

THE STATES

Migrant worries

The influx of migrant workers is leading to social tensions in Goa. Chief Minister Manohar Parrikar says the onus is on the contractors to provide facilities for the workers they bring in.

RAVI SHARMA
recently in Panaji

FROM Ponnuswamy Marianathan to Mario Nathan, the change of name was not easy for the tailor born in Thiruvannainallur town in Villupuram district in Tamil Nadu. But he did it to survive in his adopted land, one of the countless migrants who have made Goa's capital Panaji their home. "Mario Nathan sounds more Goan. I've been here for 18 years, have a ration card and even learnt Hindi and Konkani. But I'm still considered a *ghati*, the local slang for d'untry bumpkin. Hopefully, my new name will change that," he says.

Thousands of migrants like Mario Nathan, especially those involved in petty trade or working as labourers in the construction industry, agriculture, fishing and road building, are trying their best to melt into the local population, but with little success. The migrants working in the organised and unorganised sectors in the State

are estimated at 3.3 lakhs, up from 1.55 lakhs in 1991; the 2001 Census puts the State's population at 13.44 lakhs.

Mario Nathan changed his name of almost 40 years primarily to increase his chances of getting a residential site under the Ambedkar Awas Yojna, a social security scheme of the State government that gives the domiciled homeless 100-square-metre plots at subsidised rates. It was also a mask to escape from hostile natives who increasingly believe that they are being swamped by "uncivilised migrants" in the daily job stakes in urban centres such as Panaji, Vasco da Gama, Madgaon, Mapusa, Murmagoa and Ponda and in beaches such as Calangute, Vagator and Anjuna.

Migrants are also blamed for the spurt in the crime rate. Unfairly so, says Director-General of Police Amod Kanth. "Most of the law and order problems involving migrants are 'migrant on migrant'. Yes, some migrants may be involved in theft and so on, but in proportion to the population it is

well within control and certainly not alarming. The majority of rapes that have taken place are from within the local community."

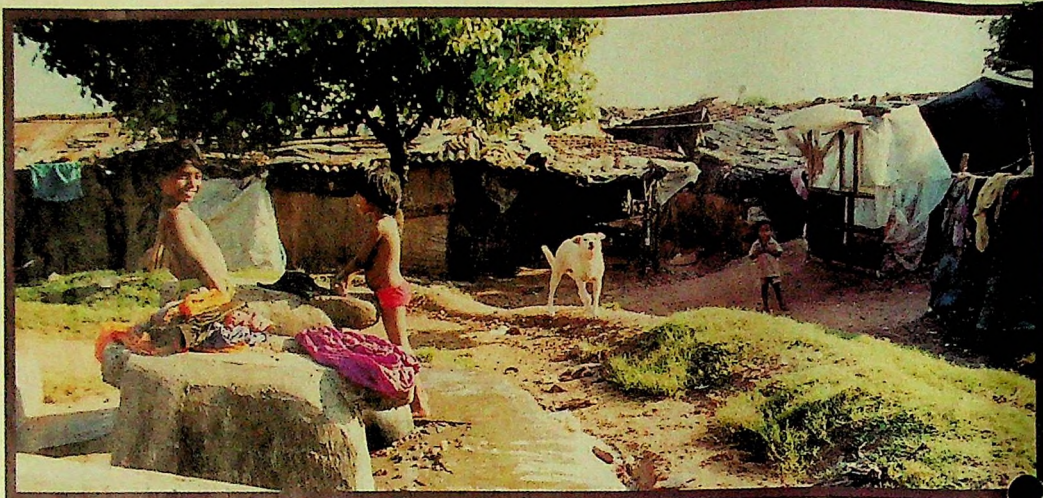
At the meeting of Chief Ministers of the Bharatiya Janata Party in September in Delhi, Goa's Manohar Parrikar said a small State like Goa could not afford to bear the burden of thousands of 'cheap' migrant workers. Though he claimed then that he was misquoted by the local press, he told *Frontline* that "too much of migration [could] cause social tension"; if slums sprang up there would be "resentment among the local Goan people". Parrikar said his government was trying to create conditions - such as increased mechanisation in the construction industry - that would "automatically bring down" the number of people migrating to Goa for work.

Said Parrikar: "I cannot stop migrants from coming to Goa, nor am I forcing anyone out. But I am trying to create condi-



PICTURES: RAVI SHARMA

Seasonal workers from Karnataka in a paddy field near Fort Aguada. They hail from Zinid taluk in Bijapur district and were forced to migrate by drought conditions.



A migrants' colony at Kattedaina near Vasco da Gama.

tions whereby migration is not encouraged. But it is not in the economic interest of the country to have low-paid jobs converted into migration. When you have migrants who earn Rs.2,000-2,500 a month, you are straining the resources in that area. And it is costing the government a great deal more than what is earned by those individuals. So, while migration [of technically qualified people] at the higher levels may be desirable or affordable, low-economic-impact migration is economically detrimental."

Said Christopher Fonseca, general secretary of the All India Trade Union Congress (Goa) and State secretary of the Communist Party of India: "How can the Chief Minister want only technically qualified people? This is selective fascism. While capital has free access, why shouldn't labour? This is against the very grain of normal processes in society. This anti-normal mindset is unscientific, lacks informed debate and is seeping into institutional and political parties, leading to chauvinism and uncalled for attrition in society. It is a violation of basic human rights."

It was "we who called these migrants in the first place", he said. "They are creating wealth in the State, [and are] not sponges on our economy. Some of these migrants have been here for 30 years, yet the arms of the government (departments like Health, Labour, Civil Supplies and Housing) haven't touched them. Parrikar has not understood the social dynamics of so-

ciety. It stems from the failure of the government to manage society, civic issues and the infrastructure."

Migrant bashing and playing up regional chauvinism have appealed to the middle classes and politicians. It was the Congress government of Luizinho Faleiro that legislated for 80 per cent reservation for natives in Goa's industries. But Faleiro is critical of Parrikar's stand on migrants. He said: "Parrikar's statements on this have to be condemned. Migrants come here not to idle but to work; they are setting right a shortage. The Parrikar government has failed to create adequate jobs and training facilities and is trying to divert the attention of the public by blaming migrants for every ill."

Migrants are also discriminated against when it comes to filing, in police stations, the 'Verification form (I-Form)' and the

'Tenant/Seasonal Visitors Verification' form introduced by the Parrikar government in 2000. Though they are mandatory for all, including native Goans who change residence, and require the person to mention details of any arrest or conviction, besides native address and references of two persons in Goa and in the place of origin, only the non-Goan worker in the unorganised sector is targeted.

While the lower rungs of the police machinery view the requirement as voluntary, Parrikar told *Frontline* that "every newcomer to a locality had to report himself to the (jurisdictional) police". He said it was not voluntary but compulsory under Section 144 of the Code of Criminal Procedure. "The Goa police itself [is] a voluntary force and is not fully aware of this being compulsory," he added. Justifying the need to seek out such details, Parrikar said it was

perfectly legitimate for the government to keep tabs on who was coming to Goa."



Construction workers from Midnapore in West Bengal on the waterfront in Panaji. Behind them is a mobile toilet.

THERE is little doubt that Goa needs its migrants, especially if its dreams of industrialisation are to become a reality. Every important post-liberalisation project – the Mormugoa Port Trust, Goa University, the Konkan Railway – and now the refurbishing of buildings and roads on the Panaji waterfront at a cost of over Rs.120 crores for the International Film Festival of India beginning on November 29 have all been possible only because of migrant la-



At Kattabaina, migrant fishermen with the Goan boat owner (left). Migrants say non-Goans are not allowed to own boats.

bour. Most, if not all the labourers involved in road and building construction and in fishing and agriculture are from Maharashtra and the northern districts of Karnataka and had come in the decades gone by. Today's migrants are mainly from Andhra Pradesh, Kerala, Bihar, Uttar Pradesh, Orissa, Jharkand and West Bengal. They endure the taunts and the discrimination because work is available in plenty and the wages (around Rs.100) are better than what they get back home even if they are lower than what the natives get.

Said Mohammed Jaffer, a migrant waiting at the main *tinto* (road intersection) in downtown Mapusa: "I left Muzaffarpur in Bihar five years ago. There the wages are low, and there is no regular work. Here work is available and the wages, at Rs.100 a day, are good. We spend Rs.50 and have the rest. We come here (to the *tinto*) every morning and contractors take us to the construction sites. Of course, some days we don't get work and sometimes the contractors cheat us." Most of the migrants working in the unorganised sector have a similar tale to tell. A combination of unemployment, low wages and the failure of the rains forced them to migrate.

Said Mahadevappa Basavaraj from Gadag (Karnataka): "Many of us have land in our villages, but what is the use when there is no rain? The choice was to work either in Goa or in Bangalore. The Karnataka government should do something for us, give us some foodgrains and money so that we can restart our lives. Even the sale of Karnataka newspapers has been stopped in the Mapusa market. We don't know what is happening outside. We have been forced to come here and do menial jobs. The police

harass us..."

Santosh Kumar of Jaunpur in Uttar Pradesh runs a small provision store at Kattabaina in Vasco da Gama. He said the police beat him up recently because he had given "an interview to a television channel" on the government's decision to demolish hutments in nearby Baina.

But according to Anthony Pacheco, an autorickshaw driver from Mapusa, the police are not doing enough. "Eight months ago the police asked us for our suggestions on how to solve the overcrowding and unruliness in Mapusa. But nothing has happened," he said. "These people (migrants) are dirty; they spit everywhere, block the *tinto* and roads, and are thieves. All that the police do is pick some of them up every Saturday and then release them... We want them to leave. But why will they? They are getting more money here than they can get in their hometowns, and the liquor here is cheap."

Though the building industry is in the hands of native Goans, contractors seek out migrant labour. Said Chandrakanth Bearkeker, a contractor in Mapusa: "Most of the migrants are honest and hardworking. The same work that they do will take a local worker double the time and I have to pay a higher wage. The natives want to do only mechanical jobs, such as working with a drill, driving a bulldozer, and so on. But who will remove the sand, carry it out, transport the bricks?"

Social scientists say it is not surprising that the natives are not interested in low-end jobs. Traditionally, in any society it is migrants who do the low-end jobs. Manohar Parrikar agrees. "Physical work is not the strength of the Goan population," he

says. But Goans do the same jobs when they go as migrants to West Asia or Europe.

Owners of fishing trawlers are on the lookout for cheap labour. While migrants from Kerala and Andhra Pradesh demand around Rs.100 a day, those from Karnataka work for Rs.80 or Rs.90. But now fisher folk from Orissa are ready to work for Rs.60 (which is double what they get in Orissa) and this has sparked off unrest among the migrant communities. Said fisherman Odappa Chelevadi, whose father was a migrant from Karnataka's landlocked Basavanabagewadi: "These people (Oriyas) not only accept lower wages, but are prepared to stay on the trawlers for many days at a stretch. So the owners are using them."

Chelevadi is upset that though he was born in Kattabaina, and even has a ration card, he cannot buy a boat. Only ethnic Goans can. "In 1994 some Keralities tried to put out their own launches, but these were burnt by the natives at nearby Kariwada," he said.

With hardly 5 per cent of the ethnic population employed in agriculture, seasonal migrants working in large teams, especially from northern Karnataka, are an integral part of the operations. According to Goa's Chief Secretary Dev Singh Negi, the government is trying to encourage more natives to get back to agriculture by offering incentives to grow horticultural crops. Parrikar said he was considering an amendment to the Agricultural Tenancy Act, 1964, so that landowners can contract out their land for a limited period without the fear of losing it. This, it is felt, would encourage unemployed youth to get into agriculture. Currently, almost a third of the State's 1.77 lakh hectares of cultivable land

A history of migration

RAVI SHARMA

GOA is one of the more prosperous States, with a per capita income of Rs.49,673, the highest in the country. But in common with the rest of India is the lopsided development. While some sections have benefited immensely, others continue to languish.

Nevertheless, development has acted as a catalyst in attracting migrant workers, who are grudgingly seen as a necessary evil. But they are an integral part of Goan society. An attempt a few years ago to drive away the migrants who cleaned the streets of Vasco da Gama boomeranged, with the whole city turning into a garbage dump.

Native Goans worry that their identity will vanish in the face of a migrant assault. Most native Goans, more so the Catholics, talk of a distinct Goan identity; a western, Latino, Catholic image that has been successfully played up by the tourism industry. During the violent Konkani agitation of 1987 the message sent across to all Goans was to protect "our golden Goa".

Said Percival Noronha, 80, a former bureaucrat who served both under the Portuguese and under Indian administrators: "We were ruled from Portugal for 450 years and 23 days. We were a closed shell. The result of this is that we are different from other Indians. While our ethos is Indian, there is no denying the fact that our manners, our way of thinking, is western."

Intellectuals have also wittingly or unwittingly seconded this perception. For example, Ajay Noronha's recent play on paedophiles is titled 'Baile' (Outsiders). Going by the title, one

would assume that outsiders were responsible for the paedophilia on Goa's beaches. In actual fact, the local people are the guilty ones. Small things like this have constantly reiterated the feeling that it is 'outsiders' who have brought their perversions to Goa.

Percival Noronha said that even during the Portuguese times migrants were smuggled in from Maharashtra and Karnataka to work in the mines.

Over the centuries, Goa has shown two strong trends in migration. Many educated and even less-educated Goans favour out-migration, primarily going abroad seeking better employment opportunities. This trend started in the 1850s, became rampant in the early part of the 20th century, and lasted over a hundred years. Out-migration was especially high in the coastal areas, with the main reasons being poverty and the desire to seek better social and employment prospects. There is also the explanation that the stagnant economy of Portugal and its colonies meant that people "acquired education and aspirations, but no jobs". The out-migration contributed significantly to the high internal migration to the agricultural belts in the coastal areas from the hinterland.

Migration into Goa was caused chiefly by major projects and heavy government spending, especially in the 1960s and 1970s, during the first phase of the building of infrastructure in what was until then a stagnant colonial backwater. The Portuguese, unlike the other European colonialists, were not known for industrialisation. While out-migration has dropped since liberalisation, in-migration has boomed.

The government should also liaison with the States from where these migrants come."

While providing welfare measures to migrants is the crux of the issue, Parrikar agrees that contractors should be responsible for the migrants they bring in. He said: "Contractors bring one group of migrants, leave them here after a project and bring in another group for their next project. They are supposed to provide facilities like water, housing, toilets and creches, which they do not. We are forcing them to provide these facilities as per the law. This will not only act as a barrier to bringing in an irrational number of workers, but also reduce the

Migrants are not the only cause for worry for those concerned about Goa's "unique" identity".

Although the Goan population has more than doubled in the last four decades since Portuguese rule ended - from around 5.55 lakhs in 1961 to 13.4 lakhs now - Goa's fertility rate, which is already well below replacement level, has been falling, according to the National Family Health Survey of India report. According to the report, the State's Total Fertility Rate (TFR) of 1.77 is the lowest in India, while the national average is 2.85. TFR indicates the average number of children a woman has in her childbearing years.

According to the Sample Registration System undertaken by the Office of the Registrar-General and Census Commissioner in 2002, the State's birth rate of 14 live births per 1,000 of the population is the lowest among all the States, with the national average being 25. Clearly, migrants have made a fair contribution to the increase in Goa's population.

The unemployment figure in Goa stands at 1.03 lakhs, with another 50,000 people in sectors such as fisheries, agriculture and tourism, all seasonal activities, underemployed. Have migrants taken away these jobs? Says Alito Sequeira, who teaches sociology in Goa University: "Migrants do not compete for the jobs that the natives want, but since they are the weakest socio-economic group they are targeted."

According to some Congress politicians, one reason why the ruling BJP is targeting migrants, many of whom have voter identification cards, is that most of them are seen as Congress voters. Many migrants still talk fondly of voting for Indira Gandhi's party. ■

requirement of migrants. If they do not [provide these facilities] they will be black-listed." Parrikar said the escalation in a project's cost because of the enhanced facilities was not a cause for concern. But can he take on the contractor lobby?

The attempts at cultural protectionism have not turned xenophobic, nor has it been allowed to slip into what the Shiv Sena did in Mumbai in the 1970s and 1980s. But can Goa, which is so dependent on migrants and its bigger neighbours for almost everything, even rice and milk, afford to do that? After all, there are more Goans outside Goa than there are non-Goans in Goa. ■

**Asian Migrant Workers Health:
A REGIONAL STUDY OF THE
SITUATION, UNDERLYING FACTORS AND EXISTING RESPONSES**

Project conducted by the Asian Migrant Centre, in partnership with the Migrant Forum in Asia (MFA) and other research partners (add footnote: Project partners to be finalised at the Health Strategy & Planning Meeting, Bangkok, November 2003.)

RESEARCH FRAMEWORK—FIRST DRAFT

I. Research Problem & Key Questions

Migrant workers suffer physical, mental and psychological ill-health, largely due to the present mode of mass labour migration, which is premised on the trade and commodification of human labour, and the fact that migrants are only able to access jobs perceived to be low-status and '3D' (dirty, dangerous and disdained). Migrant workers are treated as mere economic tools and are uprooted from the support systems of the family and community. Women migrant workers in particular, are faced with added vulnerabilities to all forms of violence against their bodily integrity and personhood¹.

The continuing denial and erosion of the rights of migrant workers, particularly to life, health and well-being is evidenced by: high rates of occupational accidents and work-related diseases; the steady stream of migrant deaths; the high incidence of mental, emotional and psychological stress and distress; the disintegration of many migrants' families; and migrants increasing vulnerability to HIV/AIDS, diseases and infections.

Migrants health problems are compounded with the general health situation around the world, which has been profoundly affected due to the effects of corporate globalization. Privatization and patent regimes have affected access to health facilities and resources for the majority of people. Intensifying patterns of work and eroded rights for workers has had an effect on the health and well-being of working people, especially marginalized communities such as migrant workers.

In this general context, this research aims to address the following key questions:

- 1) What are the specific health realities, situation, problems, and issues confronted by Asian migrants and their families?
- 2) What are the underlying factors, causes, risks, and vulnerabilities that give rise to these health realities?
- 3) What are the existing health programmes, services, and response strategies available to migrants and their families? How do we evaluate these responses and the gaps in them?

¹ 'Conference Declaration & Recommendations--8th Regional Conference on Migration: Migration and Migrant Workers' Health and Well-being, '9-11 October 2002, Dhaka, Bangladesh.

4) How have trends within the overall, deteriorating global health situation affected the health situation and needs of Asian migrant workers?

II. Research Objectives

General Objectives

To conduct descriptive regional research based on the above research problems and questions, using partners, resource persons and researchers in 21 Asian countries.

Specific Objectives

- 1). To research and describe the health situation of (a) migrants onsite, (b) pre-departing, and (c) returning migrants and migrants families. This involves:
 - Describing both overall health realities and migrant-specific health realities in the area of research.
 - Analyzing all symptoms of health: (a) physical health (b) occupational health and safety (c) reproductive health (d) psycho-social health
 - Comparing, if possible, the situation across jobs and/or countries.
- 2). To research the underlying factors, causes, risks and vulnerabilities that give rise to the health realities. This involves:
 - Identifying the underlying factors that specifically affect the health situation of migrants.
 - Analyzing a variety of underlying factors, including: (a) structural policies/laws (b) behaviour/practice/values/social and cultural (c) occupational (d) situational (particularly for migrants, e.g. separated from family, in a different country/culture)
 - Comparing, if possible, the situation across jobs and/or countries.
- 3). To research the existing responses to migrants' health realities. This involves:
 - Describing and evaluating existing programmes, policies, practices, services, and response strategies by migrants, migrants' organisations, NGOs, IGOs, governments, and the private sector.
 - Researching, if possible, migrants' own coping strategies for their health problems and issues.
- 4). To investigate the strategic costs/impacts/implications of migrants' health realities, problems, and situation.
- 5). To publish the results of the research:
 - As a resource book (2 volumes). This will be designed to help: deepen the understanding on migrants' health issues, contributing to information & analysis, and informing policies, agendas, and/or action plans by relevant groups.
 - To produce a documentary video highlighting the health situation and realities of migrants.

6). To carry out the research and publication of it in a participatory, action-oriented manner, guided by human rights, gender and health frameworks as discussed at the 8th RCM.

7). To implement key recommendations of the 8th RCM, and help build the foundation for continuing work by MFA and other migrant groups on migrant health issues in Asia; to create a working group/MFA task force/network of Asian partners focusing on migrants' health.

III. Framework of analysis

1). The research framework shall be grounded on a combination of concepts:

Health: As defined by the World Health Organization (WHO) and reiterated in the 8th RCM, health is not only the absence of disease, but the overall well-being of a person², in this case the migrant and their family. This entails a holistic rather than purely physical (or biological) approach to health, which would cover all aspects of health, namely: Occupational Health and Safety (OHS), Reproductive Health (RH), and Psycho-Social Health (PSH).

A thorough definition of 'health' must also consider socio-economic factors, including access to economic resources & health resources, and how these are affected by a person's 'social-status' (race, gender, age, occupation etc.)

Migrants' Human Rights: Health is taken to be a basic human right³. Therefore, migrants' right to health is universal, inalienable, indivisible, and all migrants are entitled to full protection of their health. In the case of migrants, the right to health protection and well-being is closely linked to the right to life, given the kinds of occupations and living environments they are constantly exposed to because of their status as migrants.

The issue of migrant workers' health rights and needs should be viewed in the context of MFA's 4-level strategy. This involves addressing migrants: 1). As individuals, 2). As a group, 3). As part of a community, 4). As part of the wider society. Responses to the health realities of migrants and their families should also be designed based on these multi-leveled needs.

Gender: Women and men have particular health needs and rights, and 'health' as a basic human right is inherently gendered. Reproductive and sexual rights of migrants also have to be surfaced and highlighted, all within a gender-fair

² Written in the Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, 1946.

³ As defined in the 1948 Universal Declaration of Human Rights, and the 1990 UN Convention on the Protection of the Rights of All Migrant Workers.

framework of analysis. This should recognize and take into account how gender affects division of labour, as well as access to and control over resources, rights, and privileges. It should also consider social roles, stereotypes, and positions related to or determined by gender.

IV. Scope

Definition of 'Migrant Worker': The scope of the research will be address, analyze, and map the problems of regular and irregular migrants (including undocumented, smuggled, and trafficked workers) and their families. The research should try to cover all the key 3D (dirty, dangerous, disdained) or "low-status" occupations in the country, such as.

V. Research Methodology

The research should incorporate the following methodological framework:

Descriptive Survey: The health situation in the selected country should be documented in a descriptive way. Rather than using scientific representative baseline sampling, the research will be mainly a description of available information on prevailing health realities and situation.

Key Informants: The research should involve information gathering from and interviews of the following key informants: migrant groups, NGOs, health specialists, hospitals, government agencies, IGOs, private sector actors (e.g. insurers, health service providers etc.)

Focus Group Discussions: The research should involve focus group discussions with migrants and relevant NGOs.

Secondary Information: Research should also be gathered using secondary sources such as newspaper reports, published work, government reports, UN documents, etc.

RESEARCH ON MIGRANTS' HEALTH

| Research Objective | Data needed | Sample Research Questions | Gender Concerns |
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| <p>A). Investigating the health realities & situation of migrant workers.</p> | <p>1). Socio-demographic profile, gender disaggregated</p> <p>2). Physical (biological) health profile of migrant.</p> <p>3). Environmental profile: details of migrants' living conditions.</p> <p>4). Reproductive health profile: details of health, knowledge, and decision-making issues regarding migrants' sexuality and reproductive rights.</p> <p>5). Psycho-social profile.</p> <p>6). OHS Profile. Details of migrants' working conditions. Safety issues of working in the occupation the migrant is in, and hazards to physical health as a result of occupation. Effects of occupation and workplace realities on all aspects of health.</p> <p>7). Patterns, trends, changes in the physical health</p> | <p>1). What is the socio-demographic profile of the migrant? E.g. their age, class & ethnic origin, education, original work/occupation, current work etc.</p> <p>2). What is the physical health history of the migrant? What are the physical health factors (e.g. birth rates, death rates, infant mortality rates, life expectancy, fertility rates etc.) in the country?</p> <p>3). What kind of environment does the migrant live in? (e.g. What kind of area does the migrant live? With who, and among whom? What are the living facilities and conditions like?) What are the implications of these for their health and safety?</p> <p>4). Are migrants able to exercise their rights to the highest standard of sexual and reproductive health? E.g. can they</p> | <p>2). Gender-specific health statistics, problems & concerns.</p> <p>3). Gender division of labour roles, stereotypes, positions, and their effects on migrants' health problems, status. (e.g. different industries and living environments for men and women).</p> <p>4). What role does gender play in terms of making decisions related to sex and reproduction? What are the different reproductive health issues, problems, and needs for men and women? (E.g. Contraception, abortion, unwanted pregnancies, RTIs and STIs etc.)</p> |

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| | <p>situation of sending & receiving country.</p> | <p>make decisions on sexual and reproductive issues free of discrimination, coercion, violence? If not, what is their reproductive health reality? What are their main concerns, problems, and needs in terms of reproductive health? What is their knowledge of and access to information about sexual and reproductive health, e.g. contraception, "family planning", prevalence and screening/prevention of STIs, cancers etc.?</p> <p>5). How does the social environment affect the migrant's emotional and psychological state? E.g. What are the onsite social perception of migrant workers? Of the industry the worker is in? Does the migrant have a social support system (eg. friends, social contacts) to rely on?</p> <p>6). What effects do migrants' occupations have on their health and safety? Are they subject to unsafe or</p> | <p>5). What are the specific psycho-social needs and problems of men and women migrants. E.g. Gender roles/perceptions and attitudes onsite.</p> |
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| | | <p>unhealthy working conditions (e.g. dangerous chemicals, machinery, etc.)? Is the work environment unhealthy in other aspects (e.g. what kind of work does the migrant perform? For how long? What kind of contract or arrangement do they have? What is the management like? Psychological abuse, high number of working hours, lack of leisure time.).</p> <p>7). What kinds of trends can be seen in the health realities among the general population in recent years? Has there been a general improvement or decline in health and well-being in the country?</p> <p>How has the migrant's physical health been affected/changed by their status as a migrant?</p> <p>Are there diseases or other physical health realities particular to the country they are in? To their industry?</p> <p>Among migrants in the receiving and sending countries?</p> | |
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| <p>To research the underlying factors involved (i.e. those factors that contribute and give rise to health problems and realities). These can include underlying causes, risks, and vulnerabilities.</p> | <ol style="list-style-type: none"> 1). What underlying factors and those particular to migrants. 2). Relevant structural factors, and policies & laws that contribute to or cause health problems and needs. 4). Possible normative, behavioural, social, cultural factors. 5). Occupational factors. 6). Situational factors. | <ol style="list-style-type: none"> 1). What kinds of underlying factors are there that affect and/or lead to RH, OSH, PSH problems? 2). Which underlying factors are general, and which are specific to migrants? 3). Can you identify structural or institutional factors, as well as policies & laws that affect the various aspects of migrants' health? How? 4). What kinds of underlying social, behavioural, and cultural factors could affect migrants' health? 5). Are there underlying factors related to migrants' occupation that affect their health? 6). What kinds of situational issues (e.g. separated from family, in a different country/culture) are specific to migrants and lead to health problems and needs? | |
| <p>C). Researching existing programmes,</p> | <ol style="list-style-type: none"> 1). Details of existing migrant health programmes, services, | <ol style="list-style-type: none"> 1). What are the existing health programmes, | <ol style="list-style-type: none"> 1). What gender issues arise when looking at |

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| <p>services, and response strategies on migrants' health</p> | <p>mechanisms, and response strategies by various actors: migrants, migrants' groups, NGOs, governments, IGOs, private sector.</p> <p>2). Details of migrants' coping mechanisms for their health problems.</p> | <p>services, strategies for migrants? What are the emphases, good practices and gaps of these responses? How effectively do these responses address migrant workers' health issues? At the individual, group, community and social levels? What are the gaps in these responses, and what recommendations could there be for more effective and comprehensive responses?</p> <p>2). How do migrants address their own health problems and needs? What are their coping strategies?</p> | <p>existing initiatives? Are they gender-sensitive?</p> <p>2). Are the responses effective and comprehensive in addressing migrant workers' gender-based needs and problems?</p> <p>2). Do migrant men and women have different coping strategies?</p> |
| <p>Researching the strategic costs, impacts, and implications of migrants' health realities, problems, and general situation.</p> | <p>1). Info on strategic costs, impacts, implications of migrants' health situation.</p> <p>2). Health and vulnerability levels of migrants as compared to other workers.</p> <p>3). Possible strategic action and policy recommendations.</p> | <p>1). What kinds of costs result from the migrants' health situation shown through the research? What other impacts and implications are there?</p> <p>2). How does the health situation of migrants compare to other workers? Are migrants more or less vulnerable than others in terms of their health?</p> <p>3). How can these be addressed? Are there</p> | <p>1). Are there costs, impacts, implications that are gender-specific?</p> <p>2). How does the health situation and vulnerability of migrant workers vary with gender?</p> <p>3). Are there possible policies or strategic actions to address the gender-specific health and</p> |

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| | | any policy initiatives that could be made, or strategic action that could be taken? | vulnerability issues? |
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