Gendered Migration and the Social Integration of Migrants in Slovenia

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Several topical issues arising from the contemporary migrant context, at both regional and global levels, are addressed in the chapter. First, when it comes to the sphere of the European Union, the emphasis is on the issues of integration in the migrant context, as well as the security situation. Women have often been heavily involved in the survival of their families and communities, but today the 'feminisation of migration' and 'feminisation of survival' processes are very evident. These two phrases highlight the increasingly public and visible forms of women's contribution to families, along with their contribution to the state and society (immigrant and emigrant), especially the growing world demand for their services. Although women have always migrated, developments in the last decades sustain both their presence in international migration flows and their recognition as migrants. The focus of this contribution on presenting certain results of ongoing research, chiefly on the social integration of migrants in Slovenia.

Introduction

Contemporary modernisation and migration processes have put the issue of regulating migration policies and integration strategies in the centre of interest in the social sciences, despite the national security interest which primarily entails positive identification of target (Bade, 2005; Scheffer, 2011).

The migration of women has always been an important component of international migration. The United Nations Population Division estimates that in the year 2000 49% of all international migrants were women or girls, and that the proportion of women among international migrants had reached 51% in more developed regions. Women often migrate officially as dependent family members of other migrants or to marry someone in another country. Female migrants are, however, increasingly joining flows of migrant workers, moving on their own to become the principal wage earners for their families. Most migrant women move voluntarily, but women and girls also include migrants forced to leave their countries to flee conflict, persecution, environmental degradation, natural disasters or other situations that

affect their security, livelihood or habitat (Women and International Migration, 2018).

The comparison of migrants, especially female migrants as workforce or 'non-free workers,' over time also seems appropriate to Stephen Castles for the following reasons: Migrants as a rule have limited access to health and economic rights, as well as work contracts. They are also frequently excluded from certain professions, senior positions and functions, and have problems when acquiring work permits as they are specific to a single employer, for which reason female (and male) migrant workers generally cannot seek employment with another employer, ultimately leaving some with no alternative but to return to their home countries (Castels, 2006; Papastdergiadis, 2000; Tapinos, 1999).

About New Research Approaches: 'Where Are You from?/ Where Are You at?'

Contemporary migration and integration processes necessitate new research approaches that strive to find answers to the questions: 'Where are you from? vs. Where are you at?'

Zimmermann, Gataullina, and Constant (2018) used the so-called ethnosizer (a means of measuring ethnic identity) in a study on ethnic identity and ethnic belonging. The ethnosizer, a measure of the intensity of a person's ethnic identity, is constructed from information on these elements: language, culture, societal interaction, history of migration, sex, and ethnic self-identification. The two-dimensional concept of the ethnosizer classifies immigrants in four states: integration, assimilation, separation and marginalisation. Based on individual characteristics – such as language, culture, social interaction, the time of immigration and ethnic self-identification – they determined levels of the four mentioned states.

The general characteristics of the intensity of ethnic identity among the immigrant group show the following. The researchers find a few general characteristics; namely: ethnic identity is stronger for females, those who were schooled in the home country, and who were older age at the time of entry; young migrants are assimilated or integrated the most; Catholics and other Christians integrate and assimilate faster than other religion; immigrants with a college or higher education in the home country integrate very well, but do not assimilate; having some schooling is worse than no education for integration or assimilation; those with a tertiary education integrate more easily, but do not assimilate; those with an elementary education integrate and assimilate more slowly than those without any education; there

are also individual differences like in attachment to the homeland, parents, friends, etc.

The Slovenian Context: Between the Local and Global Dimension

When it comes to identifying and integrating migrants in Slovenia, most of whom are from former Yugoslavia, it would not be out of place if we first take a small 'excursion.' Although this is a matter of a minority that is not constitutionally recognised as such, their minority status was acquired upon a change in national-legal belonging – that is, with the fall of Yugoslavia and Slovenia's independence. The Slovenian example is not a classic immigrant situation. The rapid rise of industry after World War II depleted much of the region's 'reserve' workforce, thereby creating the conditions for employing workers from other republics of former Yugoslavia. Some figures show the influx began around 1961 and already by 1963 23,203 seasonal workers had come to Slovenia. Most came from Bosnia and Herzegovina and Croatia, and then from Serbia (Medica, 2010).

A large share of these workers came from generally less developed regions where opportunities for basic and higher education were limited. The migrants were predominantly unskilled, low-wage labour and from the poorest societal classes. A certain percentage of these people were officer corps from the former country who had chosen to remain in Slovenia; others came for schooling and higher education and stayed. During the war in former Yugoslavia, refugees also arrived in Slovenia, with some later remaining. Workers from former Yugoslavia are actually a fixture in Slovenia as their destination country. Migration from countries in the region is quite typical of Slovenia to this day as they make up the biggest share of migration with them representing more than 85% of all migrants. Much like in other countries, stronger migration flows from Asia (China, Thailand) are also seen in Slovenia. However, the share of migrants from non-European countries in Slovenia is very low at below 3% of all migrants (Pajnik, 2012, p. 148).

In terms of gender specificities, Slovenia shows a pattern where more than two-thirds of migrants are men, whereas in Hungary, Finland and Germany the balance is more even. There are more migrant women than men in Italy and Cyprus, where the feminisation of migration has been noted in the last few years. Sectors that involve migrant women, particularly the so-called feminised sectors, are domestic and care work, healthcare, beauty spas and wellness business, as well as sex work (Pajnik, 2012, p. 149).

About female migrants in Slovenia in general, we can say that they primarily migrate for marriage or family reunification (see <http://www.ess.gov.si>).

The research demonstrated that in the majority of cases the main reason for female migration was to re-unite with a spouse working/living in Slovenia. However, many female migrants in the study stated they had migrated for better employment opportunities and education (see <http://www.mddsz.gov.si>).

Identity and Integration

How to detect the identity options of migrant minorities from the area of former Yugoslavia remains quite an unsettled question. Touching on this, the Slovenian-Bosnian writer Josip Osti wrote (Medica, 2006):

In terms of the preserving of identity models with the help of language, it is clear that a more or less common language of these groups no longer exists today. Of the former Serbo-Croatian, I myself say that it is the language of my memory. In the novel by Andrej E. Skubic, *Fužine Blues* (*Fužinski bluz*), on which a theatre production was also based, this language is present as part of the folklore of the Fužine quarter of Ljubljana, where this population is greatest. A similar situation is seen in the Markovec quarter of Koper. In the novel Skubic, similar to the director of the theatre production of the same name, Ivana Dilas, concerns himself with the language of the Fužine district as part of the identity of this minority group. This language is a theme, although not everything that lies behind the language and which is even more important. Only the contrast in mentality comes to expression, the stereotype of problematic Southerners continues to exist. A theatrical production, let's say, of a Bosnian in Slovenia that is not about a stereotyped figure, who is not a manual labourer, is not stupid and where someone named Fata is not necessarily a cleaning woman – that would be a welcome production. If you only partly destroy the established stereotypes, something will begin to change in people's consciousness. There's no need to hold great illusions of any radical change since the way of thinking is deeply rooted. But if a change in thought is brought about, something substantial will be set in motion. These may be small steps, but they are important; if you don't take a small step, you'll take no step at all.

Marijanca Ajša Vižintin (Vižintin, 2018) calls for changes, chiefly to the education system. She claims that teachers exert a substantial influence on success in including immigrant and refugee children through their knowledge and attitude. Even greater effectiveness would be attained if teach-

ers who support the inclusion of migrant children were to be employed full time (instead of on temporary projects) and if concrete learning objectives and teaching content that tackles those topics were to be included in multi-perspective syllabuses, including in academic programmes (Vižintin, 2018; Torpey, 2000; Aragonés & Salgado, 2018).

'As active citizens, teachers should respond to prejudices and discrimination in their (school) environments and through their knowledge and activities promote the development of intercultural education. A significant part of this involves the development of intercultural dialogue at their educational institution and in the local community, in line with genuine diversity (multilingualism, multi-ethnicity, multi-religiosity) and, importantly, together with the immigrants' (Vižintin, 2018, p. 98).

Central Integration Barriers

The welfare state is withdrawing to the market and market relations, but the fundamental area of activity is the everyday world of people, the everyday interaction with people different than 'we' are. It is precisely in this context that the power and adaptability of ethnic and national identity models express themselves.

We express them through everyday expressions, phrases, jokes, ambiguities. When it is a matter of everyday situations and our responses to fleeting encounters with others, prejudices seem harmless, innocent. At such times, we hardly notice them – exactly because they are so quotidian. But it is these everyday prejudices that have the unsettling quality that they very soon reach epidemic proportions. Prejudices are then transformed into tools of aggression, they presage lynching, excuse all sorts of discrimination, persecution, witch hunts or the leaving of threatened groups to their 'fate.' In this way, the *status quo* in a given society is supported, rationalised and legitimised.

The main obstacles to integration, especially when it comes to female migrants, are psychological and economic. They are chiefly seen in the presence of prejudice, stereotypes, poor knowledge of the situation, ignorance of the problem, and ignorance in general. Moreover, in research we are often dealing with the presence of prejudice and stereotypes, about economic migrants, whom Slovenia urgently needs, and even more about refugees from Syria and Afghanistan.

Gendering Migration – Gendering Identities

Today's divide or border between the foreign and the domestic, exacerbated by rapidly growing immigration into Europe, which still has to be essentially

gendered (and racialised), but also to be determining for contemporary European racial and gendered identities. Thus, a very open question is how can this imaginary border or, in Stoler's (2018) terms 'internal frontiers,' created within the receiving society between the foreigner and the citizen be seen as fundamentally sexualised and gendered? Or, can and, if so, how can it be seen as a constitutive force for both local society itself and for the gendered and sexual performances of immigrants? Today, the site of an internal other for European countries has been shifting more and more towards the space of the expanding immigrant communities. More concretely, Slovenia's contemporary, pro-European, national, cultural and gendered normative identities are increasingly influenced by recent migration from the ex-Yugoslav countries, along with other countries from the Balkan peninsula – Albania, Bulgaria and Romania.

Although women have always migrated, development over the last decades sustains both their presence in international migration flows and their recognition as migrants. Women have been regularly heavily involved in the survival of their families and communities, but today the 'feminisation of migration' and 'feminisation of survival' processes are very present. Both phrases highlight the increasingly public and visible forms of women's contribution to families, also their contribution to the state and society (immigrant and emigrant), especially the growing world demand for their services.

The literature on immigrant women's health shows that they abort, give premature birth and need Caesarean sections more often, while delivery among them is higher and they have more birth-related psychological problems (Doctors of the World, 2014). This information is not surprising because female migrants are more restricted in access to healthcare and less informed of their possible rights to healthcare, while possibly being afraid of both their husbands and interaction with all sorts of officials.

The contemporary experiences of immigrant women in Slovenia do not fully reflect the effects of gender, immigrant stratification systems and the impacts of alterable, and in many cases chaotic, immigration policies.

In this chapter, the focus is on presenting some results of ongoing research, primarily on the social integration of women migrants in Slovenia, and the processuality of the integration processes in everyday life and common situations. A key element of their integration relates to their social status, employment, health status, both physical and psychological.

This paper is a work in progress, and follows a few central topics:

- Women migrants who have been in Slovenia for a long time and are

educated, employed and have already acquired citizenship of the Republic of Slovenia.

- Women migrants who came more recently, most often to join a husband who works in Slovenia, with this process mainly entailing family reunification.
- Experiences of healthcare workers and doctors with whom migrant women have been in contact.
- The perceptions of students of the Faculty of Humanities and the Faculty of Health Sciences at the University of Primorska, and their opinions on the integration of migrants into Slovenia, with an emphasis on migrant women.

Experiences of Healthcare Workers with Whom Migrant Women Have Been in Contact

This chapter looked at the perceptions of students of the Faculty of Humanities and the Faculty of Health Sciences at the University of Primorska, and their views on the integration of migrants in Slovenia, with a stress on migrant women.

The research was conducted in March 2018 using focus groups made up of students of the Faculty of Humanities and the Faculty of Health Sciences at the University of Primorska, especially students, who are also in direct contact with migrants, healthcare workers and doctors with whom migrant women have been in contact. Interviews in the focus groups were conducted at the Faculty of Health Sciences in Izola on 9.3.2018 and 16.3.2018.

We concentrated on the focus groups by applying high-quality, non-standardised, structured data-bundling techniques. The intention was to gain an insight into the research problem so as to illuminate the actual situation in practice. It is also important that the focus group participants were selected on the basis of specific characteristics, and that they were employed in healthcare, which is the main research topic.

Focus Group Participation, and Relationship with Migrants in Slovenia's Healthcare System

Students from the Media Department at the Faculty of Humanities played the role of interrogators and commentators. The focus group research involved 2 groups and 22 students, namely, 20 from the Faculty of Health Sciences, and 2 students from the Faculty of Humanities – Sabrina Husejnović and Emanuel Lipovac. The Faculty of Health Sciences students were respondents due to

their experiences. Some participants were more actively involved in the discussion.

The students – future healthcare professionals – participating in the focus groups say they treat all patients in the same way, whether they are migrants or Slovenian citizens. Still, they think that migrants do not respect their advice, sometimes they pretend to be sick.

Migrants are usually most afraid that the healthcare service will be too expensive for them. Accordingly, they delaying visiting a doctor, but that is unnecessary.

One student, a nursing student from the surroundings of Izola, explained there are language problems, especially with young Albanian mothers. The staff thus often need considerable time in contact with them compared to a Slovenian patient. The biggest problems are due to the lack of language knowledge. All participants agreed.

Poor communication practices between the healthcare professional and the patient can lead to a variety of problems.

One student with practice with female migrants warned of the ‘Albanian mothers’ improper treatment of their children,’ which she considers to be the result of ignoring the advice given by nurses. It is very possible that this negative opinion mainly arises from the poor training of health professionals in the language area (i.e. poor communication), as well as unfamiliarity with different cultural practices and customs.

In the focus group, some student health professionals referred to the linear development of culture. This is a belief that emerged in the 19th and 20th centuries, and is nowadays unaccepted and irrelevant.

One student who is also a medical worker linked ‘progression’ and ‘socialisation’ with a better understanding of other EU languages (e.g. Slovenian and English) and everyday family practices.

Migrants’ Reliance on Slovenian Healthcare

The participants believed that migrants, especially females, only visit a doctor when the situation is urgent. There is a reluctance to visit the doctor and distrust in doctors. The reasons mentioned by the migrants are ignorance of the situation, the environment and language, followed by a fear of having to pay, and a fear of excessive costs.

Visiting Doctors

One of the crucial problems/obstacles migrants experiences concerns visiting a doctor. They only see a doctor when it is truly necessary and urgent.

When asked whether migrants (mainly female Muslims) attend a medical examination by themselves, the participants answered that this is rarely the case. They are most often accompanied by a child (9 to 12 years old) who, due to their compulsory attendance at an educational institution, can speak Slovenian. Slovenia's migration policy plays a key role in this issue. Cost-free Slovenian language courses are only available to migrants after being resident in Slovenia for 2 years. Privately paid courses are very expensive.

Health Institutions' Preparedness for Cultural Diversity

In the case of dealing with an unknown culture (customs, practices, behaviour, way of dressing etc.), Slovenian health professionals are left to themselves. The focus group participants stated that Slovenia is very poorly organised in this area.

It is also important to note that, due to poor communication skills (notably ignorance of the language) and ignorance of different cultures, disputes between healthcare workers and migrants are frequent. For example, one participant argued that migrants do not want to obey the advice given by medical staff, with explanation, that they don't want any progress and changes.

The Problem of the Health System's Poor Adaptation

While discussing the preparedness of health institutions for cultural diversity, one participant said that migrants do not want to adapt to the Slovenian system. In comparison, another participant stated that Slovenians who have migrated abroad have adapted exceptionally well to foreign cultures and new social (political) systems.

Statements like: 'They will not adapt to us!' mainly derived from:

- ignorance of the wider migration process;
- evaluations based on prejudice and unjustified claims; and
- justification of thinking based on isolated (one-off) cases.

A proposed solution is clearly to make integration more interactive and to give training in communication bias. This is confirmed by examples from the practice of British health professionals who have been permanently educated about the customs of migrants arriving in the United Kingdom. Such knowledge can speed up integration and ensure the effective functioning of healthcare institutions.

In Lieu of a Conclusion

The chapter is based on the research project Cross-border Network for Immigrant Women: Social Integration, Sexual and Reproductive Health, Program INTERREG V A Italy–Slovenia 2014–2020, the project leader of which in Slovenia is Dr Mirko Prosen from the Faculty of Health Sciences. Based on the focus group work within the said project, we can say that the Slovenian health system encounters several problems with the reception of migrants, especially female ones.

This is largely due to at least two issues:

- the absence of any course (education) on how to treat migrants or members of foreign cultures – health professionals are left to themselves; and
- poor language knowledge – by both migrants who, due to Slovenian legislation, can only learn the language without cost after having been resident in Slovenia for 2 years, as well as health professionals who have no possibility of taking cost-free courses in other languages.

The fact there are no communication channels between medical professionals and migrants is a problem that stems from prejudices which, in our opinion, are due to sensational media reporting of the migrant crisis (e.g. making a mess on the train, destroying food and destroying seats on the train, bus etc.). These statements were obtained in a focus group interview, Faculty of Health Sciences in March 2018.

Any stereotyping indulged in by health professionals will not contribute to successful integration and social cohesion, on the contrary. As long as a widespread stereotypical conception of immigrants is held among the public, as long as the state's attitude to immigrant workers and their political, religious and cultural expectations allow them to be scorned by their immediate community or at work, and to be marginalised by society at large, it is hard to talk of the implementation of integration into wider society.

Identity changes, belonging and non-belonging are actually hallmarks of a challenge brought by the presence of different cultures in society, including the contributions these groups make and by maintaining contact with their home culture. The key identifications in society occur at the local, micro level, in various forms of everyday contact with the inhabitants of a specific region. If neither (immigrant and native populations, migrant minorities and the majority population) is prepared to play a role, then even the best models and concepts of integration, all the good measures and good intentions, will

not bring about the desired results. The former main way of adapting and integrating into a new environment, arising from the Darwinist assumption that one must *adapt or die*, is being superseded. New processes are increasingly adopting an evolutionary form, proceeding from primary adaptation to universal progress in the new environment. A positive integration praxis can now be restated: *adapt and integrate, integrate and thrive*.

Accordingly, it should be emphasised that the interaction of migrants and the majority population as important societal phenomena and processes is a subject that must be constantly and repeatedly opened up. Female migrants have become a topic in everyday political, media, education and scientific settings that are vital to the prospects for the development of Slovenian society. Interactive integration into society can be achieved when migrants' interactive integration is accepted from all social actors, especially those in direct contact with migrants – healthcare workers, social services, media, politicians, and, above all 'ordinary' people.

First and foremost, it is important to deal with them on a local as well as global level, in a context which includes both 'place' and 'space.'

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