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Understanding the linkages between migration and health: An overview

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WUN Conference, Hong Kong, 25 April 2015

Key areas in the migration health

1. Health of migrants in destination countries
   - Including displacement
2. Health of those who stay behind
3. Migrants as vectors for disease transmission
4. The migration of health care workers

1. Health of migrants in destination countries

- Key issues
  - Health outcomes (positive/negative)
  - Access to health care
    - Physical and mental health
  - Nutrition

Health determinants (other than genetics)

- Length of stay in the destination
- Socio-economic status
- legal status

The Healthy Migrant Effect (1st gen)

- on many measures, first generation **migrants are often healthier** than those born in the country of destination
- **effect diminishes** as migrants increase their time of stay in the destination country
- migrants who stay in the host country for extended periods of time are subject to a number of **environmental and behavioral aspects that may impact their health outcomes**.
- environmental aspects include poverty, housing conditions and access to care; behavioral factors include changes to diet and increased use of tobacco, alcohol and drugs, as well as less physical activity
- May be issues of under reporting of health issues

Mental health

- Both positive and negative effects
- The improvement or deterioration of the mental health situation of a migrant is highly dependable on both the **pre and post migration contexts**.
- Generally, migrants who find themselves in more vulnerable situations post migration will present worse mental health outcomes (Weishaar, 2008).
- A migrant´s state of mental health is also associated with the length of stay in a country and their adaptation abilities (Weishaar, 2008).
- Some of the factors that may **increase stress** include language and cultural barriers, work-related stress, and social stress (Weishaar, 2008).

Access to Healthcare and Health Seeking Behavior

- Health outcomes of migrants in the destination country are highly affected by **the migrants' capacity to not only access healthcare**, but also their **behavior in relation to seeking both preventative and curative care**
- Their access to healthcare depends greatly on the country they have migrated to and the public or private healthcare provisions offered to the migrant populations; also on their legal and socioeconomic status

The comparison group matters

- Do we compare with natives in the destination (which natives)?
- Do we compare the counterfactual (what their situation would have been like if the stayed in the origin country)?
- Do we compare to their counterparts in the country on origin?

Forced migration and health

- Displacement (internal/ international)has its own challenges
  - Effects of camps, etc.
  - Health knowledge, health outcomes

2. Health of those who stay behind

Health of those who stay behind

- Health outcomes (physical/mental)
  - Children (mechanisms: financial and knowledge resources vs. absence)
  - Women/Maternal
  - Elderly
  - Men

Health of those who stay behind

- Mechanisms through which migration can effect health outcomes and behavior
  - Financial remittances
  - Social remittances/knowledge transfer
  - Absence of a family member
  - Selection effects

Mechanisms: The effect of financial remittances

- Remittances and migration may have positive long term effects on child health outcomes (ie. child mortality rates, low birth weight)(Frank & Hummer, 2002) since migrant households have more disposable income to spend on healthcare services and/or health insurance (Amuedo-Dorantes & Pozo, 2011; Valero-Gil, 2008).
- Remittances provide the left-behind with purchasing power to enter the formal healthcare system, which is often not available otherwise (Lindstrom & Munoz-Franco, 2006).

Mechanisms: The effect of financial remittances (continued)

- Remittances used to increase health care expenditures, leading to greater access to private clinics and medicine in case of sickness, as well as improved health knowledge.
- the use of remittances has been more associated with emergency situations rather that preventative care (Ambrosius & Cuecuecha, 2013; López-Cevallos & Chi, 2012; Ponce, Olivié, & Onofa, 2011).

Mechanisms: The effect of financial remittances (continued)

- This additional expenditure on healthcare affects both migrant and non-migrant households (Kanaiaupuni & Donato, 1999)
  - better access to healthcare for particularly vulnerable groups reduces the emergence and transmission of preventable diseases within the community (Lindstrom & Munoz-Franco, 2006)

Mechanisms: The effect of financial remittances-education (continued)

- Remittances are often spent on achieving primary and secondary education, which has been associated with greater life expectancy and lower child mortality rates (Zhunio, Vishwasrao, & Chiang, 2012)

Mechanisms: The effect of social remittances

- The return flows of people and ideas to migrant sending areas is also capable of **reducing gaps in health-seeking behavior** (Lindstrom & Munoz-Franco, 2006).
- "By raising expectations of health services while simultaneously encouraging and facilitating political and civic organization, social and economic remittances have the potential to **result in better health programs and infrastructure**" (Frank & Hummer, 2002, p. 761).
- Transfer of norms from migrants in low fertility destination countries **lowers fertility** for destination countries (Beine, Docquier, & Schiff, 2008).

Health of those who stay behind

- Health outcomes (physical/mental)
  - Children
  - Women/Maternal
  - Elderly
  - Men

Children (mechanisms: financial and knowledge resources vs. absence)

- Migration improves child health outcomes through lower infant mortality rates and higher birth weights in Mexico (Hildebrandt et al, 2005)
- Generally better basic health indicators, where negative health (mental health)
  - Who migrates matters as well as the age and sex of the child (very context specific)

Health of those who stay behind

- Female/maternal health-generally positive
- Elderly-little work done, evidence mixed- age matters
- Men-even less work done-mental health important which is linked to physical health

3. Migrants and the spread of infectious disease

- Studied more by health professionals

Migrants and the spread of infectious disease

- With increased globalization and mobility, individuals are increasingly connected through multiple links (Wilson, 2003).
- More countries are becoming origin and destination to a greater variety of individuals. This increases the challenges associated with the management and control of public health, particular regarding infectious diseases (Gushulak & MacPherson, 2004).

Return and spread of infectious disease

- Although much of the literature focuses on HIV/AIDS, the spread of other infectious diseases has been associated with migration patterns (ie. Hepatitis, Tuberculosis, Malaria, Chagas).

High risk groups

- Temporary workers
- Miners
- Truck drivers
- (trafficked) sexual workers
- Irregular, vulnerable

Deportation of infected migrants

- that deportation of HIV-positive migrants by the host country should take into account their health and availability for care when in detention, and in the home country in case of deportation (Carballo & Nerukar, 2001; Human Rights Watch, 2009; UNDP, 2008).

4. The migration of health care workers

- Export of health workers (Philippines)
- Brain drain
- Brain gain

Migration of health workers

- Shortage of health care professionals resulting from high levels of emigration hinder the provision of care (Bhargava & Docquier, 2008).
- According to Gerein et al (2006), the shortages of skilled personnel have spillover effects on other areas of health care. Centers are often understaffed, workers experience increased workload and dissatisfaction with their jobs.
- Extended waiting times, reduced consultations, and poorer infection control (Gerein, Green, & Pearson, 2006).
- International migration **is not the main culprit of healthcare shortage**s in developing countries, although it exacerbates problems within the health care system (Dumont, 2010)


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Questions?