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# Editorial: Labour and health of undocumented migrant women: condition, trends and critical issues

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Editorial on the Research Topic

[Labour and health of undocumented migrant women: condition, trends and critical issues](#)

A feature of the contemporary international migration system is the strong presence of women. This is due to the intensification of family reunifications, to the increasing prominence of women in opening migratory chains or migrating alone, and to the new international division of reproductive labor.

Contemporaneously, over the last decades, the underground economy, irregular work and labor casualization have increased in many countries, becoming global phenomena and structural elements of the world market and labor market. Neoliberal measures of “deregulation” of the labor market, along with new forms of work organization and the socio-economic organization of big cities, which demand low-skilled services, have given rise to a vast sector of the underground economy and irregular work.

In Western countries, the underground economy attracts undocumented migration. The existence of a far-ranging and deep-rooted underground economy plays an essential role of attraction in a globalized world with unequal development. At the root of the undocumented migration, there are also punitive and restrictive migration policies, which produce “irregular” migrants and cheap labor willing to accept bad working conditions. Most undocumented migrants, forced to run this gauntlet of undocumented migration or irregular work, are confronted with the same—albeit harsher—mechanisms of selection and hierarchization of the formal labor market.

The convergence between informalization of the economy and irregularization of migration has fostered the institutionalization of precarity at all levels of migrants’ social life. And here, immigrant women are the most affected since many are employed in low-skilled jobs and services. For them, these combined factors fuel discrimination and segregation. The interaction of ascribed roles and stratification factors is often translated into inequalities, leading, as the articles of this Research Topic show, to bad working conditions, labor exploitation, poor health, poor access to healthcare, isolation, violence. The aforementioned processes and factors contribute to the setting of new labor stratifications within the hierarchizations of the world market, where undocumented migrant women are at the lowest tier.

Despite the centrality of these dynamics in shaping contemporary international migration system, their gendered and undocumented dimensions remain insufficiently integrated within mainstream academic debates. The academic debate was able to accompany the feminization of migration, however, the issue of undocumented migrant women has maintained a marginal position in the literature. The authors of this special issue—through the implementation of qualitative and quantitative methodology—were able to deepen this issue by extending the patternized intersectional lens that generally includes the variables of age, motherhood and administrative status, to the frequent variables of ethnicity, gender and class. Several contributions further demonstrate that these intersecting factors and inequalities cannot be fully understood without accounting for their temporal unfolding.

Within the Special Issue, the temporal dimension provides crucial insight into the analysis of undocumented migrant women's wellbeing. It highlights how health, labor conditions, and access to rights are shaped by processes unfolding over time rather than by static characteristics. Across the contributions to this Special Issue, temporality operates along three interconnected axes: migration trajectories, historical crises, and the life course.

First, along migration trajectories, the distinction between women in transit and those who have settled in destination countries reveals differentiated forms of vulnerability. In-transit undocumented migrant women are more frequently exposed to unsafe migration routes, limited access to essential services such as healthcare, shelter, and legal protection, and heightened risks of gender-based violence. In these contexts, women's health—particularly sexual and reproductive health—is often deprioritized in the face of overlapping hardships, including food insecurity, economic deprivation, and lack of safe housing.

Second, temporality emerges through crises, most notably during the COVID-19 pandemic. Several contributions show how the pandemic intensified pre-existing inequalities, exposing undocumented migrant women to higher risks of contagion, unjustified dismissals, and exclusion from basic social protection systems. Rather than representing a rupture, the pandemic functioned as an accelerator of structural vulnerabilities produced by irregularization, labor precarity, and welfare exclusion.

Third, a life-course perspective highlights how health inequalities accumulate over time. Age emerges as a key determinant of health stratification among undocumented migrant women, with older women displaying a higher likelihood of chronic and degenerative conditions—such as endocrine, metabolic, circulatory, and musculoskeletal disorders—while being less likely to receive diagnoses related to sexual and reproductive health. This uneven distribution reflects not only biological aging, but also prolonged exposure to precarious labor, poor housing conditions, and limited access to preventive healthcare.

Taken together, these temporal dimensions underscore that undocumented migrant women's health cannot be understood outside the cumulative and dynamic effects of irregularization across time, spaces, and stages of life.

The manuscripts demonstrate that irregularization is a central pillar that acts as a deterrent to access to the healthcare system and to the wellbeing of migrant women. Undocumented status

is a social determinant of health, as it pushes women into marginalized contexts that exacerbate their precarious living and working conditions. The combination of administrative uncertainty, low income, perilous working conditions and limited health coverage, especially in the implementation of a preventive approach, translates into higher rates of untreated chronic illness, a heightened mental health burden, and greater reliance on emergency services. For instance, in Italy and Spain, the ethnicization of the domestic care system pushes undocumented migrant women to accept low-income, physically demanding informal occupations, leading to a high burden of back pain. Beyond labor, precarious housing conditions, due to a lack of basic hygienic services, are often the cause of health issues, such as genitourinary conditions, cystitis and vaginal inflammation. Contributors have also demonstrated that, due to exposure to gender-based violence during their migration journey, migrant women have complex sexual and reproductive health needs.

Moreover, the housing and labor marginalization of undocumented migrant women hinders their ability to interact with autochthons and thus to acquire linguistic and cultural knowledge of the destination country, such as language, values, cultural norms, and health and medical literacy. This missing opportunity can exacerbate the structural stigma and systemic barriers they face while navigating the bureaucratic procedures to access health services. This lack of this knowledge often widens the gap between the entitlement and endowment of these women, not only because they are often exposed to discriminatory practices and behaviors from health providers. Furthermore, institutions do not provide sufficient material and emotional support for people with a high degree of vulnerability. For this reason, self-management and community networks serve as sources of support for the demands of women, collectives, or neighborhoods. These findings raise critical questions about the capacity of existing governance frameworks and institutional responses to address the health needs.

Finally, public policies and institutional responses to the health needs of undocumented migrant women, such as service availability and irregular follow-up, are relevant social determinants of inequity for migrants. For instance, the scarcity of state human resources in healthcare and administrative services can strongly affect undocumented women's access to healthcare services. The majority of contributors to this special issue highlight the key role of non-state actors in alleviating public resource scarcity by providing equitable and consistent access to health services for undocumented women to address their reproductive health needs and chronic or stress-related morbidities. The presence of non-state actors can reduce public mistrust and improve service quality by establishing a stigma-free environment. In particular, cultural mediators can enhance the accountability of healthcare providers to women by facilitating linguistic and cultural communication.

## Author contributions

FC: Conceptualization, Writing – review & editing. RP: Writing – original draft, Conceptualization, Writing – review & editing. FP: Writing – review & editing, Conceptualization, Writing – original draft.

## Conflict of interest

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