1 Migration and health: an introduction

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Migration is now firmly embedded as a leading global policy issue of the twenty-first century. In 2015, an estimated 244 million people were international migrants, an increase of 71 million since the year 2000 (UNDESA 2015). A further 740 million are estimated to migrate within their own country (IOM 2015). Many millions more people, while not themselves moving, are directly affected by migration, both as social networks extend within and across national borders, and as labour markets and service provision become increasingly entangled within the wider global political economy.

Migration therefore plays an integral role within the lives of a sizeable portion of today's global population. While not a new phenomenon, it has altered significantly in recent decades, with changing demographics, geopolitics, conflict, climate change and patterns of global development shaping new types of migration. Such movement involves an increasingly diverse group of people, as well as shifting countries of origin, transit and destination in what is often a complex, multi-staged and, at times, lengthy process.

Alongside such changes, migration is increasingly recognised as an important social determinant of health and wellbeing (Davies et al. 2010; Castañeda et al. 2015). Most governments recognise health as an essential human right, and many have signed up to a range of rights-based conventions and legal instruments to help ensure that certain groups of migrants have comparable rights to citizens. Yet despite such developments, the global policy arena on migrant health remains largely uncoordinated and inconsistent, with major inconsistencies between migration and health-related policy and practical need. Where policies do exist, they often operate in isolation at national level and cover only partial, disjointed and often overly simplistic snapshots of people's lives, experiences and priorities (Zimmerman et al. 2011).

At the same time, there is an ongoing tendency for migration to be considered and responded to as a 'new' phenomenon, rather than as an embedded characteristic of many communities and countries. Indeed, in a context in which population movement is increasingly politicised and security-focused, and as the current era of global economic austerity plays out, there is an amplified tendency for policymakers and sectors of

the popular media to view and react to many types of migrants as both a public health and a security ‘threat’ to be monitored, controlled and contained. Perhaps nowhere has this been more blatant in recent times than in the context of the current European migrant crisis, where political rhetoric, increasingly protectionist policies and (in)action have combined with very real and all too often adverse consequences for the health and lives of those involved.

Largely in response to concerns regarding migrant welfare, recent decades have seen a considerable literature emerging across a range of academic disciplines, including public health, development studies, anthropology, geography and law, which stress the importance of understanding how best to conceptualise and respond practically to ensure the health-related rights and entitlements of migrants (Thomas and Gideon 2013; Ingleby et al. 2012). Such work recognises that while migration itself is not necessarily risk-laden, weak and uncoordinated policy and hostile receptivity can leave many migrants facing vulnerabilities, such as poor living and working conditions, social and cultural isolation, and discrimination. It also highlights the importance of considering the subjective perceptions and experiences, and the health and wellbeing-related priorities of migrants themselves, and using this information to deliver culturally competent forms of healthcare (MacFarlane et al. 2014). Such approaches not only draw attention to the agency of migrants, but also recognise the need for academic debate and practical and policy responses that more clearly differentiate between forms of migration and the diverse social groups involved within this. Importantly, there is also growing recognition of the need for attention to be placed on the more positive benefits that migration and migrants themselves can bring, not only for the individuals concerned, but for their social networks and the wider societies in which they are located (Aggleton et al. 2014).

It is against this evolving, yet politically charged backdrop that this *Handbook* has been developed, to offer in one location an authoritative overview of key debates that underpin and progress understandings of migration and health in a contemporary global context. Bringing together the contributions of 58 leading researchers, the *Handbook* is intended as a scholarly, yet accessible reference tool for researchers, students and practitioners. In addition to providing insightful knowledge, theoretical reflection and empirical evidence relating to a diversity of carefully selected topics, the chapters offer a wealth of disciplinary perspectives, presenting critical insights into a diversity of approaches to understanding migration and health across a wide variety of geographical settings and sociocultural contexts.

The book is organised into six further sections: theories and models of

migration; rights and deservingness; vulnerability and precarity; specific healthcare needs and priorities; healthcare provision; and transnational and diasporic networks. Each of these sections is underpinned by three common themes. The first theme is concerned with the intersectional nature of migration and health. Such a stance recognises that experiences of migration and health cannot be viewed separately from other intersecting axes of identity such as gender, age, religion, class and country of origin, because people experience the world holistically, with their various social identities interacting on multiple and often simultaneous levels. Importantly, and as a number of the chapters in this volume make clear, recognition of the intersectional nature of migrant experience and the ways this plays out across the life-course enables more critical insight into the processes that create and reinforce indicators of social stratification, and the ways that health-related opportunities as well as injustices and inequalities are enacted on a multidimensional basis.

The second theme is concerned with the broad neoliberal context within which many experiences of migration and health now take place and, in particular, how the ‘functional ignorance’ (Mladovsky et al. 2012) of those with power to enact positive change can impact directly on lived experience and health and wellbeing outcomes. A number of the chapters in this book demonstrate how, in an era in which border controls are being increasingly tightened for all but those deemed either ‘deserving’, ‘necessary’ or ‘useful’ to help meet wider economic ends, accountability for meeting basic human rights becomes elusive and avoidable. Indeed, as is evidenced in this volume, many immigration-related policies demonstrably contradict individual and public health needs and entitlements, which are in many instances now having to be addressed through more informal, and often less secure routes.

The final cross-cutting theme reiterates the importance of looking beyond host country responses and biomedical frameworks of understanding to consider how diverse sociocultural influences can shape the health and wellbeing-related experiences of migrants and those within wider transnational and diasporic networks. Central within this is a need to move beyond the kind of ‘one-size fits all’ approach to health and healthcare that problematises cultural difference to recognise how subjective perspectives, priorities and responses feed in to ideas about, and experiences of, health, treatment-seeking and care. The analysis provided within a number of the chapters in this volume demonstrates that while such influences can enhance experiences of health, and provide an important channel of social support, they can also be a source of tension, particularly in situations in which unequal power hierarchies are reinforced.

THEORIES AND MODELS OF MIGRATION

The chapters in Part II of this book examine and seek to extend some of the main theoretical and conceptual paradigms in which migration and health have been examined. A clear theme that emerges from these chapters is the complex ways in which migration and health are linked, and the empirical challenges faced in both quantitative and qualitative analyses as it relates to causal identification of these interconnections.

In Chapter 2, Yao Lu and Alice Tianbo Zhang draw on evidence from across the globe to examine three major mechanisms that underlie the relationship between migration and health. This involves examination of the ways that different individuals are selected into migration by health conditions, and the ways that health influences decisions to return; the ways that socioeconomic and psychosocial factors influence migrant experiences of health; and the ways in which migration is linked to the health of people left behind in origin communities. While the evidence presented generally supports the ‘healthy migrant hypothesis’, the authors call for more rigorous data collection that enables the causal link between migration and health to be more definitively unpacked.

Commonly used explanatory models of migration and health are examined in Chapter 3. Here, Jacob Spallek, Anna Reeske, Hajo Zeeb and Oliver Razum critique the healthy migrant hypothesis and the model of migration as health transition that have commonly been used within the migration field. Instead, they argue for the benefits of a life-course approach that incorporates the temporal dimension of health. Using examples from Germany, they demonstrate how a life-course approach enables consideration of health-related exposures in critical periods of the life-course as well as risk accumulation over time. Such an approach, they argue, permits much-needed understanding that moves beyond snapshot assessments of migrant health while also enabling consideration of migrant heterogeneity and the social determinants and processes that combine to influence the outcomes of health inequalities.

This complex interplay is examined further in Chapter 4 in relation to health behaviour. In this discussion, Hiranthi Jayaweera explores how the health outcomes of migrants relate to ‘risky’ health behaviours. Viewing morbidity, mortality and birth outcome patterns of migrants within a framework that encompasses both sending and receiving country contexts and other social determinants, the chapter identifies some of the weaknesses of the widely used ‘acculturation’ approaches that often dominate research and commentary on migrant health behaviour. Jayaweera presents a convincing case for moving beyond a simplistic linear focus relating to health behaviour change to formulate interventions that relate

more closely to the dynamic contexts and influences shaping the health behaviours and outcomes of migrants.

In common with the other chapters in this section, Chapter 5 challenges overly simplistic generalisations that homogenise the health experiences of all migrants. In this chapter, Denise Spitzer considers how the application of an intersectional lens enables richer understanding of the dynamic interactions between gender, race, socioeconomic class, ethnicity and country of origin. Drawing on examples from across the globe, she demonstrates how gendered and racialised ideologies and discourse can interact to influence the health experiences and outcomes of migrants in the context of neoliberal globalisation and labour force demands.

RIGHTS AND DESERVINGNESS

The chapters in Part III of the book are concerned with examining the ways that rights and entitlements to health are predicated both on wider scale processes of governance and accountability, and on deeply embedded ideas regarding morals, ethics and ‘deservingness’. Sarah S. Willen and Jennifer Cook examine the notion of health-related deservingness in considerable depth in Chapter 6, providing valuable insight into the competing array of moral stances that influence whose health, and whose lives matter – and whose do not. Drawing on examples from the US, Europe and the Middle East, the authors outline an analytical framework for examining the roles played by the array of *stakeholders* involved in deciding deservingness (e.g., policymakers, media, advocacy groups, citizens, migrants), the *contexts* in which such debates take place and the *evaluative criteria* employed. Underpinning these themes is a call for greater understanding of the ways that vernacular and often implicit ways of reckoning deservingness influence discourse, policy and practice, with very real impacts on the bodies, lives and life chances of migrants and the communities in which they live.

Notions of governance and accountability underpin Chapter 7, where Vivien Runnels, Corinne Packer and Ronald Labonté explore the complex and competing web of rights, duties and responsibilities incumbent on health workers, states and the international community to protect the health and wellbeing of citizens. The migration of healthcare workers, they argue, becomes both an ethical and a humans rights issue when skilled personnel move away from countries where healthcare is in short supply, yet is complicated by the coexisting rights of populations in wealthier countries, and the rights of migrant workers who wish to pursue opportunities for themselves and their families by relocating overseas. The

authors place particular focus on the feminisation of healthcare labour, and the deskilling that often accompanies this when female migrants move abroad. They end by emphasising the growing trend in many countries towards healthcare privatisation. As they state, it is vital that more attention is given to understanding the implications of such changes – not only for the supply of global healthcare, but also in terms of global ethics and healthcare equity.

In Chapter 8, Marry-Anne Karlsen demonstrates the tensions and ambiguities that exist between a state's obligations to universal rights conventions, and the way that migration and healthcare policy is translated into daily, situated practice on the ground. As she states, children are generally positioned in Western discourse as particularly needing, and deserving of protection. Yet, 'irregular' migrant children are increasingly negatively impacted by the attempts of many countries to manage and control unwanted migration by restricting access to basic welfare. Drawing on research undertaken in Norway, she demonstrates how the state's commitment to protecting migrant children has been undermined by a restrictive immigration policy that obscures responsibility and downplays the controversial nature of official policy. Integral to this is the delegation of often life-changing healthcare decisions to healthcare providers who, Karlsen argues, become reconfigured not only as border guards, but as 'petty sovereigns' who face major ethical and practical dilemmas in their use of the discretionary powers that have been placed upon them.

In the final chapter in this section (Chapter 9), Anne-Cécile Hoyez demonstrates the practical and socio-spatial challenges facing many migrants as they seek to access basic resources in their day-to-day lives, and the additional burdens faced when migrants are undocumented or have longer-term healthcare needs. Drawing on work undertaken in France, she examines how the principles of universalism enshrined within state policy and national rhetoric are simultaneously undermined by government policy while being positively renegotiated by committed and compassionate individuals at the frontline of healthcare provision. At the centre of this is the provision of outreach work to ensure vulnerable migrants are brought into the healthcare system. Whilst the chapter demonstrates the vital role played by dedicated individuals and informal networks, it raises important questions regarding health-related accountability as well as concerns over the sustainability of relying on acts of benevolence to deliver healthcare.

VULNERABILITY AND PRECARITY

It is important to recognise that people migrate for many different reasons, and that not all of those who move are especially vulnerable. However, many groups of migrants face specific inequalities in their everyday lives and in accessing formal healthcare services. The chapters in the fourth section of the book are concerned with understanding more about the groups of migrants that are especially vulnerable to impaired health and wellbeing outcomes, and the kinds of circumstances that result in experiences of precarity. In Chapter 10, Katherine Vasey, Lenore Manderson and Louise Newman provide a wide-ranging overview of the concept of ‘survival migration’ to highlight the diverse array of challenges facing those forced into migration through persecution, conflict, violence or human rights violations. In this, they emphasise the very real dilemmas and consequences that are created for survival migrants through the imposition of predefined, immigration-related administrative categories, and the securitisation of asylum seeking. The authors provide insight into the health and wellbeing risks and instabilities facing survival migrants across different stages of the migration ‘process’, including those confronted in transit, in refugee camps, in detention centres and during resettlement. Attention is also given to ways that such experiences are compounded by gender, and the implications this can have for children and young people. This theme is examined in greater depth in Chapter 11, where Elaine Chase outlines the multiplicity of interacting factors that influence young people’s wellbeing and vulnerability to adversity as they make the complex shift in status from being an ‘unaccompanied minor’ to being considered an ‘adult’ within immigration and social care systems. In so doing, she draws important distinctions between vulnerability, precariousness and precarity for the young people and the ways these issues are played out at different institutional, spatial and temporal scales. While the chapter clearly demonstrates the politically induced nature of precariousness and the extreme circumstances in which physical and psychological loss and harm manifest, it also emphasises how precarity can be a rallying point for resistance among young people caught up in a complex web of immigration-related policy and practice.

In Chapter 12, Siân Oram provides an overview of the health risks faced by trafficked people, and the consequences of this for their physical, sexual, reproductive and psychological wellbeing. As she argues, evidence here is focused mainly around research with women forced into sex work, who have been found to suffer high levels of depression and post-traumatic stress disorder. Oram identifies a number of gaps in knowledge relating to the health needs of women trafficked for other forms of exploitation, as

well as the needs of trafficked men and children. While calling for greater attention to be given to research that focuses on improving trafficked people's physical and psychological recovery, Oram urges policymakers, practitioners and academics to also consider what can be learned from best practice relating to survivors of torture and domestic violence.

The next two chapters in this section focus on the health and wellbeing experiences of labour migrants. Labour migrants play a central role in the contemporary global economy, and a number of international instruments have been put in place to recognise and protect their rights. Yet, as these chapters demonstrate, their health considerations remain largely neglected in both policy and practice, and questions relating to responsibility and accountability for migrant health remain vague. In Chapter 13, Stephanie Mayell and Janet McLaughlin provide an insightful overview of contemporary transnational labour migration, and the health vulnerabilities faced by migrants at each stage of the migratory process. Drawing on extensive primary research with migrants from Mexico and the Caribbean who labour in the Canadian agricultural sector, the authors illustrate the structural vulnerabilities and poor health outcomes that accrue from cumulative exposure to risk. This theme is explored further in Chapter 14, where Alison Reid compares the occupational health and safety of migrant workers to those of native-born populations. In this, she examines the different scales at which work-related risk is played out, from national policy through to workplace practice and the attributes of individual workers themselves. Focusing on the tendency of young, unskilled migrants to undertake precarious and often poorly regulated work involving high rates of exposure to a range of occupational hazards, workplace injustices and work-related accidents and injuries, Reid provides a compelling case for strengthening and enforcing legislation to protect migrant workers.

In the final chapter in this section (Chapter 15) Celia McMichael examines the complex role of climate change in shaping human migration, and discusses the implications of this for human health and wellbeing. As she demonstrates, climate-related migration presents both opportunities and threats for migrant health, as well as for host and home communities. Drawing on case studies from the Northwest Arctic region, Morocco, Sri Lanka and the South Pacific, McMichael provides informative insight into climate-related risks, vulnerabilities and opportunities at different stages of the migration process. She concludes by calling for nuanced and improved policymaking that builds resilience to climate change in home communities, more effective governance and management that protects the rights and wellbeing of migrants, expanded development assistance and funding mechanisms, and institutional change that effectively responds to the health needs of affected communities.

SPECIFIC HEALTHCARE NEEDS AND PRIORITIES

The chapters in the fifth section of the book provide insight into the experiences, needs and priorities of migrants living with particular healthcare requirements, and the conceptual debates that underpin policy and programmatic responses to this. In Chapter 16, Gudbjorg Ottosdottir and Ruth Evans discuss a neglected area within the migration literature, namely the healthcare situation facing migrants with disabilities and/or chronic illness. Here, they provide insight into key conceptual understandings of disabilities and chronic illness, and critique the policy context within which this is framed in relation to migration. Demonstrating the value of social, rather than purely medical approaches to understanding health and wellbeing, the authors provide in-depth insight into the complex linkages between migration, disability, chronic illness and care support. Using empirical data from the UK, they reveal the major barriers to accessing appropriate health, social care and welfare experienced by asylum seekers and the impact of this on the wellbeing of informal family carers such as children and young people.

Another relatively neglected issue within the field of migration relates to the mental health experiences and needs of migrants. What work has been done has tended to apply Western biomedical models of post-traumatic stress disorder and depression to quantify and categorise migrant experience, with little discussion around subjective conceptualisations and the way these may be mediated by temporal health needs, and factors such as gender, age, race, class and sexuality. These issues are examined in depth in Chapter 17, where Jasmine Gideon discusses the mental health experiences, needs and coping strategies of long-term Chilean exiles in the UK. Placing particular focus on the gendered nature of migrant experience, she argues for greater attention to be given to understanding the complex causes of health complaints and the ongoing sociocultural, economic and political context in which mental health issues are experienced.

In Chapter 18, Jo Vearey draws on research from southern Africa to examine the complex and contested relationship between HIV and migration. As she argues, most programmatic and policy responses to HIV continue to exceptionalise migration, even within contexts where mobility within or across borders is a prevalent norm – and to consider migrants as a problematic, high-risk population. Such responses not only fail to engage with the complexity and heterogeneity of diverse population movements, they also pay little consideration to the broader contextual factors that are likely to be affecting aspects of the management of HIV associated with mobility, including treatment continuity and combination prevention approaches. Vearey concludes by proposing recommendations for

action through migration-aware programming to assist in strengthening approaches to HIV.

The final chapter in this section (Chapter 19) explores the burden of infectious diseases in migrant populations in the European Union and the European Economic Area (EU/EEA). As Gemma A. Williams and colleagues argue, understanding the changing epidemiology of infectious diseases in Europe is important, not only given the large-scale population movement currently taking place, but also in terms of the effective planning and delivery of health services. Williams et al. point to available evidence that indicates that migrants in the EU/EEA have a higher burden of some infectious diseases than the native-born population, and a comparatively lower burden of others. Examining HIV, TB, hepatitis B, measles, rubella and Chagas disease, they demonstrate the extent to which different migrant populations are affected by infectious diseases, and how this depends on the disease in question, the country or region of origin, and the country of destination. The chapter concludes with recommendations on how future policy and public health responses in the EU/EEA can be improved to reduce the infectious disease burden in vulnerable migrant groups.

HEALTHCARE PROVISION

Although many migrants struggle to access formal healthcare, particularly when they have crossed an international border, it is important to recognise that many are able to, and do, make use of a range of healthcare services. Part VI of this volume therefore examines the provision of healthcare interventions for different groups of migrants. Particular attention is given to the logistical and resource-based issues this can entail for both migrants and health providers, and the perceived relevance of existing service provision for diverse migrant groups. The first chapter in this section (Chapter 20) examines some of the main health issues faced when refugee camps intended as temporary protection for refugees awaiting more ‘durable’ solutions become long-term, often multigenerational settlements that require sustained health service provision. Sarah Meyer, Cyril Bennouna and Lindsay Stark explore the realities of trying to implement interventions aimed at meeting healthcare needs in what are often poorly resourced, low-income settings. Discussing a range of health issues including those relating to communicable disease, maternal and reproductive health, child health, nutrition, mental health, HIV and violence and abuse, the authors outline the key risk factors for adverse health outcomes in refugee camps, as well as the effective interventions that have been developed and implemented in such settings.

While many migrants are young, healthy and have limited contact with the health systems of the countries they move to, the situation can be quite different for older people who have frequent and often coexisting health requirements. In Chapter 21, Kelly Hall considers the health and wellbeing issues facing retired people who spend at least some of their time each year living abroad. In this chapter, Hall examines the health and care issues faced by elderly and frail British retirees in Spain. Central within this discussion are the unanticipated differences in healthcare rights and provision across areas of the European region, and the ways that tensions between expectations and reality are underpinned by different cultural understandings of care.

In Chapter 22, Daniela Sime argues the case for incorporating migrant children and young people's participation and 'voice' into healthcare provision. Using research with newly arrived Eastern European migrants in the UK, she demonstrates the key role played by many children and young people in facilitating access to healthcare for family members and the importance of listening to the views and experiences of children and young people as a matter of social justice. The experiences of young people also form a central tenet of Chapter 23, where Jessica Botfield, Anthony Zwi and Christy Newman examine the sexual and reproductive health needs of migrants, refugees and international students in Australia. While the migration backgrounds of these groups differ substantially, all are at potentially heightened risk of poor sexual and reproductive health, and tend to underutilise available health services in these areas. The authors assess the complexities of designing and implementing effective sexual healthcare that engages with and is culturally relevant to the needs of migrant groups. This theme is extended further in the final chapter in this section (Chapter 24), where Felicity Thomas examines the concept of culturally competent healthcare for migrant groups, and assesses what this means in the context of large-scale migration such as that currently witnessed across the European region. Particular attention is given to the need for health practitioners to move beyond biomedical models of understanding, to consider subjective experiences of health and wellbeing and the potential role that cultural mediation can play within this.

TRANSNATIONAL AND DIASPORIC NETWORKS

The final section of this volume focuses on the complex – and to some extent, reciprocal – relationships that influence the health of both migrants and those in their transnational and diasporic networks. Inherent within these chapters is recognition that migrant health and wellbeing is shaped

not only by local care and policy regimes, but by the wider, transnational social, cultural and economic systems in which they are situated. In Chapter 25, Loretta Baldassar, Majella Kilkey, Laura Merla and Raelene Wilding explore the notion of transnational families, and examine how feelings of collective welfare and unity impact on wellbeing. In particular, the chapter focuses on the ability of family members to practice caregiving as a key feature of migrant wellbeing, and identifies a range of factors that facilitate or impede this. This includes the role of new communication technologies, the ways that policy mediates families' capabilities to care across distance, the way that the care burden is unevenly distributed within families subject to cultural norms, and the way that policy intersects with the care regimes of the countries and communities within which families and migrants reside. A central theme underlying this chapter is the need for social protection systems to be better adapted to the realities of transnational lives.

In Chapter 26, Meghann Ormond reviews the concept of 'medical tourism' as it relates to migrant health, and examines the role of migrant health workers in the development of medical tourism industries in the Global South. Particular emphasis is placed on understanding the ways that the knowledge accumulated by migrants can feed into local health-care delivery in countries of origin and, at the same time, respond effectively to the needs and interests of other mobile populations seeking to become involved in these emerging medical tourism industries.

As this volume attests, contemporary literature on migration and health has overwhelmingly, and for good reason, been concerned with enabling and maintaining health and wellbeing. The final chapter in this volume, however (Chapter 27), addresses a vital, but generally overlooked issue – that of end-of-life care and the death of migrants. As Lorena Núñez Carrasco explains, most of what literature does exist in this area is concerned with ensuring formal palliative care and repatriation is conducted with cultural sensitivity. Yet in many parts of the world, and for many migrants, relying on such formal services is not an option, and needs to be understood alongside wider circumstances of inequality and poverty. Using her research with migrants facing death in South Africa, Núñez Carrasco explores the strategies they use to mobilise symbolic, emotional and material resources to try to ensure a 'good' death. Particular attention is given to the role of informal actors such as hospices, churches and bus drivers in providing crucial forms of support to migrants as they seek to avoid a death or burial 'out of place', by returning – or being returned – to their home community. In advocating the need for more compassionate end-of-life care and support for migrants, the author calls for more attention to be given to

understanding how responsibility and accountability for migrant health can be more effectively addressed.

In conclusion, the chapters presented in this *Handbook* identify some of the most important concepts and themes that underpin contemporary understandings of migration and health. The detailed case studies and examples used in this volume point clearly to the ways in which these issues are intrinsically caught up with wider political, economic and social processes and how this, in turn, can result in critical inconsistencies between migration and health-related policy, practice and experience on the ground. It is hoped that in bringing together the contributions that make up this *Handbook*, the volume offers a scholarly, yet accessible overview and a timely source of reference for understanding the diverse and evolving field of migration and health.

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