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Scientific articles

Ventanas del gobierno abierto: Análisis de la política pública y salud de las mujeres mexiquenses en sus retornos de EUA

Windows of open government: Analysis of public policy and health of Mexican women on their return from the US

Janelas de governo aberto: análise das políticas públicas e da saúde das mulheres mexicanas ao retornarem dos EUA

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Resumen

Este estudio examinó la función asumida por el gobierno abierto en las trayectorias migratorias y de salud, así como los factores que inciden en la implementación de políticas públicas dirigidas a mujeres migrantes internacionales que viajan de América a Estados Unidos y luego regresan a sus países de origen. Durante el proceso de regreso, se investigó la participación de los actores sociales en los programas de salud y su vinculación con el gobierno abierto. Además, se analizaron los marcos legales a nivel nacional, estatal y municipal que respaldan los derechos de las migrantes con el fin de examinar la política pública. Para comprender mejor sus experiencias, se utilizó un enfoque cualitativo que incluyó análisis de narrativas a través de entrevistas semiestructuradas, desde una perspectiva constructivista. Los resultados revelan la diversidad de estrategias adoptadas por las mujeres migrantes para abordar los problemas de salud, como recurrir a servicios privados debido a barreras de acceso y a la brecha digital, por lo que se propone ampliar las oportunidades del gobierno abierto. Estos hallazgos sirven de sustento para continuar evaluando las dificultades que enfrenta el gobierno abierto y promueven la formulación de una agenda inclusiva que



garantice, a través de la gestión de políticas públicas, el acceso gratuito a los servicios de salud para las mujeres que regresan.

Palabras claves: acceso, barreras y dinámica migratoria.

Abstract

This study, in particular, explored the trajectories of women who make round-trip migration, where they take a trip to the United States of America spend time there, and return to their places of origin. In the return, the participation of social subjects in social health programs and their relationship with open government were investigated. In addition, the national, state and municipal legal foundations are analyzed where the legal basic of the rights of migrants is supported for the analysis of public policy. In addition, to learn about their lives, a qualitative approach was carried out where their narratives were analyzed through the application of semi-structured interviews where the data was collected and their speeches were interpreted from the epistemic base of constructivism. Shows that there is not a single from of response to migration, but rather a diversity of strategies for women's health problems, since they go to private services due to access barriers and the digital divide, therefore, it is invited to open the open government windows. These results add to the scenario to continue assessing the barriers faced by open government and also allows the generation of an inclusive agenda that gives free access to health service for returning women from the management of public policy.

Keywords: Access, Barriers and migratory dynamics.

Resumo

Este estudo examinou o papel assumido pelo governo aberto nas trajetórias migratórias e de saúde, bem como os fatores que influenciam a implementação de políticas públicas destinadas às mulheres migrantes internacionais que viajam da América para os Estados Unidos e depois retornam aos seus países de origem. Durante o processo de retorno, investigou-se a participação dos atores sociais nos programas de saúde e sua ligação com o governo aberto. Além disso, foram analisados os marcos legais nos níveis nacional, estadual e municipal que apoiam os direitos dos migrantes, a fim de examinar as políticas públicas. Para melhor compreender suas experiências, utilizou-se uma abordagem qualitativa que incluiu análise de narrativas por meio de entrevistas semiestruturadas, numa perspectiva construtivista. Os resultados revelam a diversidade de estratégias adotadas pelas mulheres migrantes para enfrentar problemas de saúde, como o recurso a serviços privados devido

às barreiras de acesso e à exclusão digital, razão pela qual se propõe expandir as oportunidades de governo aberto. Estas conclusões servem de apoio para continuar a avaliar as dificuldades enfrentadas pelo governo aberto e promover a formulação de uma agenda inclusiva que garanta, através da gestão de políticas públicas, o acesso gratuito aos serviços de saúde para as mulheres que regressam.

Palavras-chave: acesso, barreiras e dinâmicas migratórias.

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Introduction

Migrant women, health policies and open government in a study represent new actors in governance that seek balances and open dialogues in the construction of consensual policies through collaborative participation. In the last decade, numerous investigations have focused on the migration phenomenon (Arias, 2013; Ariza, 2004; Arizpe, 1986; Berumen and Hernández, 2012; Bronfman *et al.* , 2004; Durán and Massey, 2003; Rivera, 2004; Sánchez and Serra, 2013), and it has been observed that the trend of the 21st century is that women continue to migrate internationally (Berumen and Hernández, 2012; Caballero and Chávez, 2020; UN Migration, 2020; Woo , 2017).

In this context, the daily life of Mexican migrant women was investigated during their return process, specifically in social programs. Migration is perceived as a response to the needs that these women face in their trajectories. According to the National Institute of Statistics, Geography and Informatics (Inegi) (2017), migratory flows between 2009 and 2014 indicate that, of 719,242 emigrants to the United States, 25.9% are women (186,479). In this sense, programs to assist migrants in general have been implemented during the periods of government of Felipe Calderón and Enrique Peña Nieto, such as the Program for Attention to Mexicans Abroad, the 3x1 Program and the Special Migration Program (Secretaría de Wellbeing, March 28, 2017). These supports consisted of the following:

Help with the construction, expansion of water, sanitation, and drainage networks; equipment in public, community schools: that benefit at least ten families that live in the same municipality where the project will be carried out, and that contribute to the generation of income and employment (Secretaría de Bienestar, 2017, para. 4) .

As for the Mexican health system, it has services that seek to prevent or treat diseases. In fact, the legal framework of the Political Constitution of the United Mexican States (2023), which grants rights in this matter, establishes the following:



The State must guarantee the entire population full access to medical care and the medicines they require. However, a set of factors, among which gender, age, generation, social class and ethnic belonging stand out, generate inequality in the possibilities of access to services and in their quality (p. 10).

However, in this preamble it remains unclear how the health of women who migrate to the United States and return to their places of origin affects, what are the specific barriers that open government faces so that these migrant women know and access the migration and health social programs, and how these social programs influence their lives. From this problematization this stands out:

The Mexican government, through the Ministry of Health, provided services in the period 2012-2018 through Seguro Popular, currently the National Institute of Health for Wellbeing [INSABI] (2018-2024), which is occupied by people who do not have with social security and receive free care in health centers, medical welfare units, medical spatial units [UNEMES] and in rural, community and general hospitals (Méndez and Llanos , 2021).

Also, according to the National Institute of Public Health, it is reported:

It has the systems of the Mexican Institute of Social Security [IMSS], the Institute of Security and Social Services of State Workers [ISSSTE]. These function as federal insurers to which both the worker, the employer and the government contribute resources (Salgado *et al.* , 2007).

Given that one of the functions of open government is to encourage collaboration, transparency and citizen participation, the latter is essential, since it acts as a mechanism to moderate and control the power of politicians, as well as allowing society, based in their community needs, have a voice in decision-making (Serrano, 2015). Thus, if migrant women do not participate, the opportunity to promote collaboration and well-being is lost, in addition to excluding them from their citizenship rights. Therefore, it is crucial for the government to open its communication channels and include returning women so that they can exercise their rights.

According to Oszlak (2013), “the full exercise of open government to move forward implies: transparency, participation and collaboration” (p. 6). This set of elements must be analyzed in the context of the construction of the social reality regarding the health of migrant women, initially with emphasis on the following international instruments existing in the Program for Social Cohesion in Latin America.

Convention on Migrant Workers (1939), Convention on Migration in Abusive Conditions and the Promotion of Equality of Opportunities and Treatment of Migrant Workers (1978), International Convention on the Protection of the Rights of All Migrant Workers and Their Relatives (1990), Protocol against the Illicit Trafficking of Migrants by Land, Sea and Air (2000), Convention on the status of refugees (1951) and Advisory Opinion OC-21/14 Inter-American Court on Human Rights (2014), among the main ones (Cruz *et al.* , 2020, p. 248).

These programs are aimed at addressing various problems on the Latin American agenda. However, they are currently not solving the current problem of the agenda, which must focus on a transparent, participatory public policy designed by and for migrants. In other words, this policy should be able to identify and address health and human rights needs effectively. In the case of Mexico, the following is proposed:

The Political Constitution of the United Mexican States is the maximum applicable law in the country and establishes the framework for secondary federal and state legislation. In this way, International Treaties are at a lower level than the Magna Carta but above general and state laws. In turn, state laws are subject to the precepts established in both state constitutions and federal laws, since the latter serve as a framework for the development of the latter in relation to certain powers that, according to the general Constitution, are distributed between the states and the Federation.

The way in which public policies finally reach the population is through the different programs that are implemented and that are designed through a series of operating rules, derived from the constitutional precepts and each of the federal or state laws. In the same sense, for the implementation of these programs “the institutions in charge of their operation are defined, which in turn require legal support through the organic laws that establish their structure and functions, among other aspects (Cruz *et al. a.* , 2020, pp. 248-249).

Consequently, open government emerges as a strategy in the absence of public policies aimed at migrants and their health. “When girls, women and men do not participate in open government, we lose information, knowledge and skills that could power ambitious reforms with impacts on the lives of people who migrate” (Sánchez, 2022, p. 4). Therefore, it is proposed to open the government to facilitate access to more programs for communities, especially women.

With the above explained, the hypothetical assumptions formulated in this work focus on the existence of barriers in the function of open government for access to public health, as well as the lack of support from social programs for returning women.

Materials and methods

The present study addresses issues of gender perspective, migration phenomenon and policy construction in the context of open government. In the social sphere, its contribution lies in identifying the causes and alternatives of coexistence, which will be integrated into recommendations for the development of policies that can be implemented by the government to promote a dialogue between the government and society in the creation of policies. consensual.

Specifically, the research was based on a transversal qualitative exploratory approach, for which the triangulation strategy was used in three communities with a high migratory index. The objective was to obtain information from Mexican migrant women who returned from the United States of America to their communities of origin. Data collection was carried out through participant observation and semi-structured interviews with eleven women who had had migratory experiences and resided in communities such as Villa Guerrero (El Carmen), Ixtapan de la Sal and Ahuacatitlán , located in the southwest of the state of Mexico.

The data collected was systematized in the *Atlas-ti software*, where a roadmap was designed for the creation of hermeneutical units that produced reports with qualitative results in the 2021/2022 period. These results included an analysis of the trajectories of migrant women and transversally covered topics such as health, migration and social programs, for which the constructivist approach was used through which women construct their reality based on their experiences, thoughts and emotions. in their everyday environment (Berger and Luckman, 2011).

It is important to mention that to preserve the anonymity of the informants, the following codes were generated to identify them: MIREMEX IS, MIREMEX(A), MIREMEX VG (C), which refers to *returned Mexican migrant* from the three communities studied. The questions of the *semi-structured interview instrument* that guided the research were these:

- Health services: Did you get sick when you returned from the United States? Did you receive medical help? When you get sick, what type of services do you go to: public or private? What has been your experience around covid-19?
- Migration programs: Have you received help from any social programs in your environment? If so, what type? Was it federal, municipal, or state in origin? What did it consist of? How did you find out? How has it helped you? If the answer is no,

why do you consider that you have not received help? Have you used them and in what way? How did they help you? What barriers do you face in not participating in any social program? Do you count? with some digital means such as cell phone, computer and internet where you consulted information about migration and health programs?

This information was transcribed and processed in Atlas *software*. Ti, where the fragments of the interviews were coded into categories previously delimited in the study objectives.

Results

In the communities studied, a diversity of strategies in response to migration was observed, rather than a single way of dealing with it. The returns were perceived as a consequence of migration, since some women returned when they considered that they had fulfilled their objectives, while for others deportation was a factor of return that was perceived as a global phenomenon of exclusion and racism.

Likewise, two modalities of migration were identified: irregular and regular. More and more women acquire visas, although since they are not for work, the work dynamic is shortened and the stay decreases, as well as the earning of income for them and their families. In this sense, the data revealed a typology of returning migrant women, which is described below:

Typologies of migrant women

One of the factors considered is the perception that women have about migration and its relationship with open government, particularly in the context of social programs. In this sense, it was decided to use the *return migration category* to classify migrant women into three groups: regular migrant women (those with a visa), undocumented migrants (those without legal documentation) and those who have been deported (repatriated women) to their place of origin.

This typology was related to participation in social programs, which resulted in zero support because their returns are recent. First of all, these women seek to adapt again to the family and community environment. One of their first needs is to reunite with their family, children, parents, grandparents and, in some cases, their partner if they did not travel with them. Afterwards, they visit the community to greet and meet friends. In this regard, one of them comments:

When you arrive, the first thing is to want to see your family, your children, your parents, and then your friends, visit the community, see what has changed and what is still going on. After that, I don't even know if there is any program, I don't see cards where they call us or tell us. I only see that, for example, my neighbor, she is from a political party and they call her to meetings, all that, she is not a migrant, but I think she does receive, but it means getting too involved in politics, it means spending all day (MIREMEX IS- 3,2021).

Migrant women point out from their contexts, particularly from the local government, that they are not called to participate in meetings and feel excluded due to their lack of affiliation to a political party and their recent arrival to the community. In this sense, “the local government [is] where the relations between it and the citizens are established and must represent the citizens before the other levels of government, manage public resources and, above all, encourage citizen participation” (Chavoya , 2013, p. 13) Therefore, these women expect to receive the first support from the local government, as the main instance to participate in the community.

One of the functions of local government is to encourage citizen participation and, in this context, the closest relationship occurs when women return and need to go to the health system when they themselves or one of their children become ill, as well as when they seek to obtain a visa to migrate again.

However, in terms of access and distribution of programs, these women find little support due to exclusion criteria that limit their participation. Likewise, it is worth noting that facing their returns represents a challenge, since they are exposed to complex and uncertain environments, as one of them points out:

On the return it was difficult because we returned when the pandemic hit; We wanted to be with our family, we were afraid, we all got sick and we didn't even have time to go to the doctor; One of my children needed oxygen, I took my savings and we were able to alleviate it (MIREMEX VG- 9, 2022).

This testimony reveals the lack of political will and coordination mechanisms on the part of local governments towards women, which aggravates the vulnerability of migrants. In the area of migration, the role of local governments has been very limited because, being administered by federal and state governments, the true needs of women are not adequately addressed nor the magnitude of the migration phenomenon is considered, which results in a limited capacity for action by local governments to guarantee migrant women's access to health.

Next, an association between the analysis category and the response rate is presented, which leads us to the comparative analysis between government actions and the experiences of migrant women, as shown in table 1.

Table 1. Association between categories, response rate and participants (2021-2022)

| Category | Response rate | Participants |
|------------------|---|---|
| Access to health | Government actions *Clinic *INSABI | Documentary research |
| | Actions of migrant women *Go to private clinics | (MIREMEX IS A, 2 3 ;MIREMEX IS , 4, 5) |
| | *Go to pharmacies with consultation | (MIREMEX IS A 1;MIREMEX 6.7) |
| | *Take some home remedy | (MIREMEX IS A 1, 2, 3; MIREMEX IS 4, 5, 6 MIREMX VG- 9, 10, 11) |
| Access to a visa | Government actions H2O Visa | Documentary research |
| | Actions of migrant women *Tourist visa *Visa for older adults | (MIREMEX IS A 1, 2, MIREMEX IS 4, MIREMEX VG 8) |

Source: Own elaboration with data from the research project *Women, migration and open government: a look at the design of public policies on the health of international migrants originating in the state of Mexico*, UAEMEX/CONACYT/nro. 2466769, during the period 2021-2023.

The table above shows that, according to the women's discourse, they do not have access to free health services and, when they return, some of them, especially the deportees, do so without income. Likewise, migrant women feel excluded, as they have to resort to private clinics. This

exclusion is aggravated by their entry into labor informality, since in both Mexico and the United States, to access free health insurance, they must be affiliated through their work, and in many cases they are only hired temporarily and informal (Coordination of Migration Affairs, 2022).

In other words, it is evident that open government actions are not enough, since health centers lack information campaigns, which impacts the transparency whose function is to disseminate information to citizens. The interviews corroborated this fact, as they demonstrate that access to health is influenced by social classes and employment status. For example, women with some profession who have services from the Institute of Security and Social Services of State Workers (ISSTE) have different access to health compared to those who work in the informal sector and lack health services, so they must resort only to private care, where they only have quick-service pharmacies. The following testimonies reflect this analysis: "When I get sick I go to ISSTE, I am a retired teacher" (MIREMEX IS-5, 2022); "I work selling clothes but no, I don't have insurance and I only go to local pharmacies " (MIREMEX VG- 10, 2022). Another testimony highlights self-care through self-medication and the use of home remedies: "I buy my pills that are for pressure, I check on the phone what medicine works for me and buy it, and then I complement it with a tea or a remedy. dynamic

1. Dynamics of social programs in returning Mexican migrant women

When women return, especially undocumented ones, they say they long for a visa. However, in the process of obtaining them they realize that they do not meet the requirements. Therefore, one of them mentions:

When I returned to Mexico, I wanted to return to the gabacho because I was not here and I went to ask what was needed to obtain the visa and I found pure obstacles, first that I did not meet the age or income and I had had problems there. [referring to the United States of America] then it was difficult and I became discouraged (MIREMEX –IS 1).

The previous testimony reveals how the family reunification support program for older adults operates in the state of Mexico, which is designed exclusively for reunification, and not for job placement. Furthermore, it is only available to people over 60 years of age, which implies limitations and excludes other people (Coordination of Migration Affairs, 2022). Likewise, the testimony points out the absence of social programs with work visas for young adult women. Consequently, it would be pertinent to design a binational public policy that covers both countries (Mexico/USA) and ensures documented, safe and job-generating migration.

According to documentary research (see table 1), although President Andrés Manuel López Obrador has carried out an immigration agenda with Joe Biden, president of the USA, until 2022 only 356,000 H2 visas (work visas) have been granted (López, August 15, 2022). However, these are not enough and women are unaware of the type of visas due to lack of access to social programs and lack of information, as MIREMEX IS A -8 mentions:

We don't know when someone just arrives, because it's not the first thing you ask, but neither does the authority tell you "there are these programs for migrants", or at least I haven't seen any posters in the town hall here in Ixtapa that invite us to do so. The visa process should be explained and they should do it so much that it is difficult to become undocumented (2022).

Faced with this problem, Mexican migrant women propose the following from their circumstances:

- That there are programs that help process their work visas, hence the need for a collaborative binational agenda (MIREMEX IS-7, 2022).
- That the process be equitable for both men and women (MIREMEX IS 10, 2022), since they consider that they are not on equal terms because there is a selection of labor to migrate (Palacios, cited by Sánchez, January 2 of 2022).
- Eliminate barriers to information, access and participation.
- The lack of information generates a gap in access and participation of women in social programs for migrants. Therefore, migrants must be involved in social programs before migration and upon return.

This proposal can be beneficial for returning women, as it allows them to gain visibility, know their rights, and access quality services to obtain a work visa if they wish to return to the United States. Furthermore, in the preamble to the returns, doubts arise about which health services the women go to, since upon returning many mention that they do not have access. In the following section this problem will be described in more detail.

2. The health of returning Mexican migrant women

When the women return, they say that it is a challenge to adapt to the community, as one of them mentions:

They didn't love me in the community because they believe that someone comes with money, some saw me, but didn't greet me; It was difficult for them to accept me and one feels strange and strange, until I started selling American clothes that I brought from there, here outside my house, they came up to ask about the price and they started talking to me and When I got sick they asked about me and they sent me fruit or some tea, because we arrived the same as we left, without medical insurance, from the IMSS, only private and you see that it is very expensive (MIREMEX -VG (C) -3, 2022).

The previous testimony highlights that women, since they do not have free service, go to a private doctor. On the other hand, returning Mexican women report that, when they are in their places of origin, they receive medical care in health institutions such as quick-service pharmacies, health centers, general hospitals and even in the private sector, which generates a relative expense for them. However, to access programs such as “Seguro Popular” they must be affiliated with the free service, and in the case of INSABI they must only lack social security at the time of going to the consultation (Méndez y Llanos , June 21, 2021).

An additional testimony mentions: “When I get sick or a family member gets sick, we go to Similares or Farmacias del Ahorro, because the consultation and the medications are cheaper, and they treat you quickly” (MIREMEX VG-2, 2022). It is important to highlight that migrant women who resort to private services tend to go mostly to quick-service pharmacies, where the consultation is inexpensive, although they must also face the cost of purchasing their medications.

Given the lack of free health services, women turn to alternative medicine for minor ailments, such as peppermint tea or chochos: “I didn't receive help and so I use remedies like peppermint tea and sometimes chochos that my nephew prescribes for me.” and what he does” (MIREMEX IS 9, 2022), or also to private doctors: “I have not received medical help, I always go to private doctors when I get sick” (MIREMEX IS A 6, 2022). During their migratory trajectories, women often get sick due to the stressful processes they face, such as the dangers of crossing, where persecution and detention are common situations, which generates stress and increases the probability of getting sick.

In summary, the results confirm that the majority of migrant women in this study choose to use private medical services when they get sick or need care for minor ailments, such as flu, stomachaches or headaches, as well as sometimes traditional medicine. For those who cannot access free health services, the option is to go to private doctors or pharmacies with medical consultations, which are usually cheaper and offer relatively shorter waiting times.

Discussion

Both countries, Mexico and the United States, face common health problems because public policies do not effectively address the binational problem. The fact that women mention in their speeches that they go more frequently to private health services due to the low costs of consultations and medications, as well as the reduction in waiting time, highlights the inefficiency in the provision of services. free. In Mexico, the prolonged time for care, the lack of specialists and medications are persistent problems in their returns to the country. Furthermore, mental health care for migrants is necessary due to social exclusion, economic deprivation, and the risks and dangers of crossing that they mention in their speeches.

This shows two pending issues: on the one hand, in Mexico, free health services do not offer comprehensive and quality care to their users, who resort to private services. On the other hand, in the United States, the lack of health services is closely related to the issue of document regularization, a pending problem on the contemporary binational agenda. Although some women have tourist visas, they do not cover this service either due to restrictive and harsh policies towards migrants, which worsens their situation every day.

They mention that they lack access to free medical insurance, which shows a lack of guarantee by the government regarding their right to health, which not only implies access to medical services, but also their use by the population. In other words, the testimonies highlight the lack of information about health programs and point out that only those who have a formal job have access to these services.

Regarding the issue of migration, there is still no solid commitment on the part of Mexico and the United States, despite the persistent problem in the 21st century, with the departure of migrants and their arrival in the country of destination, which affects both to this sector and to the migration phenomenon in general. Therefore, it is necessary to reflect on the fact that although each country has public spending obligations with its citizens, the migrant sector that enters the United States in search of opportunities should not be excluded. These reflections will provide a solid basis to begin a first approach to the trajectory of care for international migrants and to understand their actions during changes in their place of origin, destination and return.

In this scenario, therefore, it is possible to identify various barriers to an open government in Mexico:

1. Migrant women face difficulties in accessing information due to the closure of communication channels and technologies such as the Internet and computers in their communities. Although they have cell phones, they lack mobile data and free network

access, which limits their ability to learn about social programs. Furthermore, they are unaware of government activities, such as those offered by the INSABI program, since they are not informed about them.

2. They are unaware of the existence of work visas, such as those offered by the H2A Visa program, that could benefit them. These visas are granted to people selected for their suitability in the field of health and are generally granted to field workers, excluding migrant women from other sectors.
3. Do not actively participate in political processes in their return communities because they are adapting to their new environment and have multiple responsibilities as mothers, heads of family, and caregivers of the home.
4. They only know about some social programs through “communicating vessels”, that is, through information transmitted by family, neighbors and friends, and not through the relevant authorities. This lack of information also affects social assistance programs, which have not resolved this situation of lack of adequate dissemination.

Another barrier mentioned in the speech is the difficulty in implementing social programs in the municipality of Ixtapan de la Sal due to the disinterest of state authorities, which limits the ability of women to develop and exercise agency through open government. The elimination of these barriers implies making social programs public and generating an agenda that allows women's access to health services. Therefore, below is a strategic proposal for an open government with free access for Mexican migrant women:

1. Facilitate access to social programs through the dissemination of information and existing public policies, for which participation barriers must be eliminated and inclusion strategies promoted for Mexican migrant women.
2. Reduce socioeconomic gaps by creating sufficient conditions for equitable participation in social programs.
3. Consider returns as an opportunity for the development and inclusion of migrant women.
4. Encourage governance to ensure the necessary conditions for the effective execution of programs, including management and operation training.
5. Design policies that promote the allocation of temporary visas for migrant workers, so that access to medical care is guaranteed without exclusion.
6. Create job opportunities in local communities in Mexico that reduce the need to migrate to seek employment.

Another alternative is the offer of legal papers to all immigrants, that is, the “admission” supported by immigrant groups that have organized strongly in recent years, and many churches, unions and pro-human rights organizations (Cockcroft, 2005, p. 14).

These contributions will serve as the basis for the formulation of an inclusive agenda that guarantees free access to health services for returning women.

In short, this study has revealed a social migratory reality in three rural communities among a group of women from the State of Mexico, which delimits the complex dynamics of migratory returns. However, it also motivates future research that analyzes the actions and daily life of older adult women from the State of Mexico who have access to visas, which implies understanding everything from the management and obtaining of the visa to their transfer to the United States.

Conclusions

The relevant reflections of this study focus on guiding human development as a main incentive that drives women to migrate more and more, since this will act as a means for them to achieve their objectives. Likewise, it is evident that as long as this opening of non-formalized development with the United States of America exists, it will be difficult to stop this human mobility, since the main determinant of this migration is the lack of employment in the place of origin and a demand for work in the place of destination, along with the scarcity of opportunities to obtain a work visa. Therefore, it can be stated that the measures taken by the United States of America have not managed to stop the migratory flow, so it will continue to exist.

In this work, on the other hand, various studies that address the migration process of women have been highlighted, where some focus on family reunification or migrate with specific objectives. However, little attention has been paid to returns, women's health and the role of open government. Therefore, this study has identified that undocumented return migration of women represents a challenge for health institutions, since they have not recognized these “new realities” in which women upon returning lack timely medical services. Therefore, when they face more serious health problems, they use their savings to recover their health, so it is crucial to have the support of the local government and its transparency in social programs, as this will allow women to know and access the programs that are derived from it.

Likewise, it must be understood that, unlike in past decades, migrant women have drawn up their own agenda, sometimes in collaboration with their partners, as a joint project. In fact, for

many of these women, migration represents an opportunity to escape, or at least try to, from situations of subordination that they experienced in their communities and families.

However, there is evidence of a lack of political will and coordination mechanisms on the part of local governments towards migrant women, which aggravates the vulnerability of this group. In other words, local governments have had a limited role in relation to migration, as administration falls primarily to federal and state governments, resulting in an inability to address the true needs of migrant women and the magnitude of the problem. migratory phenomenon.

Faced with this scenario, the Mexican State must ask itself how to guarantee that this population receives free and timely medical services upon returning to their communities in the State of Mexico, since it has been observed that upon returning many of them find themselves without employment and without medical assistance. which forces them to use their savings to care for their health and that of their families, a reality that generates a series of barriers to open government.

Future lines of research

The results obtained in this study suggest the need to carry out additional comparative analyzes with other communities in the State of Mexico, which could guide towards a regional research project on the migration of returned women. This project could examine the impact on these women's health after migrating, as well as the meaning of their actions in deciding to seek medical care in the private sector upon their return. The scope of this study will allow us to understand the variability in the dynamics of social programs and how the government interacts with citizens.

Furthermore, it has been observed that many returning women return without employment and without access to medical services, which raises the need to open a new line of research to explore why the State does not consider them citizens with access to health systems. This approach could shed light on the structural and social barriers that returned migrant women face in their access to health services and other social programs.

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