ABSTRACT

Migration, Environmental Degradation and Health Issues: A study of Aligarh Slums through the Lenses of Migrant

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The relation between migration and health is complex. In India, migration of rural communities to urban areas is in rising due to rural impoverishment, rapid industrialization and urbanization. These people from rural areas migrate to urban areas with the expectation of better earnings and quality life. After migrating, however, these people could not cope with the urban system and becoming vulnerable in the new environment. The vulnerability can be understood here as a state of being exposed to or susceptibility to neglect or abuse.

The primary health care system is not structured and organized in urban areas, unlike rural areas. Sometimes, lack of funds and political will are the main reasons for insufficient healthcare by urban administration. However, a number of institutions run by industries, private and non-governmental organizations have been providing health facilities to the urban settled population extensively. Despite the growth of health institutions under non-governmental agencies and the private sector, the state remains the major provider of healthcare services in the country. In addition, the migrant communities are more vulnerable to underutilization of healthcare services because they are alien to the urban system and are away from the traditional and government healthcare systems available in their place of origin. However, there are several barriers (both at supply end and demand end) that lead to underutilization of health services. There are some indications of people seeking to enter the healthcare system directly at the secondary level, while others access non-government services (ranging from direct purchase of medicines from pharmacy shops, through unqualified medical practitioners and traditional practitioners to qualified medical practitioners in a variety of non-governmental clinics and hospitals).

Various surveys and studies have shown that migrants are disadvantaged compared to the native population regarding several developmental aspects, including health. They often have a low socio-economic status with no access to social services, particularly healthcare. This situation impedes the integration of migrants into the local population.

Thus, the vulnerability of the socioeconomically disadvantaged migrants become double due to poverty and migration status. Antai et al. (2010) reported that Children of rural non-migrant mothers had significantly lower risks of under-five death than children of rural–urban migrant mothers. This situation stresses the need for community-level and socio-economic interventions targeted at migrant groups within urban areas to improve their access to health care services, maternal education, as well as the general socio-economic situation of women. Migrants health received considerable recognition during the last few years and is marked by the WHA's resolution on migrants health (WHA61.17; 2008).

The 61st world health assembly acknowledged that the health of migrants is an important public health matter and recognized the need for WHO to consider the health needs of migrants in the framework of the broader agenda on migration and development; recognized that health outcomes can be influenced by the multiple dimensions of migration; noted that some groups of migrants experience increased health risks; and emphasized the need for additional data on migrants' health and their access to health care in order to substantiate evidence-based policies (World Health Assembly resolution 16.17, 2008).

In February 2017, an international group of researchers participated in the 2nd Global consultation on Migration and Health held in Colombo, Sri Lanka with the objectives of sharing lessons learned good practices, and research in addressing the relationship between migration and health (IOM,2017).

The bidirectional relationship between migration and health remains poorly understood and action on migration and health remains limited, negatively impacting not only those who migrate but also sending, receiving, and left-behind' communities (IOM,2017)http://gmdac.iom.int/global-migration-trends-factsheet.

Aim: The aim of the present study is to develop and test a supportive strategy of healthcare, which would achieve the desired levels of accessibility and delivery of health care services to migrant living in fast-growing smaller cities in India.

Objectives of the Study

- To assess the migrants' healthcare access in the vulnerability context of migration and livelihood insecurity, and to understand the factors (individual-/community-/system-level) affecting the migrants' access to healthcare

services and to identify key points to develop an intervention to improve healthcare access to the socioeconomically disadvantaged migrants.

- To understand the demographic and socio-economic characteristics of the migrant communities
- To assess the availability, accessibility, adequacy, affordability and acceptability of the existing system of healthcare delivery to the migrants, in view of distinct features of migrants.

Study Design: Single-stage cluster random sampling has been used for selecting the migrant households. Households of eligible migrants (who have migrated and residing in the city at least since 10 years, but not lesser than 30 days) has been identified from various clusters in the city. Various slum areas in the city are being identified using snowballing and by collaborating with NGOs working in these areas. Interviews, Focus group discussions and questionnaire were used for Data Collection. Atlas Ti and SPSS were used for Data Analysis.

Keywords: Migration, Environment, Health, Migrants