

Health concerns of migrants and refugees

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Abstract

Migration is a process of social change during which a person moves from one cultural setting to another in order to settle for a longer period of time or permanently. If internal and international migrants are being taken in to account, it would be the third most populous country in the world, just after China and India. The collective health implications of this sizeable population are considerable and are not often in accordance with their need, thus raising concerns with regard to equity, social inclusion and cohesiveness. During different phases of migration, Linguistic, cultural and legal factors are amongst the major barriers in accessing basic health services for migrants. Hence a migrant sensitive inclusive health system equipped with trained work force should be formally established by inter country, inter regional and international framework to address this complex issue-Migration.

Key Messages: The people involved in mixed movements- refugees or migrants, trafficked or not – experience many of the health hazards and human rights violations during or after the course of their journey.

Keywords: Migration, People of concern, Human trafficking, Discrimination, Inclusive health system.

1. Introduction

They have a dream– a dream of escaping misery or political oppression and finding a new El Dorado on the other side of the country or the world. They are migrants who try their best to escape the hardships and uncertainties of life in developing regions with weak economies, high levels of unemployment, mounting competition for scarce resources, and poor standards of governance [1].

Migration experts have opined that the world is characterized by increasing disparities in terms of development and democratic process. Populations are shrinking and getting older in some regions, whereas others have young, growing populations with little or no employment prospects. Improved communications and transport links are encouraging more people to look for a life beyond the confines of their own community, country and continent [2].

Migration is a process of social change during which a person moves from one cultural setting to another in order to settle for a longer period of time or permanently [3]. People may migrate from rural to urban areas, between neighbouring countries or over longer distance [4]. The process of migration being influenced by conditions in the country of origin, during the journey, and in the recipient country. Migration can be forced or voluntary and distinction between the two is beyond reach [5, 6]. Migrants comprise a

heterogeneous group of individuals, each with potentially different health determinants, needs, and levels of vulnerabilities [7].

The people involved in mixed movements- refugees or migrants, trafficked or not – experience many of the health hazards and human rights violations during or after the course of their journey. These include detention, imprisonment in unacceptable conditions, physical abuse, racial harassment, theft, extortion and destitution. Some are victims of torture and human trafficking which is highly profitable and one of the world's largest criminal industries [8].

The health of migrants is influenced by a broad range of factors. A strong association exists between population movements and the spread of diseases. Migrants suffer from disproportionate rates of infectious diseases, mental, social health problems, physical injuries, and undiagnosed chronic diseases [9]. They might develop profound sense of anxiety, hurt and anger. The basic health needs of the migrants' are not always adequately addressed which adds the concerns related to equity, new social bonding and inclusiveness [10, 11].

1.1 Objective

- To understand the health related problems faced by these people
- To identify the barriers faced by migrants in accessing health services
- To suggest methods to overcome these barriers

2. Problem Statement

There are different types of migrants depending on either their pattern of migration or their legal status collectively called population of concern (POCs). They may be Refugees, Asylum seekers, internally displaced persons (IDPs), Stateless persons, Returned refugees, Returned IDPs and others. Vulnerable groups among migrants are women and girls (accounting for more than half of international migrants), children, adolescents, pregnant women, older adults, people with pre-existing health condition [12], single-parent families, those with limited educational job and linguistic skills, and victims of legal, socio economic exclusion. If the POCs were to form a nation, it would be the third most populous country in the world, after China and India [13, 14].

By January 2015, the total population of concern to United Nation High Commission for refugees (UNHCR) was estimated at 54.94 million people. Out of which 13.7 million were refugees, 1.7 million asylum seekers, IDPs constituting 32.3 million, 3.5 million stateless persons, 1.8 million returnees and 1.1 million belonging to other category. An average of 42,500 individuals per day is forced to leave their home and seek protection elsewhere due to conflict and persecution [15].

According to statistics by the end of February 2016 total no of "Population of Concern" in India are 2, 09,234. By the country of their origin 1, 10,095 are from Tibet, 64,689 are from Srilanka, 18,914 from Myanmar, 13,381 are Bangladeshis, 672 from Somalia and 1483 from other regions [16].

3. Health challenges of migrants

The health needs of such a vast population and its implications are enormous, these are affected by various health determinants and levels of vulnerability [17]. There are different health concerns at each of the phases of migration [18]. In the premigration /pre departure phase the migrants might experience human rights violations, imprisonment, torture, sexual violence, loss of relatives, long stay in refugee camps, socio economic hardships etc. which might affect their health status. The vulnerable groups amongst them are more at risk for adverse health outcomes.

During the travel phase, the health of the migrant is related to the mode of transport and circumstances of travel, such as journeys via flimsy boats or closed containers [19]. The pathogens may be carried across different zones of disease prevalence and initiate changes in international and local transmissible disease epidemiology. In cases of human trafficking, this phase is the time when criminal acts begin, such as illegal border crossings, kidnapping, and, for women and children, sexual violence [20].

Some migrants might have to travel for long periods of time before reaching a safe haven. During this period, physical and environmental threats, hunger, lack of access to

basic services and exposure to violence (including sexual violence) is common [21, 22]. This phase is associated with high risks of death and morbidity (more for vulnerable groups) at both land and sea borders. By the time migrants reach their destination, they have lost their homes, loved ones, sense of safety and self-esteem. They may need to take entry-level jobs in order to support themselves. This adjustment takes time-a time to rebuild their lives.

Because of linguistic and cultural barriers, there might occur diagnostic and managerial errors. Due to miscommunication, there might be non compliance on patients' part, which might lead to persistence of the existing health problem. This will further lead to feelings of alienation and mistrust and may prevent the patient from seeking out future medical care [23]. Migrants tend to do jobs in high risk occupational sectors because of their inherent insecurity of being caught which makes them more prone to accidents. Due to Health inequities, Health promotion and disease prevention measures are often missed when discussing the health of migrants. There is lack of inter sectoral policies that emphasize the importance of the need to economic, political, social and environmental determinants of migrants' health.

Factors related to the migration process, such as reasons for migrating, type of travel, length of stay, and legal status are the major determinants of migrant's health [3,24, 25]. Socio-economic, cultural and legal factors, affect the physical and psychological health of migrant populations [26]. Migrants usually live in poor quality, overcrowded housing, which increases the risk of respiratory diseases such as TB [2]. Sexual exploitation in the workplace is prevalent in migrant females. Mental health outcomes are worse for migrants, displaced populations, and refugees than for native-born populations [27]. Migrant women may be at greater risk of reproductive health problems and poor pregnancy outcomes, such as pregnancy complications, neonatal morbidity, and infant mortality [28].

4. Barriers to migrant healthcare

4.1 Limited access to healthcare services

There are numerous factors as policies, laws, regulations governing service delivery, lack of residence status and health insurance influencing access to and uptake of health care services in the host country or region [29].

4.2 Cultural barriers to the health service access

Lack of culturally sensitive information in relevant languages, suitably trained professionals and services tailored to the specific needs of migrants can affect the accesses to health care services. [30]. Stigma and discrimination associated with TB and with HIV may be exacerbated in the case of migrants who are already socially isolated and fear further stigma, discrimination and marginalization. This may deter them from seeking screening, counseling or testing.

4.3 Lack of awareness and information about entitlements and services

Lack of awareness and information about entitlements, services and inadequate general health education are reasons, why migrants may not utilize preventive health services.

4.4 Legal barriers to accessing health services

The legal status of migrants may affect the access to health care. Migrant children who are nationals of the host country may face obstacles in accessing health care, particularly if their parents are migrants in an irregular situation and are reluctant to seek health care for fear of their immigration status being detected. Many migrant children are unable to gain access to basic health services like vaccinations in a timely manner, which may cause long-term effects on their health.

4.5 Lack of Migrant-sensitive health professional workforce

Migration results in a diversity of patients' health perspectives, beliefs, cultures and linguistic background [31], which presents epidemiological challenges and new demands that on health professionals of the recipient country.

5. Conclusion

As globalization appears to be irreversibly linked to population mobility and individuals have proven that they will migrate and remigrate irrespective of the circumstances. The volume, speed, diversity and disparity of modern migration patterns do not sufficiently address the existing health inequities, nor determining factors of migrant health, including barriers to access health services [7]. Hence the broader approaches to manage the complex scenario of migration can be summarized as below:

5.1 Monitoring migrant's health

Monitoring mechanism equipped enough to estimate the burden of migrant health issues may be helpful for proper resource allocation. Simultaneously recognizing their specific needs to ensure that the existing programmes that improve the determinants of health are applicable to migrants.

5.5 Migrant sensitive health system and service delivery

A key point is the importance of moving towards a migrant-inclusive health care delivery system, rather than one that set up parallel migrant sensitive services outside the main stream [32].

5.3 Extend social protection in health and improve social security for all migrants

There should be a system in place to address the multifaceted social needs (occupational, financial, security, cultural integrity and human rights) of migrants irrespective of the country of origin/destination and discrimination [33].

5.4 Capacity building:

There is a great need for capacity building and training of health care providers regarding migrant's health in countries of origin, return, transit and destination. Additional

research on migrant health status and needs, creating a network of collaborating centers, academic institutions and migrants health as a separate discipline for various course curriculum to be established.

5.5 Policy frame work

Ensuring that the right to health for all migrant should be formally recognized in national and international laws. Strengthening inter-agency, inter-regional and international partnership for migrant's health and promoting cooperation for policies among central, local government and among representatives of civil society to be established.

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