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Perceived Morbidity and Health Seeking Behaviour of Women Migrant Workers: A Public Health Focus

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Abstract: Migration is found to have a significant impact on the socio-economic development of a region or a country. Health is deemed to be central to the social, economic and environmental dimensions of the sustainable development agenda, both as a beneficiary and a contributor. Sustainable development goals recognize the importance and interrelation between health and migration. It considers health as an indicator of 'people-centred, rights-based, inclusive, and equitable development' (U.N., 2015). The review has aimed at understanding the perceived morbidity and health-seeking behaviour among women migrant workers. This paper encapsulates the relation between climate change and health on women migrants. It is thereby helping to understand the potential health issues faced by female migrant workers as a result of climate change along with addressing their challenges and barrier faced by the female migrants in availing health services. The paper suggests the needed changes to be adopted to help provide better health care facilities for the women migrant workers, thereby being able to reduce the threat of outbreak as well as to improve the public health. The study has both research and policy implications.

Keywords: Women migrant workers, Health seeking, Health care utilization, perceived morbidity

1. Introduction

International Organization for Migration (I.O.M.) deals with migrants and migration-related issues, in agreement with relevant States, with migrants who require international migration services. I.O.M. defines a migrant as any person who is moving or has moved across an international border or within a State away from his/her habitual place of residence, regardless of (1) the person's legal status; (2) whether the movement is voluntary or involuntary; (3) what the causes for the movement are; or (4) what the length of the stay.

The total global migrant population that is the international migrants is estimated at 214 million people, that is, about 3% of the world population. In contrast, the internal migrants are estimated at 740 million by Human Development Report 2016, on Human Mobility and Development. The primary factor for this increase in migrants could be attributed to urbanization. It has led to increasing the flow of people to cities. It was reported that in the year 2000, the urban population has risen to 73.9% and 40.5% from 30% and 9.1% in the year 1900 in the developed world and developing world, respectively.

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Health has always proved to be a problem for the migrant workers since most of the countries have formulated nationalized schemes based on the place of residence. For example, China's national policy has entitled schemes based on locality. It states that for an individual to enjoy certain rights such as free education and access to social welfare, one must have household registration. Since the migrants from rural areas, the household registration is not easily transferable to urban; they are forced to pay for their medical services in cities and are not provided public medical insurance and assistance programmes away from their residential area. (Peng, Chang, Zhou, Hu & Liang, 2010)

2. Review of literature

2.1. Women and migration

Women and girls represent about 48% of international migrants. These women migrants are provided job opportunities predominantly in unregulated sectors where labour standards are usually weak or non-existent, such as agriculture, domestic work, services, and the sex industry. According to the census of India 2001, Out of 309 million internal migrants, 70.7 percent is the woman that is about 218 million. The current researches on migration have failed to address the gender-specific issues related to migration even though women constitute an overwhelming majority of migrants. A gender-specific perspective on migration becomes imperative in modern times since their motivations, patterns, options and obstacles for motivation differ significantly from men. Most of the time all the other factors are camouflaged by one major factor being marriage which by default deems them to be a dependent thus Working women who move for marriage are not considered and recorded to be labour migrants, even if they had been working before and even after migrating (Taran, 2018).

The reasons for women's migration are complex, and they can include both economic and non-economic factors. Migration can be an option to escape social control or gender discrimination (Posel, 2003) as well as prejudice in their home community if they pursue socially stigmatized work ranging from particular manual wage labour to sexual services (Tacoli, 2001). Due to the absence of security, access to health coverage and other social protection provisions, the risks of discrimination, exploitation and abuse are heightened. Female migrants are faced with 'triple discrimination'- as women, as unprotected workers, and as migrants. This threefold discrimination of gender, class and nationality has a significant impact on women migrants' well-being. It also results in their marginalization from participation in the labour market moreover participation in society (Taran, 2018)**.**

The pattern and reason for female migrants have found to be evolving. More and more women are found migrating for reasons other than marriage hence the need for studies to explore Female migration in detail. The paper on "female migration to megacities and development in India" focused on understanding the pattern, causes and trends of female migration to megacities and its linkage to development. The study found that unlike before, the migration of the present was for economic reasons such as employment, business and education. The study also highlights the need for education as the key to women empowerment, thereby helping them to make migration-related decisions and obtaining better job facilities at the destination (Das & Murmu, 2010). The study on

Migration of Tribal Women: Its Socioeconomic Effects - An in-depth Study of Chhattisgarh, Jharkhand, M.P. and Orissa focused on the factors that promote regional and seasonal variation, different types and forms of migration among tribal women stated as to how women migration is often seen as a dependent migration than to be perceived as movement for a better economic stability. It also highlighted the need to improve the socio-economic condition of tribal women and to empower them (Planning Commission, 2010). Sundari has ventured into the gender-related issues involved in migration. In her analysis, she has focused on macro analysis related to data on all India migration with particular reference to Tamil Nadu and macro investigation focusing on three areas in Tamil Nadu. She has explored on causes that influence women to migrate, its impact on the economic status of migrant families, the trend and patterns of female migration, and the work pattern of migrant women (Sundari, 2007). The paper titled "Migration and Gender in India" elucidates on the key findings of a series of primary surveys conducted between 2009 and 2011 across 20 states for a research project on Gender and Migration. It provides the meso-level view of types of migration, patterns of female labour migration and conditions of work and civic life of women migrant workers. They have touched upon the influence of rising rates of marriage migration juxtaposed against falling of female work participation rates and the spread of dowry.

2.2. Migration and health

Migrants places of origin have a different disease profile compared to the host countries, this along with the barriers to health services, further reduce migrants' access to health care (Norredam, Nielsen & Krasnik, 2009). Communicable diseases can become a problem in the wake of migration. For instance, health system in the state of Kerala, has been suddenly faced with an increased demand for anti-malarial drugs, but the supply is not adequate to meet the need (Akinola, Krishna & Chetlapalli, 2014). Similarly, in the case of Reproductive and child health, many labourers who are in the reproductive age group migrate with their families. When several of them become pregnant, they have their deliveries in the area they have migrated. Due to insufficient documentary evidence of their residential status, these pregnant women, mothers who have just had babies and newborn babies fall outside the safety net of the reproductive and child health services of the state. They are also unable to avail themselves of the maternity cash benefit scheme for institutional deliveries, the Janani Suraksha Yojana (Akinola, Krishna & Chetlapalli, 2014).

A study among migrants and non-migrants in Vietnam found that there were lower levels of health care utilization among migrants than non-migrants with the lowest levels of utilization reported among seasonal migrants (Le et al., 2015). Studies in Germany and France revealed that close living conditions, social exclusion, language barriers, lack of knowledge about the healthcare system, and lack of access to the health system could increase the risk of being infected with tuberculosis. Moreover, the unskilled migrants were at a higher risk of contracting tuberculosis, then the non-migrant population (Carballo & Nerurkar, 2001).

Therefore to address the issues of migrants' health, there needs to the studies focussing on understanding the everyday problems of the migrant, health problems faced by them, their living conditions, and to examine the government laws towards migrant workers' health and hygiene (Chatterjee, 2016).

2.2.1 Women migrants and health

The study by Raul A Mendoza-SassiI and Jorge U. BériaII in southern Brazil revealed dissimilarity in self-reported morbidity between men and women assessed using six different measures of reported illness. It was found to be of different degrees, depending on the type of morbidity. Women, in general, were found to be at higher risk for health issues, with the only exception being for chronic health problems (Mendoza-Sassi & Béria, 2007). Women employed in cross-border trading are concerned with survival needs, these traders may self-medicate using over the- counter medications due to difficulty taking time away from work and limited access to nearby health facilities (Wrigley-Asante, 2013).

The paper titled "Maternal deaths among rural-urban migrants in China: a case-control study" aimed at identifying associations with and risks for maternal death among rural-urban migrant women in China. The findings from the study revealed that migrant workers consistently underuse health services in their destination cities due to lack of health insurance, placing them at risk. Poor health-seeking behaviour among migrant women was found to be associated with women having more inadequate education, low income, lack of health insurance, having poor knowledge on maternity care, being unregistered in the healthcare system during pregnancy and not attending antenatal care during pregnancy (Zhang et al., 2014).

A cross-sectional study among migrant workers in China found that young, low-paid, less educated female migrants were more likely to be uninsured and were deemed to pay for health care from their pockets. This resulted in lower levels of inpatient care utilization among migrants (Mou et al., 2009). Another qualitative study aimed at exploring the health-seeking behaviours of Vietnamese migrant women and their experiences with the health care system in Umeå, Sweden. They found that though Sweden had High-quality health staff and fully equipped health facilities, it was noted that the lack of familiarity with the health system, communication and discrimination were detected as the barriers to health care access. There were negative feelings associated with the unawareness of health staff in cultural differences, unmet expectations and suspicions on the quality of medical expertise. The findings suggested hype in self-medication among migrants most dependent on Swedish non-prescribed drugs and Vietnamese medicine to deal with minor illness before contacting to the health centre (Le & Chi, 2018). Migrants are often exposed to mental health problems due to the conditions they are exposed to. The situation is found to be worse among female migrants living in urban areas. The paper aimed at understanding how working and living conditions affect the mental health status of the women migrants in Mumbai revealed that mental health status was significantly affected by the quality of life, age, occupation, push factors related to migration and general health status of women migrants. Implying that a better working and living conditions and quality of life can ensure the improved mental health status of women migrants (R S, Unisa, & Jose, 2014).

2.3. Women migrants and Perceived morbidity

Worldwide, studies on that prevalence of health conditions among migrant workers have yielded a mixed picture. A cross-sectional study found that respondents with a history of migration had a higher prevalence of chronic disease when compared with those with no history of migration. Diabetes, hypertension, and cardiac complaints were found to be more prevalent among those with

a history of migration of over five years. (Hameed, Kutty, Vijayakumar, & Kamalasanan, 2013). The studies conducted in Netherlands (Jong, & Wesenbenk, 1997) and France (Gliber,1997) have revealed that the Infectious diseases like tuberculosis is found to be higher among migrants than the resident population while studies from Europe indicated higher prevalence of chronic diseases like diabetes and stroke among migrants (Cruickshank,1989; Cruickshank & D. G. Beevers,1989). Studies also support a higher incidence of mental disease and alcohol and drug abuse among migrants (International Centre for Migration & Health, 1998; Gaspar & Sil`es, 1997).

Health risk behaviours such as substance abuse and S.T.D.'s are found to be shared among migrant workers. Poor literacy and low socio-economic status have resulted in the use of tobacco, smoking, and chewing in the majority of migrant workers. A cross-sectional study conducted by Anzil KS Ali, Arshad Mohammed, Archana A Thomas, Shann Paul, M Shahul, and K Kasim (2017) focused on assessing the prevalence of tobacco use and associated oral mucosal lesions among construction workers in Cochin, Kerala. The oral premalignant lesions were found to be common among the workers and that only early diagnosis and control with the help of workplace screening can help reduce the risk of oral cancer (Ali, Mohammed, Thomas, Paul, Shahul, & Kasim, 2017).

Research has been carried out to address the occupational health, hazards and psychosocial problems of migrant workers are rare. The prevalence of past morbidities like tuberculosis, malaria and jaundice, typhoid were higher than the general population, and so were the injuries inflicted during work were found to be higher in migrants than the local workmen as found by the study "Occupational health problems of construction workers in India." This indicates the need for accessible and accountable occupational health services for migrants to improve the work environment of construction workers as well to prevent health issues (Jayakrishnan, Thomas, Rao, & George, 2013). Since these migrants are not organized and lack the education, they face severe discrimination, isolation and exploitation. Local bodies are insensitive to the health issues faced by the migrants. They lack basic amenities often crammed in apartments and are at risk of being infected by several diseases. The study found skin diseases, malaria and filariasis to be the major health issues faced by them, which could be attributed to the unhygienic living conditions. Since migrants are unregistered, they cannot avail of medical facilities provided by the government and are forced to go to private hospitals and to pay out of pocket. The consultation timings and the fear to lose on a day's wage forces migrant workers to depend on self-treatment with painkillers and antibiotics. The migrants being away from their family are at an increased risk of being engaged in unprotected sex, thus are prone to sexually transmitted diseases and AIDS. The Government of Kerala recently has taken the initiative to give free health check-up and medical care to the migrant population considering the spread of many dangerous diseases among them (P P., 2016).

2.4. Women migrants and Health seeking behaviour

Migrant populations are considered vulnerable since they are exposed to many health problems that could be ascribed to their migration to urban areas. This leads to decreased awareness about local health facilities, followed by their inability to cope with psychological stress, unhealthy sexual practices, and frequent travelling. The study conducted in Bangalore showed that about 52.9% of respondents delayed seeking health care by more than three days, indicating that the health-seeking behaviour was poor in migrants (Shweeta & Prasad, 2018).

Peng, Chang, Zhou, Hu and Liang (2010) conducted a multilevel model analysis that indicated that health-seeking behaviour among migrants is significantly associated with their medical insurance coverage. The hospital visit by the migrant is also affected by factors such as monthly household income per capita and working hours per day. The study has tried to bring in the influence of socio-demographic characteristics on the migrant workers' health care decision making when they fall ill. They have recommended the need for relevant policies to provide public medical insurance and assistance programs to provide affordable health care services to the migrants. They have found that feasible measures need to be taken to reduce the health risks among the migrant workers, which is associated with current hygiene practices and that the migrant workers should be assured equity in access to health care services (Peng, Chang, Zhou, Hu & Liang, 2010). The self-medication also becomes one of the first healthcare-related actions undertaken by migrants in case of health issues. The study conducted to access the health-seeking behaviours among Myanmar migrant workers in Ranong Province, Thailand, revealed that the migrants preferred buying drugs from a drug store to be the most common health-seeking behaviours while visiting the health centres only when their conditions get worse. The respondents were also found to approach private clinics than government health centres. Individual characteristics, as well as the accessibility to healthcare services such as the presence of health insurance, time taken to travel to the health centres and consultation fees, were significantly associated with health-seeking behaviour (Aung, Pongpanich, & G R, 2009).

A study by Sreejini J reported in the study that the migrant workers tend to have poor patterns of health-seeking behaviour. This was attributed to them not wanting to lose their work and wage. Hence they tend to depend on the drug stores on the onset of symptoms of diseases (J, 2012). Health seeking behaviour has to be perceived within the cultural framework of migrants. Therefore Health promotion and other health care practitioners have to acknowledge the migrants are culturally diverse and that their cultural and traditional attitudes and beliefs can affect health-seeking behaviour.

The study by D. Maneze, M. DiGiacomo, Y. Salmonson, J. Descallar, and P.M. Davidson (2015) on Filipino migrants in Australia found that cultural beliefs and practices also influenced health-seeking behaviour. Filipino migrant's especially new migrants and the elderly, despite having high self-rated English language skills, cited communication difficulties as barriers to accessing health services. This study also demonstrated as to how the migrants considered individual resources to be significant facilitators of health-seeking behaviour and the lack of these resources as barriers (Maneze, DiGiacomo, Salamonson, Descallar & Davidson, 2015).

2.4.1 Literacy and health-seeking

The studies suggest that education and entitlement to insurance could be a possible solution for promoting health-seeking behaviour. The study on healthcare-seeking behaviour of migrant workers in Singapore aimed at exploring health-seeking behaviours of migrant workers, barriers in accessing healthcare, the prevalence of common illnesses and injuries among migrant workers in Singapore. The study revealed a negative association between perceived illness and health-seeking behaviour. Most of them cited perceived non-severity of illness and fear of deportation reason for not consulting doctors. The findings were consistent among respondents with less education, having greater fear of losing their jobs due to health issues (Lian & Chen, 2013).

Studies examining literacy skills and health behaviour have found literacy to be an essential predictor of a woman's likelihood of accessing healthcare for herself or her child, one such study by Yukyan Lam, Elena T Broaddus, and Pamela J Surkan (2013) focused on understanding the relationship between literacy and healthcare-seeking among Nepali women of low educational attainment. The study revealed significant associations where literacy was positively associated with increased health-related decision making power, and negatively associated with barriers such as dependent on a partner, obtaining permission in accessing healthcare when needed (Lam, Broaddus & Surkan, 2013). The study by Evlampidou, K Danis, A Lenglet, M Tseroni, Y Theocharopoulos and T Panagiotopoulos (2015) carried out in Evrotas to assess migrants' knowledge, attitudes and practices regarding malaria to help guide prevention activities. The study revealed that higher education indicated a higher level of awareness among migrants that is the key to new healthcare-seeking behaviour among migrants is the early recognition of malaria symptoms. The study also found that poor and inappropriate housing conditions, lack of mosquito repellent facilities, crowding and difficulty in approaching local healthcare facilities in Evrota have resulted in increased malaria cases (Evlampidou et al., 2015). Even the children of Indian migrant workers are at the risk of missing out on their school education. Migrant parents often have no means to educate their children and care for them. The situation remains the same in Kerala as well, where the educational status of migrant children is below the average. The findings of the study by Roopa Gopal and Aruna revealed that there exists a significant difference between Social adjustment and educational aspiration among Migrant and Non-migrant children in Kerala (V & Aruna, 2017).

3. Implication and future research scope

The study has research and policy implications. Migration has emerged as a global phenomenon that concerns nations and people across the globe. It needs to be seen as a multidimensional phenomenon that has its roots in economic, political, social and public health dimensions. There are works of literature available on the health-seeking behaviour of different segments of society encompassing both urban and non-urban regions. However, very little emphasis is given to the health care issues related to migrant workers, especially female migrant labourers. While available studies on female migrant labourers have primarily focused on AIDS, tuberculosis or their reproductive health and that of minimal research has been conducted on health care access and the health-seeking behaviours of this population.

Most often, the female migrants are not considered while formulating the policies and the gender sensitivity is not maintained; this is due to the significant presumption that female migrates as dependents and not as the economic head. This reduces their chance of visibility among government policies. They are deprived of the security and assistance which would otherwise be available for the male migrants. Hence there needs to be studies that focus on the health of female migrants to help address their health concerns to integrate it with the state health policies. The lack of significance given to the health issues can indeed reduce the health status of the concerned region/country. The countries should move beyond focussing on one single disease to that of catering to the overall health profile of the migrants. With this focus, the study finds its relevance in understanding the health profile of the female migrant workers along with addressing their health-seeking behaviour, the challenges and barrier faced by the female migrants in availing health

services.

4. Conclusion

The literature examined showcase the need for studies concerning the gender-specific perspective on migration-related issues. This would help in obtaining evidence on the health of women migrants. The current literature review finds its relevance in understanding the ongoing research treads and gap regarding the health of female migrant workers along with addressing their health-seeking behaviour, the challenges and barrier faced by the female migrants in availing health services. Studies on the health of female migrants can help formulate the needed change to adopted to help provide better health care facilities for the women migrant workers, thereby reducing the threat of outbreak as well as to improve public health.

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