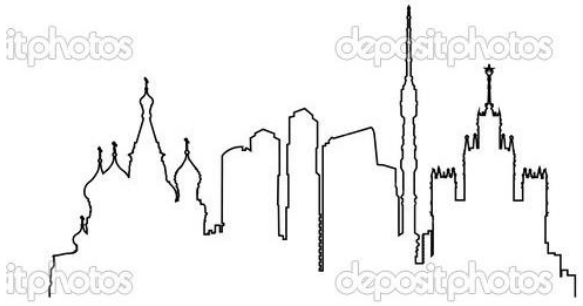
Migrants from Central Asia Seeking Medical Care in Moscow: male and female strategies

Discovering social infrastructure migrant communities in Moscow

Higher School of Economics, Moscow

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TAJIKISTAN
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Black Sea
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Aral Sea
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Sea of Azov
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Kiev
Volgograd
Astrakhan'
Samara
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Yekaterinburg
Chelyabinsk
Omsk
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Petropavl
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Lake Van
Lake Urmia
Aleppo
Mosul
Baghdad
Tehrān
Kabul
Islāmābād
JORDAN
SAUDI ARABIA
Sevastopol'
Donets'k
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Dnepr
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Irtysh
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Ysyk-Köl
Naryn
Amu Darya
Syrdar'ya
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Scale 1:19,000,000
Lambert Conformal Conic Projection, standard parallels 47°N and 62°N
0 300 Kilometers
0 300 Nautical Miles
Boundary representation is not necessarily authoritative.

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

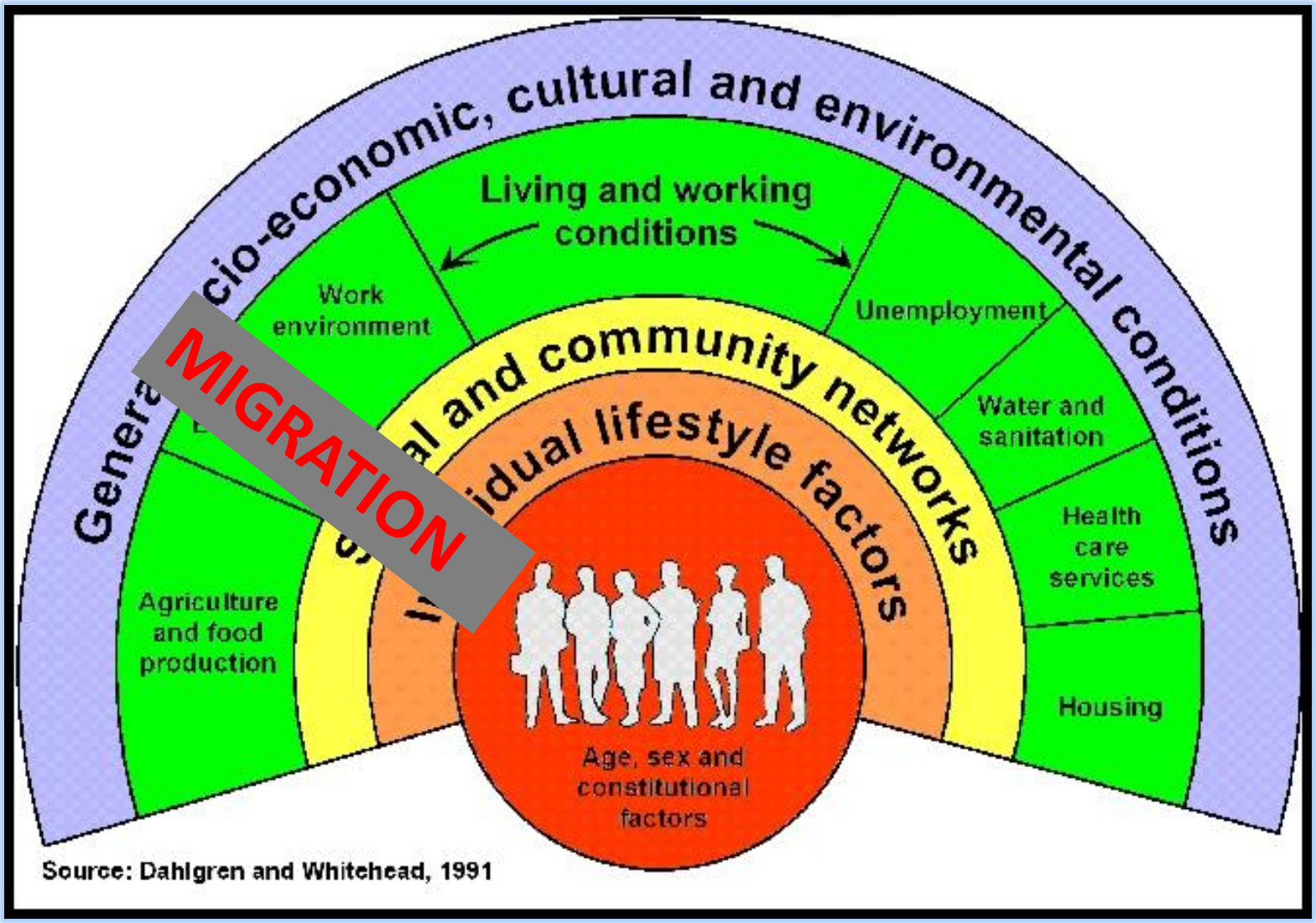
Objectives of our study

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)***


Genera cio-economic, cultural and environmental conditions
Living and working conditions
Work environment
Unemployment
al and community networks
idual lifestyle factors
Water and sanitation
Health care services
Agriculture and food production
Housing
Age, sex and constitutional factors
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

http://medsmax.livejournal.com/

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

www.metronews.ru

Ksenia Diodorova, In the cold, 2014

Thank you for your attention!

SPASIBO