rape in borderland regions (Carpenter, 2006). Irregular migrants have more unintended pregnancies and delayed prenatal care, use fewer preventive measures and are exposed to more violence during pregnancy. Not having a legal residency permit, therefore, suggests a particular vulnerability for pregnant migrant women (Wolff et al., 2008).

'Travelling through the desert means taking paths that are not safe from danger. You will inevitably be victim of all kinds of atrocities: theft and scams, violence and mainly rape against women which can cause various diseases. Children risk a lot during the journey because there is no access to healthcare. Women are often forced to be prostitutes. Many have unwanted pregnancies, so they had to abort in horrible conditions and risk their lives' (Justine, 27 years old, Senegal).

The argument that women are deliberately arriving pregnant and using so-called 'anchor babies' to exploit the humanitarian system and obtain legal documents, overlooks how difficult it can be to reach Europe without getting pregnant, with no access to birth control or abortion.

In Tunisia, several of the interviewed women, talked about home abortions, drinking herbal mixtures that would cause spontaneous abortions because of the lack of financial means to pay for a legal abortion in the clinic, which can cost up to TND 800 (USD 285) and is equivalent to two to three months' salary as a domestic worker.

These types of violence and the strategies the women employ in order to earn money or seek safety through relationships with men refutes the argument that women are deliberately arriving pregnant and using so-called 'anchor babies' to exploit the humanitarian system and obtain legal documents. This argument overlooks how difficult it can be to reach Europe without getting pregnant, with no access to birth control or abortion (Plambech, 2017). The 'anchor baby' argument is further undermined by the fact that women who become pregnant after sexual abuse en route ask for abortions. The Lancet reported on a minor study with a group of migrant women in Milan, Italy in which seven out of the eight women, pregnant as a result of sexual violence en route, asked for an abortion (Barbara et al., 2017).

However, not all pregnancies are the result of sexual violence. In Tunis, many of the interviewed women had become pregnant with a boyfriend or partner, someone they had met upon arrival or someone who had gone ahead. Nevertheless, due to the hyper-precarious situation in the country, the women were abandoned, either pregnant or shortly after birth, because their partner decided to go back or to leave for Europe, as Amily recalls:

'Yes, I am an abandoned woman. I have my three-year-old here, and I'm now three months pregnant. He just left me here in Tunisia without anything' (Amily, 29 years old, Nigeria).

Restrictive border controls, implemented by European countries, have led women to make life-threatening decisions about when and how to give birth. With few or no regular ways permitting entrance to Europe, migrant women are forced to accept extreme and dangerous travel conditions. With increasing numbers of women fleeing violence, instability and poverty, Pickering and Cochrane stated, already in 2013, that the number of women who die trying to cross legal borders will probably increase. Most in danger are those women who come from countries with limited or no possibility to obtain entry visas.

Studying births and pregnancies provides a window for showing the specific challenges for migrant women in transit. It reveals the relationship between gender, pregnancy and migration politics and hopefully opens the discussion toward a gender-sensitive understanding of migrant journeys. Like the story of Becky, many women interviewed had friends who gave birth, some of them prematurely, on the way through the Sahara. Indeed, medical experts say that a woman can go into labour as a response to a stressful event, such as a long and gruelling ride through the desert and boat capsizing (Pickering and Cochrane, 2013). However, the hygienic conditions and the total absence of healthcare along the migratory route result in high mortality rates for pregnant mothers.

A significant aspect of reproductive health during migration is prevention. Malene Muusholm from The Nest International in Copenhagen explained how some women are taking contraceptive measures before leaving and during the journey because they are highly aware of the risks of being raped. However, these measures are often unreliable and inadequate. The women often trust natural remedies such as herbal beverages and infusions or water with lemon and salt, or, when they take birth control pills, it results ineffective because access to the pills is inconsistent. One of the major problems that Muusholm mentioned is how misinformation about

contraception is widespread among the migrant women, reflecting that most are from home communities with little access to reproductive healthcare or health information. For instance, some women fear that birth control pills will make them fat and change their menstrual cycle, others don't want to use the IUD because it is unnatural and they fear it will make them permanently sterile. Therefore, providing information and birth control along the route is much needed. In addition, birth control methods require a certain level of consistency and precision, but given the chaos of being on the move and the constant risk of being deported or imprisoned at any point on the journey, being consistent with birth control pills is difficult to maintain.

Restrictive border controls, implemented by European countries, have led women to make life-threatening decisions about when and how to give birth.

According to our interlocutors in both the Danish and Italian healthcare systems, there is a pressing need for antenatal care among pregnant irregular migrants. Similarly, Funge et al. conducted a study within the Red Cross health clinics in Denmark on medical needs and utilisation of antenatal care among migrants between 2011 and 2017. The results showed that most of the women interviewed did not have the recommended number of antenatal care visits and that the percentage of pregnancy-related complications was about 28% of total pregnancies. Some women have been diagnosed with chronic diseases and mental health disorders, both of which may have implications during pregnancy and afterwards. Some of these conditions are not usually addressed within primary healthcare and can be challenging to monitor and treat within an NGO setting, such as temporary clinics. The unavailability of both proper infrastructures and free access to healthcare services was also mentioned by our interlocutors.

One of the women, Happy, showed us her contraceptive subcutaneous implant that moved underneath her skin and caused pain. Such reproductive health services are not free and often asylum centres do not have the funds to cover these costs. The Italian Society for Migrant Medicine (S.I.M.M, 2016) affirmed that lack of funds in the past years made access to healthcare services extremely difficult for migrant women. The reduction in the number of consulting centres and the scarcity of operators and cultural mediators in the existing structures compromise the quality

and efficiency of the public services. For example, as of July 2016 the daily contraceptive pills is no longer for free; its cost now is one that many migrant women cannot afford.

CASE STUDIES: THE PREGNANCY OUTCOMES AMONG NEWLY ARRIVED WOMEN IN ITALY

A study by Sulekova et al. (2020) analysed data on the following pregnancy outcomes among migrant women who had crossed the Mediterranean: miscarriage (spontaneous abortion during the first 22 weeks), self-induced abortion, voluntary pregnancy termination (VPT, legally induced abortion before 12 weeks) and live birth. The results of the study are relevant for further reflections.

Out of the 222 women in the study, only 110 women had a complete follow-up of pregnancy and were enrolled in the study; while the other women either left the centres voluntarily or were transferred to another facility before the pregnancy outcome was known.

Most of the enrolled pregnant women came from Nigeria (61; 55.5%) or Eritrea (31; 28.2%). The remaining 18 women originated from Somalia (4) Ivory Coast (3), Pakistan (2), Syria (2), Egypt (1), Ghana (1), Mali (1), Morocco (1), Senegal (1), Congo (1) and Turkey (1).

Marital status seems to impact the pregnancy outcome. In fact, 71.2% of women who carried to term were married and 63.5% of them reported a previous pregnancy. Conversely, women who decided to undergo self-induced abortion or voluntary pregnancy termination were unmarried in 76.5% and 65.4% of the cases, respectively. This is not a surprising outcome. At The Nest International's clinic in Copenhagen, most of the migrant women asking for abortions were not married and became pregnant after sexual abuses. In addition, women with boyfriends explained that the men tend to avoid contraceptive methods. Low education attainment was not associated with a higher probability of unsafe abortion when compared to the educational levels of those who performed medical abortions. Moreover, it seems that the country of origin has a significant impact on pregnancy outcome. Among Eritrean women we can see higher delivery rates, compared to women originating from Nigeria. All of the women who reported self-induced abortion originated mostly

from Nigeria and a minor part from other countries, whereas none of them was Eritrean. The woman's age at the time of the pregnancy and the level of education seem not to impact on the outcome.

Pregnancies outcomes among migrant women.

Variables (**n**; %)	**Delivery** (**52**; 47.3%)	**Miscarriage** (**15**; 13.6%)	**Self-induced abortion** (**17**; 15.5%)	**Voluntary pregnancy termination** (**26**; 23.6%)
Nigerian women	**19** (36.5%)	**7** (46.7%)	**15** (88.2%)	**20** (76.9%)
Eritrean women	**24** (46.2%)	**2** (13.3%)	**0** (0.0%)	**5** (19.2%)
Other countries of origin	**9** (17.3%)	**6** (40.0%)	**2** (11.8%)	**1** (3.8%)
Unmarried women	**15** (28.8%)	**10** (66.6%)	**13** (76.5%)	**17** (65.4%)
Age	26.2 ± 6.3	23.8 ± 5.8	24.1 ± 2.1	24.3 ± 5.5
Education	7 ± 4.6	6 ± 5.1	6 ± 5.6	8 ± 3.4

Description of mean ± standard deviation (±SD).
Source: Sulekova et al. (2020).

During our research we conducted a minor survey on pregnancies at Proxima—a social cooperative in Ragusa. Even if drawing on a relatively small sample, our results were aligned with the findings by Sulekova et al. Proxima is located in the southern tip of Sicily and has been active in the anti-trafficking service network for migrant men and women since 2003. Proxima is part of the Equal Opportunity Department and it collaborates with the regional district and national government. The cooperative offers a safe space for migrants, who are provided with healthcare services, including psychological support and programmes on social-work integration. We interviewed Dr. Roberta Caccamo, one of the psychologists working in the multidisciplinary teams together with social workers, legal assistants, educators and cultural mediator. In the past years, Proxima's teams has supported nine Nigerian migrant women who either arrived pregnant at the cooperative, looking for help, or became pregnant during their stay.

Six out of the nine women, decided to keep the baby. All the deliveries, apart from one, were within quite stable relationships with Nigerian partners either met in Italy or during the migratory journey, one couple was married; therefore, according to Dr.

Caccamo, marital status impacts pregnancy outcome. When, during the first meetings with the case workers, the women have been informed on their possible choices, eventually they were eager to keep their babies. In many cases, even if not completely convinced of starting a family in Italy, the women showed enthusiasm in having a child with their partner. The only single woman among this group arrived in Sicily already seven months pregnant after being sexually abused in Libya. She reported her situation to Proxima's case workers and psychologists but decided to keep the baby. The pattern that Dr. Caccamo highlights is that when in stable relationships, migrant women decline contraceptive methods, and they desire to get pregnant to start a family with their partners, even while on the move and with uncertain migration status. This was also pointed out in the Danish context by Malene Muusholm from The Nest International, where it has been observed that many migrant women with partners tend to refuse contraceptive pills, even if working in the sex industry, because of the desire of having a baby and starting a family and because of their Nigerian boyfriend's influence on the decision. They further observed that religious reasons, stigma about abortion or the presence of the boyfriend can influence the final decision on the pregnancy. One of the women in Proxima considered interrupting her pregnancy but because of the pressure from her partner, she eventually decided to keep the baby.

The three women who opted for an abortion are generally younger and in a different marital status. The two youngest women in this group wanted to interrupt their pregnancies after being sexually abused in Italy. One of them arrived at Proxima in order to get an abortion because she didn't have or know of any other options, and she left the centre as soon as she could after the treatment was finished. The 25-year-old woman was in a stable relationship with a Nigerian partner who was strongly discouraging the choice for religious reasons. All three Nigerian women decided to interrupt their pregnancies within the first three months, in accordance with the Italian law. However, only one could use the abortive pill, the other two women had to go through a surgical abortion. To get abortions, migrant women went through three main steps: 1) an explanatory meeting with case workers and legal assistants from the cooperative about further consequences and practicalities; 2) several meetings with the psychologists to assess their emotional status and possible traumas; and 3) a visit with a gynaecologist and a psychologist in the public consulting service, while the treatment is performed at the hospital. As in the study by Sulekova explored above, education doesn't seem to play a relevant role in the final decision.

All of the women in Proxima are offered contraceptive methods, primarily the contraceptive daily pill, but many of them are initially reluctant about the pill because they consider it unnatural. None of them had undertaken any contraceptive measures throughout the entire journey from Nigeria to Italy. In one case only, a Nigerian woman was inserted with an IUD by her madam in Nigeria right before leaving for the journey. The IUD broke and the woman suffered painful vaginal infections for some time as a result.

HARM REDUCTION STRATEGIES EN ROUTE

During the Sahara crossing, migrant women navigate their vulnerabilities through different harm reduction strategies. Beyond systemic violence and sexual abuse experienced in transit, violence can manifest itself under the guise of good intentions, good policies and best practices. That is, once they become a part of the humanitarian assistance systems, migrant women also experience neglect of their intimacy and personal space.

Several interlocutors avoided professional medical assistance or other kinds of humanitarian aid, mainly due to their lack of trust in state and institutional actors.

'While in the farm (waiting for the pusher to cross the Mediterranean Sea), they frequently came with guns at night to force girls for sex. Some of the girls were penetrated anally and whoever refused to heed their demand was tortured severely. I thank God that I did not experience sex abuse in that camp, because I arranged with one Ghanaian man who happened to be a Muslim to pretend to be my husband, having realised that married women were not molested as such. Whenever they came at night for sex, I usually forced out my stomach because I have big stomach and that would make them think that I am pregnant' (Ovie, 30 years old, Nigeria).

Other women, like Ovie, explained to us how they sought the protection of men to stay safe. While many of the migrants interviewed would say they did not want to have sex en route because there was no privacy or nothing but a sand floor, they felt pressured to do so with the men they sought protection from.

Several interlocutors avoided professional medical assistance or other kinds of humanitarian aid, mainly due to their lack of trust in state and institutional actors. Migrant women looking for a quick solution to unwanted pregnancies prefer the no-questions-asked approach. For this reason, when in need of a morning-after pill or an abortion pill, they usually rely on their madams and the black market. This means that even when pregnant and in need, migrant women elude healthcare providers because they are afraid of repercussions, of being deported or arrested when registered as irregular migrants. This fear is not only of the return to unemployment and insecurity, but also of going through all of the pain, suffering and life-changing events without getting anything but a return ticket at the end.

For this reason, migrants disappear, living under the radar and relying only on their social network, which can often offer unsafe, questionable and inappropriate solutions. In fact, pregnant migrants often present health conditions unusual during pregnancy so they are in strong need for access to healthcare. Infectious diseases, STDs, and severe malnutrition complicate migrants' clinical care. These health conditions stem from poverty and the adverse living circumstances of the journey to Europe and first reception in border areas. Public health studies (Fair et al., 2020; Hunt and Macintyre, 2000) have demonstrated that, if the overall living conditions of pregnant women improve, the probability of a healthy birth and newborn dramatically increases as well.

In other circumstances, mostly when they don't have enough money to pay for their madams' help, migrant women need humanitarian organisations or counselling centres. This frequently happens when they want to get abortions after the time spent in transit. Because of their precarious living conditions, it is not easy for migrant women to have a clear idea about the conception date of their pregnancies, so it could happen that they decide to opt for an abortion when it is too late. In other cases, when timing is not the problem, stigma around abortion may be. Malene Muusholm explained how two Nigerian women approached her organisation in Copenhagen after fleeing Italy because they had been denied abortions in Italy. Their migration to Denmark was shaped by their desire to terminate their pregnancies. This is not an extraordinary event. The Italian migration welfare system is both privately and publicly managed and it has a long tradition of religious associations and NGOs active in the sector. This means that many aspects of migrants´ needs and health, such as pregnancies and abortions, have been approached from a Catholic morality perspective. Based on religious grounds some medical staff or social workers are against women's abortion choices and hinder

their decisions. Moreover, money has a relevant role in these dynamics. Asylum centres are usually run by private cooperatives, funded by the state, which pays different quotas according to specific conditions, needs and familiar status of asylum seekers. As one of the social workers in the asylum centre in Parma told us, a newborn baby and his or her mum receive a very high quota compared to other guests.

This dilemma can also be found in Tunisia, already a conservative Muslim country. Here, sex outside marriage and abortions are still looked down upon. NGOs and religious associations tend to have an opinion on the migrant women's body and constitute themselves as the 'police of morals and intimacy' (Tyszler, 2020) by trying to make migrant women fit into their vision of respectable femininity and by stigmatising certain harm reduction strategies and abortion as a result. This attitude, which tends to control bodies and women's ways of being mothers, contributes an additional layer of violence.

PRECIOUS' STORY: 'I LEFT BECAUSE I HAD NO REASON TO STAY'

'When I found out, I didn't know what to do. I didn't know who to tell. That was the worst thing. I don't know, if his dad, Joshua, would have taken it well. I don't know, if the bosses would have taken it well, and I already know that the others would have been upset'.

Precious has been in an asylum centre in the outskirts of Parma for almost three years now. She lives with Maryam, Princess, Sahro and Jennifer, her roommate. Since her baby Ferdinand (Ferdi) arrived in the flat, the atmosphere has completely changed. On the one hand, his birth has awakened the sisterhood among the girls, who are all Ferdi's aunts now. On the other hand, some of them have become particularly nostalgic and even envious. Precious is the youngest in the group, and has always been accused of being the most beautiful as well. She was only 19 years old when she arrived. Looking at Precious through the camera, holding Ferdinand in her arms, is strange. Strangely moving. While her pregnancy seems to be a watershed moment in her story, as in 'life before and after Ferdinand', she acts as if nothing had happened.

'My biggest fear was that Joshua wouldn't recognise the baby. I'm tired of always being alone to do things. It seems like it's always my fault. Sometimes I feel stupid. But in the end, he did it, so I'm happy. Even though we don't live together, because I have to stay here in the (asylum) centre'.

Precy, as she wants to be called, since 'in Italy everyone has a nickname', left Omiogate, a small village close to Benin City, with no idea where to go but with many reasons to leave. She had worked on her family property in the countryside from the age of six. Even though she couldn't go to school, she'd define her childhood as

happy and peaceful. Everything changed when her parents died in a car accident, and she had no choice but to go and live with her paternal uncle. Despite her young age, she was only 11, Precious's uncle engaged her to a 62-year-old man, who was regularly coming to the farm to buy goods. Precious's refusal to marry the old man, changed her relationship with her uncle´s family abruptly. She started living and working in painful conditions: they wouldn't cease any opportunity to beat her, forced her to sleep outside no matter the weather and starved her for days. After several weeks, Precious decided to run away and seek help from her long-time friend, Tessy. This is where Precious's migration began. Unplanned. Like that of so many others. Tessy was preparing her journey to Italy; her mother already helped other Nigerian girls in their dreams of migration. Precious felt she'd arrived at the right time in the right place. The only thing she had to do was say yes. She couldn't turn down the opportunity.

> ‘If I would not have left with Tessy, I would have had no one to go to. I left because I had no reason to stay.’

The day before departure, Tessy´s mother brought Precious to the village witch doctor to check her health condition before the long journey. This is where she was told about the debt: once in Italy she will have to pay Tessy's mother back the money used for her journey by working for her. They make her swallow the heart of a chicken, her underwear was taken, and her pubic hair was cut off. The terms were clear, and the ritual sealed the deal about the debt.

‘I didn't tell Sabrina (the camp's president) that I knew what was going on because I know how it works. They would have sent me back to Nigeria and I can't go back there anymore. Many girls of Omiogate already left with Tessy's mum’.

On August 1, 2016, Precious and Tessy left on a bus full of young women from Benin City to Agadez in Niger. After two weeks in Agadez, the desert crossing began.

‘On the journey through the desert, we have been stopped several times by people who asked us for money. Those who didn't have money were raped if they were women and beaten if they were men. There was this guy next to me, he was beaten so hard that when we got to Sabha, he laid down on top of me and gave up and died’.

Once they arrived in Sabha, Precious and Tessy were imprisoned for several months. Eventually, Tessy received some money from home, but it was not enough to pay both their ransoms, so she left for Tripoli, while Precious was left behind. When the prison was later attacked by an armed gang, Precious managed to escape and made it to Tripoli as well.

'I don't want to talk about what happened in Tripoli. I've never talked about it with anyone but Tessy, but I can no longer do it. I didn't even explain it to the Asylum Commission, even though they could help me get my papers. So many awful things happened that I was afraid I would never be able to have children again, but now I am really happy that it's not true'.

After spending a year in Tripoli, Tessy persuaded her mother to provide her with enough money to pay for both of their crossings. The departure was postponed many times due to adverse weather conditions. On the night of November 19, 2016, they began the journey to Lampedusa, spending three days at sea before rescue arrived. It was too late for Tessy. She drowned before help reached them.

'I hid Tessy's mother's number in my hair, so as soon as we were transferred to Bologna from Catania, I called to tell her what happened. I was nervous because she is very powerful in Benin City, so I didn't want to make her angry. She accused me of having pushed her daughter off the boat and for this I had to pay her a bigger debt'.

Precious has been in Italy for five years now, she lost her best friend, she moved between three asylum centres and she has been denied asylum twice. In those five years, Precious has worked as a sex worker in the streets of Parma, before gaining access to the 'apartments', an upgrade she is really proud of. During those same five years she experienced serious venereal disease, three miscarriages and an abortion. In the coming months a new appeal is being heard, and she will likely win, given the birth of Ferdinand. She says that she doesn't like Italy that much now, but for sure she likes it more than Nigeria.

CONCLUSION

The aim of this report has been to acquire a better understanding of how sex work, debt and reproductive health are interlinked in the migratory experiences of irregular West African migrant women. We wanted to start a conversation on how the journey could be safer, learning from migrant women's voices. We show how 'human trafficking' and the victim-predator structure do not capture the complexity of the women's experiences. Instead, thinking of this migratory experience as fluctuating on a trafficking-migration continuum allows us to recognise the active role played by women along the route.

Given the high level of sexual violence and rape experienced by migrant women en route, reproductive health and reproductive justice play an important role along the West African-European corridor which is characterised by many unwanted pregnancies and delayed prenatal care.

Migrant women interviewed in this study do not define themselves as trafficked and only rarely were they unaware that they would have to sell sex when in Europe. It is, therefore, relevant to recognise that migrant women's self-perceptions and agency often differ radically from ideas of what trafficked victims are. By using the term indentured sex work migration, we consider migrant women as labour migrants in search of new opportunities and hope to restore the focus on debt, as a long-lasting structural problem in the migration process.

Selling sex in Europe is considered by many interviewed women an alternative, though not desired, to unemployment and precariousness in Nigeria. Thus, for many migrant women, accepting the risks of the journey and indentured relations with madams or smugglers is the only way to break the vicious circle of debt they and their families are trapped into.

Importantly, taking into consideration women's agency in the migratory decision does not undermine their vulnerabilities, risks or the violence along the route. Indentured sex work migration can lead to severe exploitation. All of our interlocutors experienced or witnessed human rights violations, or/and sexual abuse or/and physical violence in different points of the journey. For these reasons, this report questions the simplistic human trafficking narrative and the European countries' attempts to hinder migration with campaigns when, instead, more viable solutions might be more structural reforms and harm reduction initiatives.

Given the high level of sexual violence and rape experienced by migrant women en route, reproductive health and reproductive justice play an important role along the West African-European corridor which is characterised by many unwanted pregnancies and delayed prenatal care. Migrant women are often wrongly accused of using 'anchor babies' to exploit the humanitarian system. However, our study shows how the perpetuation of violence throughout the entire journey makes it difficult to reach Europe without getting pregnant. Furthermore, the NGOs practitioners we interviewed and the data we gathered confirm that access to healthcare services for prevention and antenatal care is extremely limited en route and in transit.

This report has shown that migrant women in general are already aware of the risks and dangers of the journey, and that anti-migration campaigns are rarely working. Migration from West African countries is an intrinsic part of many families' livelihood strategies to interrupt years of debt, thus, it is not surprising that migrants leave anyway.

Many of the migrant women interviewed avoided healthcare assistance by state actors or humanitarian organisations along the route and in transit because they feared deportation or detention, since these actors are not seen as a safe space by migrants. In fact, they prefer to rely on their own social network of madams and smugglers, and this may lead to ineffective and even more dangerous health decisions. For example, many of them, highly aware of the risk of being raped during the journey, count on natural and unreliable pregnancy prevention methods, which are often ineffective. This study has highlighted the very real need for governments and humanitarian organisations to address reproductive and sexual violence committed against migrant women and to provide harm reduction measures and accessible healthcare along the route and in places of transit. Safe places must be established, where the migrant women can report abuses and exploitation without fear of being deported, persecuted or further abused and can find information about their rights and receive physical and psychological assistance.

RECOMMENDATIONS

FOR NGOs

- The safety of migrant women should be assured by providing services concerning reproductive health for migrant women at crucial points of the journey such as Benin City, Agadez, Tunis, Mèdenine, Sabha, Sicilian hotspots, and transit border checkpoints. This includes addressing prevention of maternal and infant mortality, prevention and treatment of STIs and HIV, prevention and response to pregnancy-associated complications and abortions.

- There is a need for separate and safe spaces for women and children that allow for confidential interviews. All camp sites have to be managed by humanitarian actors and have to be safe, accessible and responsive to women and girls' specific needs.

FOR HEALTH AND MEDICAL ORGANISATIONS AND INSTITUTIONS

- Our studies showed that the most suitable prevention method for the precarious conditions of migrant women might be contraceptive injections. Contraceptive injection is 99% effective, it lasts for eight to thirteen weeks, so it would cover most of the migratory land journey.

- Adequately resourced mobile clinics are necessary along the route to ensure that the minimum standards of life-saving reproductive health services are always accessible. Moreover, basic goods, such as food, water and medical supplies, should be provided at different points of the journey and accessible for everybody. In particular, women and girls should have access to hygiene kits and sanitary napkins.

FOR STATES AND POLICYMAKERS

- Sustainable bank and debt policies should be implemented by governments through new economic infrastructure, with more access by low-income workers or people without long-term job contracts. This would discourage seeking loans from black market and loan sharks and lead to healthier loans, with the state as guarantor, in the areas where migrants originate.

- New sex work policies and reforms of existing ones are needed to make the European sex industry safer and more regulated. For decriminalisation to be meaningful, it must be accompanied by a recognition of sex work as work, allowing sex work to be governed by labour law. This will lead to a safer journey for sex worker migrants, who face multiple vulnerabilities because of the irregularity of their conditions.

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