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Health Science

# STATUS OF MIGRANTS HEALTH

**Dr. Latha K** Post Doctoral Fellow, Dept. Of Home Science, Svuniversity, Tirupati

**Dr. Sucharitha K.V*** Asst.prof. Dept. Of Home Science, Svuniversity, Tirupati. *Corresponding Author

**ABSTRACT** : Migration is, in and of itself, not a risk to health. In a world defined by profound disparities, migration is a fact of life and governments face the challenge of integrating the health needs of migrants into national plans, policies and strategies, taking into account the human rights of these individuals, including their right to health. WHO and the Ministry of Health and Social Policy of Spain organized a Global Consultation on the health of migrants in Madrid on 3−5 March 2010, came to know that many countries and agencies are promoting the health of migrants and working at improved health services for migrants. The global economic crisis has raised concerns about many migrants' working and living conditions and, as a consequence, of their well-being. Poverty, despair and lack of employment opportunities continue to trigger perilous migration flows and associated health risks. Many migrants in an irregular situation lack access to health services, and many suffer deplorable living and working conditions. An attempt has been made in this study to understand the migrants' health status by extensive literature

**KEYWORDS :** migration; health status; health issues; health strategies; health needs

## 1.Introduction

In a globalized world defined by profound disparities, skill shortages, demographic imbalances, climate change as well as economic and political crises, natural as well as man-made disasters, migration is omnipresent. There are an estimated 214 million international migrants, 740 million internal migrants and an unknown number of migrants in an irregular situation all over the world. While these figures comprise a wide range of different migrating populations, such as workers, refugees, students, undocumented migrants and others, and their vulnerability levels vary greatly, the collective health needs and implications of a population cohort of this size are considerable. The health of migrants and health matters associated with migration are crucial public health challenges faced by governments and societies. This notion formed the basis for the Resolution on the health of migrants which was endorsed by the Sixty-first World Health Assembly in May 2008.

Many countries and agencies are promoting the health of migrants and working at improved health services for migrants.

The global economic crisis has raised concerns about many migrants' working and living conditions and, as a consequence, of their well-being. Poverty, despair and lack of employment opportunities continue to trigger perilous migration flows and associated health risks. Many migrants in an irregular situation lack access to health services, and many suffer deplorable living and working conditions. Disasters, armed conflict and food insecurities continue to threaten the health of millions of people who are forced to migrate.

WHO and the Ministry of Health and Social Policy of Spain organized a Global Consultation on the health of migrants in Madrid on 3−5 March 2010.

Global processes such as economics, trade, as well as climate change and environmental degradation, are some of the factors that have brought about and will continue to bring about flows of diverse populations. Migration is essential for some societies to compensate for demographic trends and skill shortages and to assist home communicate with remittances. Migration is, in and of itself, not a risk to health. In a world defined by profound disparities, migration is a fact of life and governments face the challenge of integrating the health needs of migrants into national plans, policies and strategies, taking into account the human rights of these individuals, including their right to health. Not doing so creates marginalized groups in society, infringement on migrant's rights and poor public health practice. Governments increasingly recognize the need for a paradigm shift in how to think about health and migration and how can improve their health status, avoids stigma and long term health and social costs, protects global public health, facilitates integration, and contributes to social and economic development.

## 2.Migration Figures And Trends

Global estimates of migrant populations demonstrate the considerable impact of migrants around the world. They also reflect the great differences in the demographic and health determinants of migrants. People migrate for different reasons, some out of free will in search of better opportunities for themselves and their family members.

The vast majority of migrants move within their country, an estimated 740 million people. About 40% of the estimated 214 million international migrants move to a neighboring country. The share of people migrating from so-called developing countries to developed countries has increased over the past 50 years, a trend associated with growing gaps in opportunities. Only an estimated 37% of migration is from developing to developed countries, about 60% of migrants move between developing or between developed countries, and only 3% from developed to developing countries.

The population demography of modern migration has resulted in situations where migrant andforeign born cohorts represent significant proportions of national populations in many countries. Ifall migrants in the world were a country, it would be the fifth largest in population size. The demographicrealities of migration of this scale have corresponding impacts and effects on national healthprogrammes and policy development related to the specific needs and health status of migrants.

**Table 1. Global Estimates of Migrant Populations**

| Category of migrant | Population estimates |
|---|---|
| Internal migrants | ~ 740 million (stock in 2009) |
| Immigrants | Annual flow between 2005-2010 ~ 2.7 million with a stock of ~ 214 million international migrants in 2010 |
| Migrant workers | ~ 100 million (stock in 2009) |
| International students | ~ 2.1 million (stock in 2003) |
| Internally displaced persons | 51 million (stock in 2007) includes those displaced by natural disasters and conflict. (UNHCR) |
| Refugees | 15.2 million (stock beginning of 2009) |
| Asylum seekers or refugee claimants | 838 000 (stock beginning of 2009) |

| | |
|---|---|
| Temporary – recreational or business travel | 922 million in 20089 |
| Trafficked persons (across international borders) | Estimated 800 000 per year (2006)<br>There are no accurate estimates of the stocks and flows of people who have been trafficked |

Source: WHO and IOM (2008)

**1.Migration and Health**

When migrating, temporarily, seasonally, or permanently, people connect individual and environmental health factors between communities. Migrants travel with their health profiles, values and beliefs, reflecting the socio-economic and cultural background and the disease prevalence of their community of origin. Such profiles and beliefs can be different from those of the host community, and may have an impact on the health and related services of the host community as well as on the health of and usage of health services by migrants. Migrants may introduce conditions into host communities and/or can acquire conditions while migrating or residing in host communities. Migrants can also introduce acquired conditions when returning home. This is by no means only of relevance in the context of infectious problems, but as evidence proves, also with respect to non-communicable conditions.

Most migrants are healthy, young people, and some may even benefit from a so-called "healthy migrant effect" when they first arrive in their host community. However conditions surrounding the migration process can increase vulnerability to ill health. This is particularly true for people who migrate involuntarily, flee natural or man-made disasters and human rights violations.

**a. Paradigm Shift**

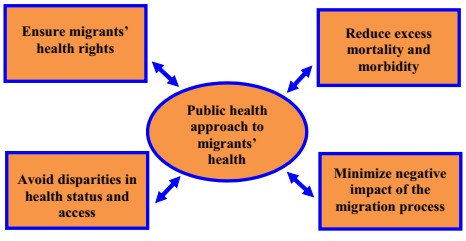
Policies and strategies to manage the health consequences of migration have not kept pace with growing challenges related to the volume, speed, and diversity of modern migration, and they do not sufficiently address the existing health inequities, and determining factors of migrant health, including barriers to accessing health services. Governments are recognizing the need to move from an exclusive to an inclusive and multidimensional approach to migrant health. Traditional approaches are often based on the principle of exclusion of migrants with certain health conditions, with the interests of the nation at the centre, using security and disease control as the primary rationales. The modern approach is based on inclusion, and focuses on reduction of inequalities and social protection in health in the context of a multi-country and multi-sect oral approach.

**b. Public Health approach to migrant health**

In 2008, the WHO Secretariat prepared a report on the healthof migrants. This report identified four basic principles for a public health approach to address thehealth of migrants and host communities:

- to avoid disparities in health status and access to health services between migrants and the host population;
- to ensure migrants' health rights. This entails limiting discrimination or stigmatization; and removing impediments to migrants' access to preventive and curative interventions, which are the basic health entitlements of the host population.
- to put in place lifesaving interventions so as to reduce excess mortality and morbidity among migrant populations. This is of particular relevance in situations of forced migration resulting from disasters or conflict.
- to minimize the negative impact of the migration process on migrants' health outcomes. Migration generally renders migrants more vulnerable to health risks and exposes them to potential hazards and greater stress arising from displacement, and adaptation to new environments.

**Public health approach to migrants health**




**c. Raising awareness about migrant health needs**

A higher level of awareness is required among decision-makers and the media about the benefits of attending to migrant health in a proactive manner. The migrant health agenda can be linked to other health and development advocacy efforts like HIV, maternal health and achievement on the Millennium Development Goals. Non-governmental organizations have an especially important role in advocating for the most vulnerable and hard-to-reach migrants in relation to their rights and increasing their access to services.

**d. Sustainability through funding and education**

Health systems should recognize that getting migrants into care early, before conditions become too severe and consequently more expensive to treat, would be both cost-effective and improve outcomes. Unfortunately, many migrant-focused programmes are funded for the short term or as demonstration projects. Demographic projections suggest that mobile populations are a permanent feature of a globalized society and countries should begin to integrate both the services and costs related to caring for migrants into permanent budgets and programme frameworks.

With respect to workforce preparation, participants called for the inclusion of migrant-specific information into the training and continuing education of all health professionals and others who interact with migrants.

**e. Concept of health and its measurements**

Health is multidimensional. The WHO definition (1948) envisages three specific dimensions – the physical, the mental and the social. In addition to that spiritual, emotional, vocational and political dimensions could also be added in understanding health status (Park, 2002). The physical dimension of health is perhaps the easiest to understand. It conceptualizes health biologically as a state in which every cell and every organ is functioning at optimum capacity and in a perfect harmony with the rest of the body (Park, 2002). Mental health is not mere absence of mental illness. It is a state of balance between the individual and the surrounding world, a state of harmony between oneself and others, coexistence between the realities of the self and that of other people and that of the environment(Park, 2002). However, detail description of mental health and its measurements are beyond the scope of this study. Social dimension of health is important to understand the public health issues and their linkages with the migrants market outcomes. Social well-being implies harmony and integration within the individual, between each individual and other member of society and between individuals and the world in which they live (Park, 2002). It has been defined as the quantity and quality of an individual's interpersonal ties and the extent of involvement with the community‖.

It includes the levels of social skills one possesses, social functioning, and the ability to see oneself as a member of a larger society. Park (2002) argues that social health, in general, takes into account that every individual is part of a family and of a wider community, and it focuses on social and economic conditions and well-being of the whole person‖ in the context of his social network. Social health is rooted in positive material environment‖ (income level, housing quality, etc.) and positive human environment‖ which is concerned with the social network of the individual. However, there is no unique consensus with regard to the perfect measure or proper method for quantifying health status. Though this is an age old issue, perfect measure of health is still not yet suggested by any empirical study.

To go beyond the broad historical record of the concurrent increase of life span and economic prosperity, involves research depending on how health is measured for comparative purposes. For a long time, health is believed to be an inherently personal phenomenon, because it is a part and parcel of human beings (Schultz, 1961). Hence, health status can be properly measured only at the individual level. Being a dimension of human capital, health is nothing but the unobservable general ability of the people'(Lucas, 1988), and because of its unobservable nature, measurement of health is very much complicated. Although healthier people may be more productive, more productive people may also allocate more resources to create and maintain their good health. Because of this two-directional relationship, the association between individual health and personal productivity suffers from endogeneity bias. According to Mwabu (1998), practically, there is no direct way of assessing magnitude of health. There are two components of the health status: Mortality, which is the quantitative component, and Morbidity which shows the quality

of health. Crude Death Rates, Life Expectancy at Birth, Infant Mortality Rates, Child Mortality Rates, Disease Specific Mortality, proportional Mortality Rates, etc. indicate the quantitative components of migrants health status.

**f. Strategies for improving the health of migrants**

Member States facing migration challenges have an increasing need to formulate and implement strategies to improve migrants' health. Regional and global strategies can also supplement country-specific activities. Governments must ensure coherence between national policies for health, employment and migration. Further, inter country collaboration is required to assess and subsequently tackle occupational risks and their health consequences before, during and after migrants' period of work, both in their country of origin or return and destination.

**Advocacy and Policy Development:**

promoting migrant-sensitive health policies that adhere to the principles of a public health approach aimed at improving the health of migrants; advocating migrants' health rights; promoting equitable access to health protection and care for migrants; developing mechanisms to enhance social protection in health and safety for migrants; raising awareness of, and promoting international cooperation on, migrants' health in countries of origin or return, transit and destination; encouraging collaboration among health, foreign affairs and other concerned ministries in all countries involved; strengthening interagency, interregional and international cooperation on migrants' health with emphasis on developing partnerships with other organizations such the International Organization for Migration; and promoting cooperation for health policies among central and local governments as well as among representatives of civil society

**Assessment, Research and Information Dissemination:**

assessing the health of migrants and trends in migrants' health; identifying and filling gaps in service delivery to meet migrants' health needs; disaggregating health information by gender, age and origin and by socioeconomic and migratory status; encouraging health and migration knowledge production, including both quantitative and qualitative studies; documenting and disseminating best practices and lessons learnt in addressing migrants' health needs in countries of origin or return, transit and destination; and disseminating good practices such as migrant-friendly hospitals to other regions of the globe.

**Capacity Building:**

sensitizing and training relevant policy-makers and health stakeholders involved with migrants' health in countries of origin or return, transit and destination; promoting increased cultural, religious, linguistic and gender sensitivity associated with migrants' health among health service providers, and training health professionals in addressing the health aspects associated with population movements; creating a network of collaborating centres, academic institutions and other key partners for furthering research into migrants' health and for enhancing capacity for technical cooperation; and training health professionals about diseases and pathologies that prevail in the country of origin or return

**Service Delivery:**

initiating or reinforcing migrant-friendly public health services and health care delivery methods for migrants with special needs; strengthening health promotion and disease prevention initiatives to reach out to migrants in the community; establishing minimum standards of health care for all vulnerable migrant groups (particularly women, children, undocumented or irregular migrants, asylum seekers, refugees and victims of human trafficking); and publicizing existing services.

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