

Report on

Migration and Health in Asia

Bintan, Indonesia

22 – 24 September, 2003

Organized by

Asian MetaCentre for Population and Sustainable Development Analysis

Asia Research Institute, National University of Singapore

By

Mika Toyota

The workshop examined the public health implications of migration processes in Asia from a variety of multi-disciplinary perspectives – human geography, demography, sociology, anthropology, public health, and psychology. Field case studies employed cover China, Japan, Thailand, Singapore, Indonesia, Philippines, Nepal, India, Bangladesh, as well as Asian migration to Australia and New Zealand. The data was analysed using a variety of methodological approaches – ranging from in-depth interviews to statistical social surveys. A key aim was to facilitate dialogue between different disciplines and approaches to better understand the issues relating to migration and health in Asia. The range of case study materials covered various patterns of ‘migration’ movements, including transnational, national, rural to urban, and highland to lowland. About 30 participants from 8 countries in Asia, USA and UK participated actively in the workshop.

At the beginning of the workshop Prof. Paul Boyle and Dr. Elspeth Graham suggested some useful analytical points in understanding the intersection of migration and health derived from cases from the UK and USA. The participants were encouraged to apply these concepts in their case studies within an Asian context in order to situate their studies within a broader framework and to aim for analytically focused discussion rather than simply describing phenomena relating to individual cases.

The main themes dealt with in the workshop were:

- (1) Migrants and sexual behaviours, vulnerability and transmission to STDs/HIV/AIDS
- (2) The state and the health care services
- (3) Irregular (un-authorised) migration and utilisation of health care services
- (4) Health of migrants vs. non-migrants
- (5) Health of left-behind population
- (6) Coping experiences of migrants and/or their families

The key questions raised in the workshop were;

- (1) *Who are the migrants?*

The category of ‘migrants’ should not be taken for granted. The political context of the creation of the category itself needs to be investigated. There has always been ‘fear’ and

‘prejudice’ against migrants, often seen as the source of contagious diseases, for the state has historically tended to blame outsiders/the “Other” as a threat to the health of the native population. As Craddock (2001) notes “...disease and responses to it are always necessarily political”.

Such prejudice should be critically examined by asking to what extent ‘migrants’ are in reality a high risk group. It may not be necessary to specify ‘migrants’ as a category in all circumstances. There is also no need to flag all health problems associated with migration as ‘migration problems’. For example, it is not just female prostitutes that pose a risk of spreading HIV, but the power relations governing the terms of their practice. Furthermore, focusing on risk groups leaves other groups outside the epidemiological gaze. More attention needs to be paid to the cultural framing of medical discourse about disease, and to there is a need to analyse the configuration of power relations which support and sustain such public discourse.

(2) *Frameworks of vulnerability*

The state can be an obstacle to rather than the provider of public health services in the case of the ‘floating population’, or ‘un-authorised’ migrants. It is entitlement and/or empowerment which determine access (or non-access) to economic, social and political resources that avert vulnerability. The plight of irregular or unauthorised migrants may be compounded by their pre-departure conditions - such as poverty, and armed conflict - with no adequate health care for months or years (Gushulak D. Brian and McPherson D.:2000, Taran: 2002). The vulnerability of a migrating population is the result of a combination of factors, including the psychological stress generated from the processes of removal and resettlement, the difficulties migrants confront in dealing with health problems, the health care culture in the new environment, (Bagley C, Madrid S, and Bolitho F.:1997, Shuval: 2001), reduced security in daily life, experiences of alienation and discrimination, and reduced socio-economic status (Sundquist: 2001). As Craddock (2000) notes, “...a theoretical framework is needed that affords greater precision in pinpointing vulnerable individuals or groups, and that provides the means of analysing the complex interplay of local, state and global economies of power that at particular times and places become causal mechanisms for disease”. This framework enables us to understand the intersection of high-risk behaviours and health inequalities. In this sense strategies are required to reduce vulnerability rather than simply relying on the knowledge-attitudes-practice educational campaigns.

(3) *How can we measure ‘health’ of migrants?: from a bio-medical to a social interpretation of health*

In order to go beyond the bio-medical field, the term, ‘health’ was broadly conceptualised, using various variables - as pertaining to the socio-cultural, political as well as physical well-being at the individual, family and community levels. This involved the analysis of a comprehensive set of health measures including physical health, functional health, psychological health, the health seeking behaviour of migrants, the accessibility and inaccessibility to the provision of the public health service for the migrants themselves, people in contact with them, as well as physical and psychological health of the left-behind family in the home community. This approach enabled us to integrate broader disciplinary approaches and to take a wide range of social, cultural, political and economic issues into consideration.

Outcome of the conference

The discussion critically questioned the stereotypical view of simply linking migration with a 'threat' to public health. The importance of practical contributions/dissemination of the research was addressed. At the end of the workshop Prof. Gavin Jones pulled together some of the policy implications posed by the findings of the workshop.

While the workshop raised a series of important questions further discussion will be required to generate new research hypotheses and concrete suggestions for future actions/research. However, participants benefited through the formal and informal discussion with other participants from different disciplinary backgrounds, which give rise to a more nuanced understanding of the complexity involved in examining the way migration affecting health issues.

We are planning to produce three publications, an edited book and two special issues of academic journals to lay the basis for further discussion among academics, NGOs and policy makers:

1. ***Migration and Health in Asia***, Population and Migration Series, Routledge Research, to be edited by Santosh Jatrana, Mika Toyota and Brenda Yeoh
2. Special issue, 'Migration and Health in Asia' for ***Asian and Pacific Migration Journal***, to be edited by Mika Toyota, Santosh Jatrana, and Brenda Yeoh
3. Special issue for ***Asia Pacific Viewpoint*** to be edited by Nicola Piper & Brenda Yeoh

References

- Bagley C, Madrid S, and Bolitho F. 1997, 'Stress Factors and Mental Health Adjustment of Filipino Domestic Workers in Hong Kong' ***International Social Work*** 40(4):373-382
- Craddock, Susan. 2000 'Disease, social identity and risk: rethinking the geography of AIDS', ***Transactions of the Institute of British Geographers***, 25(2):153-168, London
- Craddock, Susan. 2000 ***City of Plagues: Disease, Poverty and Deviance in San Francisco*** (Minneapolis)
- Craddock, Susan. 2001 'Engendered/ endangered: women, tuberculosis, and the project of citizenship' ***Journal of Historical Geography*** 27:338-54
- Gushulak D. Brian and McPherson D., 2000 'Health issues associated with the Smuggling and Trafficking of Migrants', ***Journal of Immigrant Health*** (2):67-78
- Shuval, Judith 2001 'Migration, health and stress' in William C. Cockerham (eds.) ***The Blackwell companion to medical sociology***, Oxford, UK; Malden, Mass., USA: Blackwell, pp.126-143
- Sundquist, J. 2001 'Migration, Equality and Access to Healthcare Services' ***Journal of Epidemiology and Community Health*** 55:691
- Taran, Patrick. 2002 'Migration, Health and Human Rights' ***Migration and Health NewsLetter***. 2/2002, IOM, Geneva