Health and Cultural Transformations of the African Migrant Woman: An Anthropological Study of Irregular Migration

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Abstract

This study aims to analyze the health and cultural transformations experienced by the African migrant woman in the context of migration, through an anthropological approach that seeks to understand the relationship between the migration trajectory and her health conditions and cultural representations. The study departs from the hypothesis that the migration experience leads to reshaping the health and cultural practices of the migrant woman through the interaction between transit conditions, social fragility, and original cultural references.

The study is based on three main axes: the impact of the transit phase on the physical and psychological health of the migrant woman; the reflections of fragility and social stigma on her health and social conditions; and the dynamics of change and stability in cultural practices related to health. To achieve its objectives, the study adopts the qualitative anthropological method through in-depth interviews and field observation, allowing for an understanding of the lived experiences of migrant women in their social and cultural contexts.

The study seeks to contribute to enriching scientific knowledge on women's migration issues, health, and culture, and to highlight the health and social challenges facing the African migrant woman and her adaptation mechanisms to the reality of migration.

Keywords: African woman, irregular migration, health, trajectory.

Theoretical Framework

1. Introduction and Research Problem

Irregular migration has become one of the most complex social phenomena in the contemporary world, in light of the growing phenomenon of human flows from sub-Saharan African countries toward transit and host countries in North Africa.

In recent decades, there has been a noticeable increase in the numbers of migrant women, leading to the emergence to what is known as the "feminization of migration," whereby women have become a key actor in migration projects rather than mere companions of male migrants.

The irregular migration experience for the African woman carries multiple dimensions that go beyond geographical movement to include deep social, cultural, and health transformations. A long the migration trajectory, the woman is exposed to new situations that compel her to a reshaping of her living patterns and cultural and health practices, facing challenges related to social fragility, violence, and exclusion due to the difficulty of accessing effective health services.

From the perspective of Zahra Al-Hadi Toumi Daghman, women's migration represents one of the growing phenomena in recent decades, and becomes a multidimensional challenge for transit countries that receive increasing numbers of migrant women, whether for temporary transit or to complete the journey toward destination countries. The importance of studying this phenomenon lies in its social, cultural, and health implications, which impose greater and additional responsibilities on transit countries related to providing all necessary services and developing effective policies to address it.

From an anthropological perspective, migration represents a space for reconstructing identity and continuous negotiation between the culture of the original society and the host society. Therefore, studying the health and cultural transformations of the African migrant woman is considered a fundamental entry point for understanding the dynamics of change and continuity in the lives of migrant women.

As Algeria initially represented a transit zone for irregular women migrants , it has become a settlement and residence area. There is a noticeable increase in their numbers, who face deep transformations affecting their health, social, and cultural conditions, making it a major risk that Algeria faces, largely due to its geographical location and vast space, which represents a major concern for both the government and the population.

From this perspective, the research problem is formulated as follows:

To what extent does the irregular migration experience contribute to creating health and cultural transformations among African woman, from an anthropological perspective?

From this main question, several sub-questions emerge:

- How does the transit and migration phase affect the health and psychological condition of the African migrant woman?
- What is the nature of the social fragility and forms of stigma experienced by African migrant women?
- To what extent do migrant women maintain their original cultural and health practices, and what are the limits of change that occurs in them in the host society?

2. Research Hypotheses

2.1. General Hypothesis

The irregular migration experience of the African woman leads to deep health and cultural transformations, shaped through the interaction between transit conditions, social fragility, and the persistence of original cultural references.

2.2. Sub-Hypotheses

- The transit phase negatively affects the health, physical, and psychological conditions of the African migrant woman.
- Social fragility and stigma limit the African migrant woman's access to resources and health services, affecting her social integration.
- Cultural practices related to health undergo a reshaping process that combines continuity and change resulting from the interaction between the culture of origin and the culture of the host society.

3. Research Objectives

- Revealing the reflections of the transit and migration phase on the physical and psychological health of the African migrant woman.
- Studying the forms of social, economic, and legal fragility faced by African migrant woman and their impact on her health condition.
- Analyzing manifestations of social stigma and discrimination related to irregular migration and their reflections on integration and health.
- Monitoring mechanisms of change and stability between the culture of origin and the culture of the host society.
- Contributing to building anthropological knowledge about the relationship between migration, health, and culture in the African context.

4. Importance of the Study

4.1. Scientific (Theoretical) Importance

- Enriching the literature in the field of anthropology of irregular migration and health.
- Contributing to an understanding of the interactive relationship between culture and health in the context of irregular migration.
- Shedding light on the African irregular migrant woman as an active social actor experiencing all the complex transformations in which health, cultural, and social dimensions intersect.
- Providing an analytical framework that links the concepts of fragility, stigma, and cultural health practices.

4.2. Practical Importance

- Contributing to an understanding of the health and social needs of African migrant women.
- Providing even basic data that could assist decision-makers and relevant ministries in developing more effective policies and programs for social and cultural diversity.
- Supporting the efforts of health and social care institutions in improving the quality of health services for migrant women.
- Helping to reduce the phenomenon of stigma and discrimination that affects the health and social integration of the migrant woman.

5. Key Concepts:

5.1. The African Woman

She is the pillar of society in the African continent, and is known as every woman who belongs to Africa geographically, culturally, or historically. She combines in her identity strength, resilience, and a rich heritage, and has proven her presence as an active and fundamental element in various fields of life. She is considered the primary preserver of values and customs, in addition to African oral and material heritage, as she is the maker of stability within the family and society.

5.2. Irregular Migration

Despite the multiplicity of perspectives on irregular migration (political, security, economic, social...), they all agree that irregular migration means reaching other countries and staying in them in a manner contrary to laws. In general, irregular migration is defined as: "that migration by which migrants violate the conditions set by international agreements and internal laws."

5.3. Health

According to the World Health Organization (WHO), health is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.

5.4. Trajectory

The term "trajectory" in anthropology refers to two main things:

- Historical and Scientific Development: Tracking the stages and milestones that anthropology has passed through throughout history, and how its different schools and theories were formed.
- Field Study: The approach followed by researchers (anthropologists) in tracking a particular culture or social phenomenon and the stages of its development within societies.

Applied section

1. Methodological Approaches

The exploratory study was conducted from November 10, 2025, to November 25, 2025, where the researcher conducted the exploratory experiment in several municipalities of Biskra Province, especially the border ones:

- **Zeribet El Oued Municipality:** Located in the far east of Biskra Province, 80 km from the provincial capital. It is a border municipality with Khenchela Province and Tebessa Province, which borders Tunisia.
- **Oumache Municipality:** Located in the far south of Biskra Province, 22 km from the provincial capital. It is a border municipality with Touggourt and El Mghair Provinces along the Great Sahara Road.
- **Tolga Municipality:** Located in the south of Biskra Province, 37 km from the provincial capital. It is distinguished by its agricultural quality.
- **Biskra Municipality:** An Algerian city and the capital of Biskra Province. It is known as the 'Bride of Ziban' and the main gateway to the Sahara. It is located in the northeast of the country, about 400 km south of the capital.

The objectives of the exploratory study were:

- Identifying the difficulties the researcher faces during fieldwork.
- Identifying the special conditions experienced by the African migrant woman in an irregular manner.
- Confirming the locations of irregular African migrant women within the province.
- Confirming the validity and appropriateness of the study tool with the sample.

2. Research Method

We adopted in this study the qualitative anthropological method, as it is considered among qualitative research approaches and relies mainly on field studies, because studying the social or cultural aspect of any society requires the researcher to get close to the study sample and live with it. The anthropologist generally formulates the basic study perceptions after descending to the field of study so as not to collide with or reflect his research inclinations. (Khawani Khaled, 2021, p. 374).

3. Study Sample

The research sample represents a side or part of the determinants of the population concerned with the research. As Marwan Abdelmadjid says, after the researcher determines the method to be

applied and after the means and tools to be used in collecting information, he must determine the type of sample or samples to be drawn from the population , that is, determine a way to draw a part of the population that represents it sufficiently to ensure the validity of generalizing the results to the entire population . (Abdelmadjid Marwan, 2000).

Our study sample consists of 31 irregular African migrant in in Biskra Province, distributed as shown in the following table:

Municipality	Sample	Number	Total Number
Zeribet El Oued	Abortion	2	16
	Childbirth	4	
	No childbirth or abortion	12	
Oumache	Abortion	00	09
	Childbirth	6	
	No childbirth or abortion	3	
Tolga	Abortion	00	04
	Childbirth	00	
	No childbirth or abortion	04	

Table 1: Study Sample Distribution

Abdelkader Abbas states that the research population is 'the group that the researcher is interested in, that is, determining the large group that the researcher is interested in studying and knowing the people whom the researcher wants to apply his study results to.' (Abdelkader Abbas, 2013, p. 118)

In choosing the sample, the researcher did not have complete freedom to control it to many variables, the most important of which was the relocation of irregular migrants' residences from one day to the next, due to their fear and escape and their heading toward the Tunisian borders, especially those residing in the borders of Zeribet El Oued Municipality. To facilitate communication with the sample individuals, some charitable associations that refused to disclose their names in our study were relied upon to facilitate the communication process with them. The sample individuals were represented by 03 neighboring countries (Niger, Mali, and Chad), and from the social perspective,most of them lack official documents proving their marital status.Women who resorted to abortion stated that pregnancy made it difficult to continue toward the Tunisian border.

4. Data Collection Tools

In this field, Fatima Awad Saber and Mervat Ali Khafafja state that "at an early stage of the research, the researcher becomes acquainted with the advantages of the different operations in all the evidence and proofs, and determining the method that enables him to collect data and the necessary materials to choose the validity of his hypotheses or to answer his scientific questions in a sound manner, he must examine what is available to him of tools, and choose the most appropriate to achieve the purpose or purposes of his research, so if the different tools and devices available and his research

needs do not match, he completes them, or modifies them, or prepares, or manufactures other tools.'' (Fatima Awad Saber, Mervat Ali Khafafja, 2002, p. 115).

This study relied on both the interview tool and the direct observation tool. The interview represents a purposeful, conscious, direct verbal dialogue, that takes place between two persons (researcher and subject) or between a researcher and a group of people for the aim of obtaining accurate information that is difficult to obtain through other tools or techniques, and which is recorded by writing or audio or video recording. (Ahmed Naqi, 2021)

Direct observation refers to the place where the researcher observes a particular behavior through direct contact with the person or object being studied. In this type, the relationship between the researcher and the behavior they wish to study becomes clear (Mazroa Al-Said, 2022).

5. Analysis, Interpretation, and Discussion of Results

5.1. First Dimension: The African Migrant Woman and the Transit Phase

The transit phase represents one of the most important and most impactful stages in the migration trajectory and in the life of the migrant woman, as she moves from her original social and cultural space to new spaces characterized by instability and multiple risks. This dimension involves several key aspects:

- **The Cultural Dimension:**

Irregular migrant women face cultural shock during the transit phase resulting from contact with different cultural groups, particularly in our study sample — women carrying their children without official documents and without a father figure, meaning they serve as both father and mother simultaneously. They find themselves compelled to adapt to new languages, customs, and values that may differ from their home country's culture.

This situation gives rise to forms of cultural negotiation, whereby women maintain certain elements of their original culture , such as language, religious beliefs, and dietary habits , while simultaneously adopting new practices that help them adapt to the reality of migration.

Culture also plays an important role in interpreting illness and health, as some women continue to rely on their traditional conceptions of treatment and prevention even while living in culturally different environments.

- **The Social Dimension:**

Irregular migration for women leads to the dismantling of part of the traditional social networks that used to provide protection and support to women within their original society. During transit, women become more vulnerable to social isolation and fragility due to the absence of family and weak legal protection.

In contrast, new social networks emerge among migrant women, based on solidarity and the exchange of information and assistance. These networks constitute an important mechanism for adapting to transit conditions and reducing feelings of alienation, especially as they pass through several different stops on their way to Biskra province.

- **The Economic Dimension:**

Women often embark on irregular migration due to difficult economic conditions, including poverty, unemployment, and limited job opportunities. During the transit phase, they face even more fragile economic conditions due to limited financial resources and the high cost of transport and

accommodation.

Some women are forced to take on unstable or informal work to secure their basic needs, making them more vulnerable to economic exploitation and gender-based violence.

- **The Health Dimension:**

The transit phase is one of the most dangerous stages for the migrant woman's health. Long travel conditions, malnutrition, lack of potable water, and absence of health care lead to the deterioration of the health condition of many women.

Anxiety, stress, and depression rates also rise due to fear of failure, deportation, or exposure to violence. The fragility of pregnant women increases due to lack of medical follow-up and difficulty accessing health services.

From a medical anthropology perspective, illness during the transit phase is not understood as merely a biological condition, but rather as a reflection of complex social, cultural, and economic conditions.

5.2. Second Dimension: The African Migrant Woman and the Arrival and Settlement Phase

The arrival phase represents an important turning point in the migration trajectory, where the woman begins to reorganize her life within the host society.

- **Rebuilding Social Relationships:**

The woman seeks to form new social networks that help her integrate within the host society. These networks include members of the migrant community, humanitarian associations, and institutions supporting migrants.

These relationships contribute to providing psychological and social support and facilitating access to job opportunities and various services.

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- **Cultural Integration and Identity Negotiation:**

The migrant woman lives in a state of continuous negotiation between her original culture and the prevailing culture of the host society. This can lead to the emergence of hybrid identities that combine elements of both cultures. Some cultural practices are preserved as part of identity, while others are modified to meet the demands of the new environment.

- **Cultural Integration and Negotiation for Identity:**

The migrant woman lives in a state of continuous negotiation between her original culture and the dominant culture in the host society. This may lead to the emergence of hybrid identities that combine elements from both cultures.

Some cultural practices are preserved as part of identity, while others are modified to suit the requirements of the new environment.

- **Economic Condition:**

Despite the improvement of some economic conditions after arrival, many women continue to work in fragile and low-wage sectors. The absence of legal documents in some cases limits the opportunities for full economic integration.

However, obtaining a regular income represents for many women a fundamental step toward achieving economic independence and improving the conditions of their families. What is noticeable in our study regarding the irregular migrant women , especially in Tolga Municipality, is her positioning in the middle of agricultural areas seeking work to provide for herself and her children with sustenance.

- **Health Transformations:**

The migrant woman's health is affected by her ability to access access and benefit from health services. Some women may experience an improvement in their health conditions due to the availability of medical care, while others continue to face difficulties related to legal status or linguistic and cultural barriers.

According to our study and the interviews conducted, the woman was exposed to numerous health risks during the transit phase, especially allergic diseases, which are the most prominent among them and are transmitted from person to person in a terrible manner. They report not being covered by insurance and being treated as irregular migrants, , meaning that they do not receive adequate treatment. The psychological effects related to transit experiences, violence, and alienation remain present for many migrant women even after settlement.

5.3. Third Dimension: Cultural and Health Practices Between Change and Continuity

Cultural and health practices are among the most important areas that reveal the nature of the transformations experienced by the migrant woman.

- Manifestations of Cultural and Health Stability: many women maintain:
  - ✓ Religious and spiritual beliefs.
  - ✓ Traditional dietary habits.
  - ✓ Use of herbs and folk recipes.
  - ✓ Some rituals related to health and illness.

This Stability represents a means of preserving identity and belonging in the context of alienation.

- Manifestations of Cultural and Health Change:

The migrant woman gradually adopts new practices related to:

  - ✓ Modern medical treatment methods.
  - ✓ Health prevention practices.
  - ✓ Family planning.
  - ✓ Nutrition patterns.
  - ✓ Upbringing methods and health care for children.

This change occurs as a result of contact with health, educational, and social institutions in the host society.

- The Interaction Between Change and Stability:

Change does not imply a complete abandonment of the original culture, nor does stability mean rejecting everything new .Rather hybrid practices are formed for the migrant woman that combine original cultural references and new acquisitions.

This process shows the woman's ability to adapt and reproduce her culture in new contexts without losing her basic identity.

Conclusion

The study of the health and cultural transformations of irregular African migrant women reveals the existence of a close relationship between migration, health, and culture. The migration trajectory does not only lead to the movement of individuals across borders, but produces deep transformations in living patterns, cultural representations, and health practices. During both the transit and arrival phases, the woman faces complex conditions ranging between fragility and adaptation, and between change and preserving elements of original identity. Hence, the anthropological approach allows for a more comprehensive understanding of this human experience, by highlighting the continuous interactions between the social, cultural, and health structures that shape the life of the African migrant woman.

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