

# 移民的性别差异

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**【摘要】**: 世界上大约有 2 亿人在流动, 其中大约 50% 是妇女。对于因迫害、战争、饥荒、气候灾害或摆脱外部虐待甚至家庭暴力而离开的妇女, 没有明确的移民计划。妇女在以父权制社会组织为特征的文化环境中遭受的与性别有关的暴力, 通过不同的方式表现出来, 包括但不限于早婚和切割生殖器官, 生殖健康在幼年就已经受到严重损害。除此之外, 还必须考虑到低收入国家无法用多学科方法(如糖尿病)治疗慢性退行性疾病。脆弱或根本不存在的卫生系统没有为这一需求做好准备, 目前这一需求影响到三分之一的死亡人数。与意大利母亲相比, 来自高移民压力国家的女性患妊娠期糖尿病的风险更高; 此外, 埃塞俄比亚种族的年轻女性更容易受到糖尿病风险增加的影响, 这与年龄和体重指数有关。除糖尿病外, 患有其他非传染性疾病的移民的性别不平等现象也更加明显。需要在培训从业人员和重组基本保健服务方面作出重大努力, 使他们能够胜任跨文化意义上的工作。还需要对全体人口和特别是妇女进行健康教育, 以控制风险行为, 预防一般代谢综合征的早期发病, 特别是 2 型糖尿病的早期发病。

**【关键词】**: 移民; 较低的收入; 糖尿病; 性别

## Gender Differences in Migration

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**Abstract:** There are about 200 million people on the move in the world, and approximately 50% of them are women. There are no clear migration plans for women leaving as a result of persecution, war, famine, climatic disasters or moving away from contexts of external abuse and even intrafamily violence. Gender-related violence, to which women are exposed in cultural contexts characterized by a patriarchal social organization, is manifested through different ways including, but not limited to, early marriages and genital mutilation, with reproductive health already being seriously impaired at an early age. To this must be added the consideration that low-income countries are not able to deal with chronic degenerative diseases with a multidisciplinary approach such as diabetes. Fragile or non-existent health systems are not prepared for this need, which now affects a third of all deaths from this cause. Compared to Italian mothers, women from high-migration pressure countries had a higher risk of gestational diabetes; in addition, young women of Ethiopian ethnicity are more exposed to increased diabetes risk, in an age- and BMI-dependent way. Gender inequalities are also more evident in migrants for other non-communicable diseases besides diabetes. A major effort is needed in terms of training practitioners and reorganization of basic health services, making them competent in an intercultural sense. Health education of the population as a whole and of women specifically is also needed to contain risk behavior and prevent the early onset of metabolic syndromes in general and of type 2 diabetes in particular.

**Keywords:** Migration; Low income; Diabetes; Gender

### 1 简介

2017  
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Mara Tognetti

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" 2020 12 4 5

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## 2 母亲身份是移民中的一种特殊性别差异



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### 3 糖尿病是一种与移徙有关的非传染性疾病

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#### 4 结论

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#### 资助:

#### 利益冲突:

#### 参考文献:

- [1] International Migration Report 2017 Highlights. Available online: <https://www.un.org/development/desa/pd/content/international-migration-report-2017-highlights> (accessed on 8 February 2022).
- [2] Tognetti, M. Donne e processi migratori tra continuità e cambiamento. *Paradoxa* 2016, 10, 105 - 124.
- [3] Achieving a Future without Child Marriage. Available online: <https://www.unicef.org/wca/reports/achieving-future-without-child-marriage> (accessed on 8 February 2022).
- [4] The Global Girlhood Report 2020. Available online: <https://www.savethechildren.org/content/dam/usa/reports/ed-cp/global-girlhood-report-2020.pdf> (accessed on 12 December 2021).
- [5] Sciurba, A. Free to choose? The abortion of migrant women in Italy, between migration policies, labor exploitation and extreme cases of abuse and violence. *Int. J. Gen. Stud.* 2014, 3, 245 - 274.
- [6] Ooms, G.; Van Damme, W.; Baker, B.; Zeitz, P.; Schrecker, T. Diagonal approach to global fund financing: A cure for the broader malaise of health systems? *Glob. Health* 2008, 4, 6. [CrossRef]
- [7] Barry, M.I.; Diallo, I.S.; Bah, M.B.; Cisse, D.; Diallo, T.M.O.; Bah, M.D.; Gnammi, L.R.; Diallo, T.O.; Diallo, K.; Kante, D.; et al. Transection Type, Vesico-Vaginal Fistula Surgery. *Open J. Urol.* 2020, 10, 263 - 274. [CrossRef]
- [8] Le Donne nei Fenomeni di Migrazione Irregolare, Tratta e Traffico di Esseri Umani. Available online: [https://www.academia.edu/37868149/Le\\_donne\\_nei\\_fenomeni\\_di\\_migrazione\\_irregolare\\_tratta\\_e\\_traffico\\_di\\_esseri\\_umani](https://www.academia.edu/37868149/Le_donne_nei_fenomeni_di_migrazione_irregolare_tratta_e_traffico_di_esseri_umani) (accessed on 12 December 2021).
- [9] Krishnan, S.; Dunbar, M.S.; Minnis, A.M.; Medlin, C.A.; Gerdt, C.E.; Padian, N.S. Poverty, Gender Inequities, and Women's Risk of Human Immunodeficiency Virus/AIDS. *Ann. N. Y. Acad. Sci.* 2008, 1136, 101 - 110. [CrossRef]
- [10] Jaffar, S.; Gill, G. The crisis of diabetes in sub-Saharan Africa. *Lancet Diabetes Endocrinol.* 2017, 5, 574 - 575. [CrossRef]
- [11] De Curtis, M.; Simeoni, S. L' Italia diseguale inizia in culla. *Pediatria* 2018, 11, 18 - 19.
- [12] Noncommunicable Diseases - A Priority for Women's Health and Development Accessed March 2021. Available online: <https://hcdalliance.org/resources/noncommunicable-diseases-a-priority-for-women%E2%80%99s-health-and-development> accessedmarch2021 (accessed on 12 December 2021).
- [13] Kann, P.H.; Mü nzel, M.; Hadji, P.; Daniel, H.; Flache, S.; Peter Nyarango, P.; Wilhelm, A. Alterations of Cortisol Homeostasis May Link Changes of the Sociocultural Environment to an Increased Diabetes and Metabolic Risk in Developing Countries: A Prospective Diagnostic Study Performed in Cooperation with the Ovahimba People of the Kunene Region/Northwestern Namibia. *J. Clin. Endocrinol. Metab.* 2015, 100, E 482 - E 486. [CrossRef]
- [14] Temba, G.S.; Kullaya, V.; Pecht, T.; Mmbaga, B.T.; Aschenbrenner, A.C.; Ulas, T.; Kibiki, G.; Lyamuya, F.; Boehn, C.K.; Kumar, V.; et al. Urban living in healthy Tanzanians is associated with an inflammatory status driven by dietary and metabolic changes. *Nat. Immunol.* 2021, 22, 287 - 300. [CrossRef]
- [15] Goedecke, J.H.; Mtintzila, A.; Dlamini, S.N.; Kengne, A.P. Type 2 diabetes mellitus in African women - Web of Science Core Collection. *Clin. Pract.* 2017, 123, 87 - 96.
- [16] Lá cer, A.; Zunzunegui, M.V.; Del Amo, J.; Mazarrasa, L.; Bolu, F. The contribution of a gender perspective to the understanding of migrants' health. *J. Epidemiol. Community Health* 2007, 61 (Suppl. S2), ii 4 - ii 10. [CrossRef]
- [17] Lafort, Y.; Lessitala, F.; Ismael de Melo, M.S.; Griffin, S.; Chersich, M.; Delva, W. Impact of a " Diagonal " Intervention on Uptake of Sexual and Reproductive Health Services by Female Sex Workers in Mozambique: A Mixed- Methods Implementation Study. *Front. Public Health* 2018, 6, 109. [CrossRef]
- [18] Baglio, G.; Burgio, A.; Geraci, S. 2019 Health of the Foreign Population - Observation Health. 2020, pp. 334 - 385. Available online: <https://www.ohdsi.org> (accessed on 12 December 2021).
- [19] Lauria, L.; Spinelli, A.; Buoncristiano, M.; Nardone, P. Decline of childhood overweight and obesity in Italy from 2008 to 2016: Results from 5 rounds of the population-based surveillance system. *BMC Public Health* 2019, 19, 618. [CrossRef]
- [20] Seghieri, G.; Di Cianni, G.; Seghieri, M.; Lacaria, E.;

Corsi, E.; Lencioni, C.; Gualdani, E.; Voller, F.; Francesconi, P. Risk and adverse outcomes of gestational diabetes in migrants: A population cohort study. *Diabetes Res. Clin. Pract.* 2020, 163, 108128. [CrossRef]

[21] Jaffe, A.; Giveon, S.; Wulffhart, L.; Oberman, B.; Freedman, L.; Ziv, A.; Kalter-Leibovici, O. Diabetes among Ethiopian Immigrants to Israel: Exploring the Effects of Migration and Ethnicity on Diabetes Risk. *PLoS ONE* 2016, 11, e0157354. [CrossRef]

[22] Chambre, C.; Gbedo, C.; Kouacou, N.; Fysekidis, N.; Reach, G.; Le Clesiau, H.; Bihan, H. Migrant adults with diabetes in France: Influence of family migration. *J. Clin. Transl. Endocrinol.* 2016, 7, 28 – 32. [CrossRef]

[23] Terje AEikemo, T.A.; Gkiouleka, A.; Rapp, C.; Huijts, T.; Stathopoulou, T. Non-communicable diseases in Greece: Inequality, gender and migration. *Eur. J. Public Health* 2018, 28 (Suppl. S5), 38 – 47. [CrossRef]

[24] Kehlenbrink, S.; Smith, J.; Ansbro, É.; Fuhr, D.C.; Cheung, A.; Ratnayake, R.; Boulle, P.; Jobanputra, K.; Perel, P.; Roberts, B. The burden of diabetes and use of diabetes care in humanitarian crises in low-income and middle-income countries. *Lancet Diabetes Endocrinol.* 2019, 7, 638 – 647. [CrossRef]

[25] Boulle, P.; Kehlenbrink, S.; Smith, J.; Beran, D.; Jobanputra, K. Challenges associated with providing diabetes care in humanitarian settings. *Lancet Diabetes Endocrinol.* 2019, 7, 648 – 656. [CrossRef]

[26] Rigato, M.; Pizzol, D.; Tiago, A.; Putoto, G.; Avogaro, A.; Fadini, G.P. Characteristics, prevalence, and outcomes of diabetic foot ulcers in Africa. A systemic review and meta-analysis. *Diabetes Res. Clin. Pract.* 2018, 142, 63 – 73. [CrossRef]

[27] Kehlenbrink, S.; Jaacks, L.M.; on behalf of the Boston Declaration signatories. Diabetes in humanitarian crises: The Boston Declaration. *Lancet Diabetes Endocrinol.* 2019, 7, 590 – 592. [CrossRef]