Research Paper Social Science

The Link between Migration and Health

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ABSTRACT

According to United Nations estimates, 120 million of the approximately 175 million migrants worldwide are migrant workers and their families. Legal and illegal workers have a different status and, therefore, varying levels of access to basic social services. In addition, migrants' fundamental health needs are not always adequately met, thus raising concerns with regard to equity, social cohesion and inclusiveness. For all the above reasons, migrants' health is becoming an increasingly important public health matter.

The relationship between migration and health can be both positive and negative, and a growing literature provides evidence from a wide range of geographical and demographic contexts. Much of the literature that explicitly examines the relationship between migration and health focuses on the spread of communicable diseases (e.g. HIV/AIDs). There is a need for more attention to be paid to the kind of communicable diseases that affect the poor disproportionately when compared with other income groups, which may develop as a result of unhealthy working and living conditions.

This paper aims to raise some of the issues contributing to the complex relationship between migration and health.

KEYWORDS | Migration, Health, Equity. Inclusive

1. Introduction

The importance of addressing the health and well-being of migrants has been receiving greater attention, in recent years, at both international and regional levels. In 2008 the Sixty-First World Health Assembly Resolution on the Health of Migrants called upon participating nations to "promote migrant-inclusive health policies and to promote equitable access to health promotion and care for migrants."

Migration is an old age phenomena that happens due to political, economic and social factors. But a systemic analysis of human spatial mobility is comparatively a new thing, which has gathered momentum in the last two decades. Migration takes place due to various economic and individual reasons, and shaped by specific socio-demographic structure. Age, sex, education, attainment, occupation and income determine the context in which migration takes place. There is lack of systematic information and health impact assessment among the migrant population, but their health risks are predetermined by certain factors at the destination areas.

- Government Related Factors such as national policy, community development, public services and housing.
- Employer related factors such as work safety, insurance coverage, health related benefits.
- Health sector related factors such as preventive network, health service provision, availability of health infrastructure and prices.
- Individual related factors such as social support at destination areas, health beliefs, health behaviour and help seeking behaviour, impact the individual and collective health risks of migrant.

2. Types of Migration

Broadly speaking, migration is of two different types—internal and international. Both the types can be either voluntary or forced. Migration is voluntary or forced on the basis of the factors that propel migration at the point of origin. In the case of voluntary migration, the decision to migrate is taken as a part of an informed choice made by the prospective migrant, while in the case of forced migration, conflict, political violence, armed conflict, development-induced displacement, are major reasons for migration. There is no agreed definition of who is a migrant. As summarised by Decosas and Adrien,(1997) Haour Knipe and Rector(1996), Lurie(1998)[1] "migrants may be defined by their legal status or ethnicity --- and may be categorized as labour migrants, refugee, resettlement, internal or international migration."

3. Health and migration

Migrants have always been conceptualized as problematic in the context of policies both nationally and internationally. This mindset has led to complex public health issues posed by migration. At the same time the health of migrants has become a serious public policy issue as they represent most vulnerable and marginalised group of population. The magnitude of migration, forced or voluntary, regular and irregular clearly suggests that migration has the potential to pose public health challenges. Migration can expose individual and groups in many settings at health risks. Many individuals and groups in certain settings remain excluded from the benefits of health and healthcare. (Banerjee and et al, 2005).

Causal Factors Affecting Migrant's Health ---:

- Overcrowded living conditions which facilitate increased transmission of infectious diseases
- Poor nutritional status(and consequent lowered immunity) due to lack of food before, during and after displacement
- Inadequate quantities and quality of water to sustain health and allow personal hygiene
- Poor environmental sanitation
- Inadequate Shelter

These factors are interrelated and their impact changes as per the social and economic status of migrants at the destination areas as well as the place of origin. Some of the literature also distinguishes between "healthy migrant effect" and the "exhausted migrant effects" (Bollini and Sein, 1998)[2]. It has been found that migrant workers are selected for their good health and better working ability but later in life or next generations do not enjoy these benefits but end up with substantial disease burden and inability.

3.1 Degrees of Vulnerability among Types of Migrants affecting Health

Vulnerability can be understood as a state of being exposed to or susceptibility to danger or abuse. The vulnerability which is primarily premised on the alien status[3] of the migrant gets complicated by the combination of factors at the area of destination. Various survey and studies have shown that migrants

are disadvantaged relative to the native population regarding employment, education and health. They suffer mainly three types of vulnerability, economic, political and social. The economic vulnerability of the migrant is consequence of the informal work arrangement from the employers' end. Employer prefers to employ migrant labours with lower wage replacing local workers. (Bremen, 1995)[4] . Political vulnerability comes due to denial of voting powers and participation in local governance. Social vulnerability is reflected in the experience of discrimination, social distance and feeling of alienation in the host area/destination. A bias against the migrants may translate into health provider neglect which in turn perpetuates poor migrant health.

In the case of international migrants, one of the most important determining factors that pose barriers to accessing health services is the question of their legal status in the host areas. National health-care plans often discriminate against temporary migrants and especially undocumented ones by making only emergency care available for non-citizens. This forces migrants to delay health-seeking till the condition is sufficiently hazardous to justify going to emergency clinics. Another factor which prevents irregular international migrants from seeking healthcare and treatment is the fear of their illegal status being discovered (WHO 2003). In the case of internal labour migrants, their informal work arrangements[5] in the city debars them access to adequate curative care. (Census, 2001)

2.2 Internal Migrants in India and their Health Needs

Internal migration by place of birth has increased in India, from 1991 (838.5 in millions) to 2001 (1,028 in millions). Following figures clearly shows that there has been an increase in the internal migration between the two census periods.

Migrants	1999	2001
Intra-state Intra –district Inter- districts	 136.2 59.1	 181.7 76.8
Inter-state	27.4	42.3

Source, census, 2001

During the 2001 census period, 14.4 million people migrated within the country for work purposes either to cities or areas with higher expected economic gains. The National Commission on Rural Labour (NCRL) estimates the number of internal labour migrants in rural areas in India alone at around 10 million (including roughly 4.5 million inter-state migrants and 6 million intra-state migrants). A large number of migrants work in the urban informal manufacturing construction, services or transport sectors and are employed as casual labourers, head loaders, rickshaw pullers and hawkers (Dev, 2002). Migrant workers predominate in the lower income labour market with higher risks of exposure to unsafe working conditions. (Allotey Pascal, 2003)

In the case of internal migration among poor labourers, their susceptibility to health problems results from their peripheral socio-economic existence in the host areas. Since they are absorbed in the informal economy, they exist as undocumented labour in most cases and are not covered by labour welfare schemes. Poor living conditions such as lack of proper water supply, poor drainage system and unhealthy practices and deplorable sanitary conditions expose the migrants to various kinds of health risks predetermined by their standard of living and their choice of occupation (Sundar et al, 2000; VHAI, 2000, Ray 1993). A health survey among displaced Kashmiri Pandits reveals that the affected population shows multiple signs of deteriorating health like high incidence of serious and potentially fatal diseases (Norwegian Refugee Council, 2005). Migrant labour is more susceptible to HIV/AIDS infection

3.3 Women Migrants and Children

Contrary to the popular perception that a typical migrant is a male, the ILO Migrant Workers Report, 1999 note that about half of migrant population worldwide (90 million) is female. According to the 2001 Census, 42.4 million migrants out of the total 65.4 million female migrants in India, mentioned marriage as the main reason to migrate within the country. As associated migrants, women suffer greater vulnerability due to reduced economic choices and lack of social support in the new area of destination. Women and children in an irregular situation are doubly vulnerable owing to their lack of proper legal status and high risk of sexual exploitation. The low health status of women can be seen from indicators such as antenatal care age, prevalence of anaemia, prevalence of reproductive tract infections and violence against women (Kundu, 2002). Children suffer from malnutrition and low immunization when their parents are in perpetual low-income uncertain jobs that necessitate frequent shifts based on concentration of work (Sundar et al, 2000).

3 Summary

The third important determinant of demography, migration has been under-studied relative to the extensive international research literature on mortality and fertility. Nevertheless, a body of migration work in demography exists, as it does within other disciplines including anthropology, economics, history, law, political science and sociology. While many research questions would benefit from a cross-disciplinary approach and perspective, work that draws on two or more disciplines remains relatively rare. The literature on migration derives from a range of disciplines, yet little attention is paid to intra-household dynamics, and the study of macro patterns of migration is limited mainly due to the dearth of national data for quantitative research

The relationship between health and migration is very complex and is predetermined by a number of factors both at host areas and the transit place. The problem becomes more severe due to the fact that migrants don't form a homogeneous group and therefore their health needs vary. As health is a basic right and migrant labour fulfils the critical labour supply gap and in the process help in economic gains, therefore the health needs of migrant population cannot be overlooked. There is also need to study the "healthy migrant effect" and why it is short lived. There is a lack of good comparative data on a number of health conditions, and there are significant differences in the incidence of known conditions among and within various migrant groups. More research work need to be done to discuss the myth and realities associated with migration and health. This paper is just a glance on the vast issues related with the migration and health seeking behaviour of different migrant groups.

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