Socio-epidemiology of migration

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From time immemorial, migration has been a fact of life. It is well known that Plato attracted talented islanders to Athens and Plotemius enticed scholars from Greece. According to Lee's "Push and Pull Theory",[1] migration comes about as the result of individuals responding to negative or "push" factors at their place of origin and positive or "pull" factors at the place of destination. The migrant moves to a new place either as a result of positive attraction or simply to escape from the old.

The third millennium could be characterized as the era of migration and migration represents an important livelihood diversification strategy for many in the world's poorest nations.[2] Primitive migration is the oldest type, the process by which man has populated the whole globe. Chain migration is based on the effects of letters from early migrants to relatives and friends, which has played a key role in bringing about "Mass Migration" in the 19th century. In the 20th century "Mass Migration" consisted of the migration of unskilled labourers from less developed to more developed areas, Throughout history, people have always moved to new lands in search of better lives and livelihood, and to flee conflicts, whether political, religious or ethnic. These movements have ebbed and flowed over time. But the vast majority of people never leave their countries of birth; that is, most migrations are within countries.

According to Ravenstein[3] the volume of migrants who have moved out from the rural to the urban areas or from the backward to the developed regions is the highest in the economic category of reason except the accidental category of female marriage migration. It is the social inequality through the economic inequality that indirectly determines the volume of rural to urban migration. The class selective migration from rural areas takes place from the economically rich and the poor, the landed and the landless, the privileged and the deprived and the haves and the have-nots. These are two uneven classes in terms of socio-economic resources. The influx of movement of population is comparatively more from the poorer classes and economic inequality is the most common factor of migration.[3] The high man-land ratio in rural areas is another factor of migration. It aggravates rural poverty and promotes surplus labor

The migrants are derived from all social strata-barons and beggars, adventurers and outcasts, gold diggers and breadwinners. The physical and socio-economic environment at the migrants' place of origin determine many of the reasons with which people migrate. The economic and socio political causes vary from one migration stream to another, but their psychosocial and health effects are similar.[4] The acute sense of up rootedness, difficulties of adjustment, frustration of expectation, and a restriction of the social field which in turn lead to increased psychosomatic diseases, under use of health care and sometimes deviant behavior.[4] Migrant employees face the problem of lack of security, housing, competition for procurement of job, overcrowding, added to which is the fear of becoming a non-entity.[5,6] Uprooting causes separation of the individual from the affective social, ethnic, ideological and other attachments that constitute his milieu. The urban poor and migrants live in slums, devoid of essential services like clean water, sanitation and health care. Primary health care services do not reach them, leaving them dependent on unqualified private practitioner.[7]

The migrant worker has certain positive points also: he is keen to work, even if forced to break the law to do so; he is typically a young person in prime of life; physically fit; enterprising and highly motivated. He wants to rise to a better social position, and has chosen to migrate by his own volition, and hence possesses the perseverance to succeed in his intention. Finally, he is a survivor and has met the entry requirements of the host state, and has the skills or other requirements of the foreign employer. Why then such generally healthy and enterprising young men and women are at special risk? The reasons for their vulnerability are essentially either personal or environmental, as follows:

1. The migrant's nutritional status is of marginal adequacy with little reserve. Undue physical or mental stress may lead to reactivation of latent infections like tuberculosis. Moreover he may not

be immune to infections in an ecologically different land. Being voiceless and faceless, they do not get benefits from different Government social benefit schemes.

2. His way of dealing with problems does not necessarily apply in the new community; he meets unfamiliar hazards which he may not recognize or know how to avoid. Unskilled migrant workers tend to have a higher risk of work-related injuries and face occupational hazards.
3. The migrants' cultural background, customs and traditions often create barriers to integration within the host country. The vulnerability among migrants is obvious in terms of negligence and alienation to the main culture. This vulnerability leads to less control over available resources which are meant for all communities, including migrants.
4. His domestic arrangements like accommodation may be unsatisfactory where adequate opportunities for sleep, recreation and cultural activities are often lacking. Many female migrants also face the risk of sexual abuse and exploitation.
5. Many of them are driven to migrate by bad, even desperate economic circumstances and because of low income and necessity to save for sending money home, there may be insufficient left to maintain a reasonable diet and living standard. Low educational attainment is known to be a major factor underlying the exclusion of the poor from the opportunities that come with economic growth[4] and there are strong correlations between caste, tribe, gender and education.
6. The migrant is handicapped by his inexperience in regard to urban life and his inadequate knowledge of the unknown place. He is therefore trapped from the beginning in the sort of contradiction that can have pathological consequences. This is compounded by emotional factors; fear of isolation, loneliness, sadness at separation from his family and fear of losing the job for unforeseen managerial or economic reasons.

Migrants' health is also to a large extent determined by the availability, accessibility, acceptability and quality of services in the host community. Proximity to available services, lack of knowledge about such services, or having special needs have also been noted to be significant barriers to health care or service access. Access is interplay between the availability of healthcare services and the status of the community in the context of vulnerability.[8] Knowledge about the services, variable work schedules, service hours often highlighted as barriers to healthcare access. Knowledge about services depends on the extent of established networks.[9] Mobility itself makes follow-up treatment and long-term care difficult.

Policy makers need to ease the vulnerability of migrants by bringing about both economic reforms as well as improvement of human resources. Economic opportunity in the host state, absence of discrimination on account of cast or creed, healthcare and health insurance policies, and attitudes of the native population toward the new migrants, all have the potential to affect their health and well-being. Building education and skills are important in helping poor and discriminated against people to break away from oppressive and low paying jobs. The goal of universal health coverage, very much in the vogue, is to ensure that all people obtain the health services they need-prevention, promotion, treatment, rehabilitation and palliation- without risk of financial ruin or impoverishment, now and in the future.[10]

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