Migrants from Central Asia Seeking Medical Care in Moscow: male and female strategies

Discovering social infrastructure migrant communities in Moscow

Higher School of Economics, Moscow
1. 11 mln foreigners visited Russia in 2013

2. 41% from Central Asian visa-free countries – Uzbekistan (over 2 300 000), Tajikistan (over 1 000 000), Kyrgyzstan (over 600 000). A large majority of them are labor migrants

3. Mostly aged 18-40, Muslim, “visual migrants”

4. Estimated 35-30% of Central Asian migrants are females * UNIFEM

5. About 3,6 million undocumented migrants live and work in Russia with roughly one million in Moscow only (Moscow has an official population of 12 mln): no residence permit, work permit and no health coverage.

6. A large share of migrants come from rural area or small cities, have learned Russian at school

7. Males work at construction sites, street cleaners, waiters, bus drivers, do repair works and cook street food.

8. Females work as office and mall cleaners, babysitters, waiters

9. Work long work shifts, eat unhealthy

10. Share rooms with 3-4 people, no ethnic neighborhoods, follow after work
Objectives of our study

1. Identify barriers to migrants’ access to quality medical care, including gender-specific

2. Formal and informal coping strategies among males and females

3. Hypothesis: females feel double pressure because of discrimination and social exclusion in the host society and from their native community
Methodology

• Qualitative study
• 23 semi-structured interviews with healthcare providers in Moscow
• 60 interviews with females migrants from Kyrgyzstan and Uzbekistan
• Oral consent
• All interviews held in Russian
• participant recruitment: snowball technique
• Phenomenological analysis

• Theoretical basis:
  – Model of the Social Determinants of Health (WHO)
  – complex phenomenon of social exclusion (Hills et al. 2002)
Migration

Source: Dahlgren and Whitehead, 1991
Key barriers

- Low awareness on existing healthcare infrastructure; little information on sexual and reproductive health, social taboo
- Little time, short of finances, language
- Discrimination from caregivers and the wider host society; low awareness on migrants and their culture; pressure from the community; male migrants enjoy more freedom and indulgence
- Migrants do not get planned medical care;
  - no viable insurance solution for migrants: only 23% have any form of health coverage (Kuznetsov and Muharyamova 2013)
  - Healthy migrant effect – leads to denial of illness and results in sudden emergency conditions
  - Most often migrants consult call home or pharmacists and buy the cheapest drugs available, most often to alleviate pain
  - Only emergency care available
  - No affordable sexual and reproductive health care
Extra burden of female migrants

- No viable solution for a healthy pregnancy and reproductive health

- Little support from the employers as compared to male workers – many of male migrants work in construction and have a doctor on the construction site

- Extra vulnerability in their own community: partner, relatives
Coping strategies

• Ignoring or delaying treatment (alleviating pain, come for the first pregnancy checkup in the second or third trimester)
• Seeking non-professional medical care among friends and uncertified doctors (e.g. abortion)
• Kyrgyz clinics: better price, better understanding, some NGOs
• Using emergency instead of outpatient clinics (ex., pregnancy)
• Leaving Russia for little reason
Thank you for your attention!

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