

ECONOMIC AND PRIVATE SECTOR

PROFESSIONAL EVIDENCE AND APPLIED KNOWLEDGE SERVICES

HELPDESK REQUEST

Risks for migrants at the destination

Dr Jessica Hagen-Zanker

ODI

January 2015

EPS-PEAKS is a consortium of organisations that provides Economics and Private Sector Professional Evidence and Applied Knowledge Services to the DfID. The core services include:

- 1) Helpdesk
- 2) Document library
- 3) Information on training and e-learning opportunities
- 4) Topic guides
- 5) Structured professional development sessions
- 6) E-Bulletin

To find out more or access EPS-PEAKS services or feedback on this or other output, visit the EPS-PEAKS community on <http://partnerplatform.org/eps-peaks> or contact Alberto Lemma, Knowledge Manager, EPS-PEAKS core services at a.lemma@odi.org.uk.

Disclaimer Statement:

The views presented in this paper are those of the authors and do not necessarily represent the views of Consortium partner organisations, DFID or the UK Government. The authors take full responsibility for any errors or omissions contained in this report.

Contents

1	Overview	1
1.1	Query	1
1.2	Structure of this report	1
1.3	A brief note on the methodology	2
1.4	Limitations of the review	2
2	The risks for migrants at the destination	4
2.1	Working conditions	4
2.2	Living conditions	9
2.3	Food security	10
2.4	Health	11
3	Conclusions	13
	References	15

1 Overview

The helpdesk response reviews the empirical literature to present the evidence on the risks for migrants at the destination¹.

1.1 Query

The objective of the research study is to understand the role of remittance and migration in economic development, and poverty reduction in least developed countries by exploring the best practices in this sector that has successfully maximised the impact of remittances. This will be done within three rapid reviews. The current rapid review – number 2 - will cover the following question:

1. The risks for migrants, who are often at an increased risk of poverty, malnutrition or hunger, and economic exploitation in the destination countries

1.2 Structure of this report

This review is on the risks for migrants at the destination. Migrants potentially face many risks, for example exploitation by employers or stigmatisation. These risks can be classified in terms of risks that threaten i) material wellbeing; ii) relational wellbeing; and iii) subjective wellbeing². Relational wellbeing considers the extent to which people are able to engage with others in order to achieve their particular needs and goals (Sumner and Mallett, 2011). For migrants at the destination, this includes the availability of formal/informal support networks, and (perceived) safety in interactions with others. Subjective wellbeing considers people's perceptions, values and experiences of wellbeing at the destination. This dimension includes satisfaction with migration, (perceived) integration into the destination society and potential stigmatisation.

In order to address the specific query posed by DFID, this review focuses on material wellbeing. Material wellbeing includes income, wealth and standards of living. In this study, it will include the following sub-themes:

1. Working conditions – this looks at the safety of the workplace, difficulty of the work and non / late payment of salaries
2. Living conditions – this looks at where/ how migrants live
3. Food security
4. Health

Notwithstanding the often more substantial internal migration flows in many countries, for the purposes of this review, we will focus on *international* labour migration, so not including refugees. We will consider the risks for migrants from *less-developed countries* (LDCs) at their *migration destination*. This implies that we do not consider exploitation before migration (e.g. by agents) or in transit (e.g. by people smugglers).

The next chapter will consider the risks for migrants at the destination. A brief conclusion will be provided at the end.

The reference list provided at the end should be seen as a resource material for further analysis (it includes all studies referred to in this review including those cited by other authors).

¹ Many thanks to Melissa Siegel, Metka Hercog, Yurendra Bassnet and Nicholas Mathers for their helpful advice.

²This is based on the three-dimensional human wellbeing approach of Sumner and Mallett, 2011

1.3 A brief note on the methodology

This paper is a rapid review that will by no means cover the entire literature on this subject. The review was rapid and informal and did not follow a systematic structure. Nevertheless a number of tools were used to make the review rigorous, evidence-based and to cover as much of the academic, grey and policy literature, as possible³. The first track searched for the academic literature using Google Scholar and specifically searching the top migration journals⁴. The second track consulted involved actively seeking advice on relevant publications from key experts. These suggestions will then be reviewed and I also looked at the reference lists of those publications. This track is extremely useful to get a sense of which literature has been important and influential in the field and to get hold of non-published studies. Finally, I also consulted reference lists of seminal studies and tracked down further relevant studies on the reference list (this process is called snowballing).

The migration literature is vast and it would have been impossible to review the entire literature. Furthermore, a superficial treatment of the literature, would have meant the review had limited practical value. Therefore a number of means were used to keep the review manageable and informative. It has been restricted by considering four areas of material wellbeing (as listed above). Furthermore the following inclusion/ exclusion criteria were applied to potentially relevant studies:

- The study considers one of the outcome areas shown in Table 1 above
- The study was written in English
- I did not assess studies on their research design or quality and included both qualitative and quantitative studies.
- The study focused on low or middle-income countries.
- The study is empirical (so disregarding theoretical studies)
- The study was accessible from ODI

1.4 Limitations of the review

There are a number of limitations, which need to be noted in drawing conclusions from this review.

- Given standard time constraints of EPS-PEAKS helpdesk response coupled with the scope of the helpdesk request, I have only been able to review a limited number of studies on risks of migrants at the destination. This inevitably required a balancing of the trade-off (breadth vs. depth in the literature search and review).
- I have not assessed the adequacy and quality of research design and analysis of the studies included. This means that I have taken the findings of the authors at face value.
- Wherever, possible, I have located the original papers for papers summarised in review papers, but in some cases I have had to rely on the summary provided by other authors.
- I have given examples to illustrate some of the findings/ discussions in the literature, but in most cases these cannot be directly transferred to other contexts, so they should be reviewed with caution.

³ See Hagen-Zanker and Mallett (2013) for further details on the review methodology.

⁴ Migration and Development; International Migration; International Migration Review; Global Migration and Health

- I assume that I have managed to cover the most important studies on any particular topic discussed in this report. I assume that I have successfully summarised these studies.

2 The risks for migrants at the destination

To recap, within this review, we will focus on *international* labour migration. We will consider the risks for migrants from *less-developed countries* (LDCs) at their *migration destination*. This reviews focused on risks in terms of material wellbeing and will consider four different aspects of material wellbeing. These will now be considered in turn.

2.1 Working conditions

Economic migrants, while willing to work hard, may have high expectations in terms of the pay and the nature of the work at the migration destination. However, the reality of being an economic migrant, often does not match those expectations, or promises by recruiters.

Working conditions are highly context specific, depending on the country, its regulation, and enforcement of regulations and individual companies. Nevertheless, on the whole it can be said that **migrant workers often fill undesirable and low-skill positions**. In many cases, migrants are vastly over-qualified for these positions, as shown in Table 1 below. It shows that in all European Union countries a greater share of foreign-born workers are over-qualified, compared to native workers. For instance, 43% of foreign-born workers in Spain are overqualified.

Table 1: Over-qualification rates of natives and foreign-born population 2004 (%)

Country	Native-born worker	Foreign-born worker
Austria	10.3	21.1
Belgium	15.6	21.6
Czech Republic	5.2	10
Germany	11.4	20.3
Denmark	10.4	18.6
Estonia	9	39.3
Spain	24.2	42.9
Finland	14.3	19.2
France	11.2	15.5
Hungary	6.3	9.7
Ireland	15.7	23.8
Italy	6.4	23.5
Luxembourg	3.4	9.1
Norway	8.4	20.3
Portugal	7.9	16.8
Sweden	6.5	16.1
Great Britain	15.3	17.8

Source: European Foundation for the Improvement of Living and Working Conditions, 2007.

Migrant workers are more willing to take on so-called '3-D' jobs (**dangerous, dirty and degrading**) that local workers are unwilling to take. These jobs include:

- Construction
- Agricultural labourers
- Low-skill service industry
- Manufacturing
- Domestic servants
- Mining

These jobs are characterised by **lack of legal protection, low-pay for long working hours, insecurity and an unsafe working environment**. Undocumented migrants are especially prone to exploitation, since they fear job loss and imprisonment. These issues will now be discussed in further detail.

Lack of legal protection and insecurity

While this depends very much on context, **migrants often have limited legal protection, and hence face constant insecurity**. This is not only the case for illegal/irregular migrants, but also for legal/ formal migrants.

Especially the Gulf States and countries in South-East Asia have been the focus of studies on lack of legal protection. **Exploitative contracts and relationships** define the migration process right from the beginning, when potential migrants often get duped by recruiters/ manpower agencies (see for example, Donini and Sharma, 2013; Amnesty International, 2013; Au, 2014). Systems are set up so that **migrants are often completely dependent on their employers, 'manager's or guarantors**. Box x gives an example of how this works in Qatar, drawing on Donini and Sharma, 2013). Employers or guarantors often confiscate passports, hence having the power to decide when migrants can leave the country legally, and many other aspects of their life (Amnesty International, 2013; Somo, 2013; Donini and Sharma, 2013; Frantz, 2014).

Box 1: Dependency structures in Qatar

In Qatar, migrants are totally dependent on their employer for their survival and wellbeing (Donini and Sharma, 2013). The relationships with employers is negotiated via so-called *Mudirs* ("manager"). Mudirs confiscate passports in most cases and control the following aspects of migrant's life:

- Working and living conditions
- Payment of salaries
- Access to health care
- Ensuring proper legal status (ID, visa)
- Permission to change jobs
- Financing return tickets home

This means that if migrants are unsatisfied with living or working conditions or salary lower than promised, it is very difficult to change jobs or leave the country, as they are dependent on the Mudir's permission and cooperation to do so.

Source: Donini and Sharma, 2013

Lack of legal protection, lack of knowledge of grievance processes and dependent relationships mean that migrants often have **no bargaining power** (Somo, 2013). For

instance, the social and physical isolation of migrant domestic workers in Lebanon and Jordan increases their vulnerability to abuse, but also makes it more difficult for them to find out about their legal rights or what to do if they are violated (Frantz, 2014). If migrants complain about working conditions, employers may threaten to withdraw sponsorship, ID cards, etc, which can then result in loss of employment, deportation. Manpower agencies are often unwilling or unable to help (Donini and Sharma, 2013). In the Gulf States, strikes are illegal and migrant workers are prohibited membership in trade unions, nevertheless some do participate in unauthorised protests (Donini and Sharma, 2013).

The situation is particularly precarious for domestic workers, because in most Arab states, labour laws generally do not cover female domestic workers because they are not considered employees, households are not considered workplaces, and they work for private persons, who are not considered employers (ILO, 2004). Hence, they cannot be visited by labour inspectors (ibid). Even, where laws exist, they may not be enforced (Au, 2014) or the justice system may be biased against migrant workers. Often, a large gap exists between legislative reform for migrant's rights and efficient implementation (Frantz, 2009). Embassies are often powerless or overworked, hence unable to help migrants (Donini and Sharma, 2013). However, Donini and Sharma (2013) document cases of 'every-day resistance', e.g. deliberate slowdown, but it is not clear to what extent these were successful. Frantz (2009) shows how migrant domestic workers in Jordan and Lebanon are using technology to communicate, assert their rights, and collaborate with civil society organizations and governments to improve working conditions.

Obviously, **undocumented migrants are particularly vulnerable**. These can be hired at extremely low wages and are often underpaid or not paid at all, since they fear job loss, imprisonment or deportation (Benach et al., 2011). In Qatar, one particularly vulnerable group are the Nepali 'runaways', who faced difficulties in their job and whose Mudir refused to let them leave their job/ employment legally. It is estimated that there are 20,000-30,000 Nepali runaways in Qatar, these tend to live a precarious existence, often relying on the support of others (Donini and Sharma, 2013).

Another particularly vulnerable group, with limited legal protection are those in bonded labour. Especially women, working in the informal economy, can become trapped into smuggling or domestic servitude by migration agents, criminal organisations, or sex trafficker (Benach et al., 2011; ILO 2005).

Wages

As migrants from LDC countries tend to work in low-skill jobs, salaries are also low. This can make it difficult for migrants to make ends meet and be food secure (see Sections 2.3). However, further issues related to wages are:

- Wage discrimination
- Lower wages than promised/ in contract
- Delayed/ non-payment of wages

Concerning wage discrimination, studies indicate that **migrant workers often receive lower wages than native workers for the same kind of work**, even if differences in education levels are taken into account (e.g. Massey et al., 2009, for Kuwait, Grand & Szulkin, 2002, for Sweden; Reitz, 2001 for Canada). A study on Kuwait cited in Massey et al. (1999), showed that foreign workers received substantially lower wages than native workers, even when holding the level of education, experience, etc. constant. The salary deficit ranged from 81% less for Bangladeshi migrants to 37% less for Iranian migrants, clearly indicating wage discrimination.

Wages may be even lower for undocumented migrants (Rivera-Batiz, 1999; Benach et al., 2011; Ahonen et al., 2009). For instance, a study on the US shows that undocumented male Mexican migrants have wages that are on average 42% lower than those of their legal counterparts (Rivera-Batiz, 1999). Only, 48% of that difference can be explained by

differences in terms of education and experience, the rest is due to other discrimination. However, another study indicates that illegal (runaway) migrants in Qatar can receive somewhat higher wages, as the risks for the employer are low and employers save on visa and other costs (Donini and Sharma, 2013). The relative costs and gains for workers and employers to be had from illegal employment status would be worth exploring further.

A number of studies have found that the **wages received by migrants does not correspond to the wage promised to migrants** in the written/ oral contract given to migrants prior to migration, see Table 2 below. Furthermore, **wages may be paid late** (with wages often being months in arrears), and **workers may not be receive their full payment**, with some of the money being withheld for additional 'fees' or 'expenses' or with no explanation at all (see for example, Maher, 2009; Au, 2014).

These studies relate mainly to the Gulf States (and to a lesser extent on South-East Asia). This focus may be explained by these countries being an important migration destinations globally and specifically for migrants from South Asia, their heavy reliance on migrant labour and these countries having received much media attention lately due to the numerous human rights abuses of migrant workers. It is also important to note, that most of the studies/ reports listed in Table 2 below are policy briefs or reports written by NGOs. With the exception of a few studies (e.g. Donini and Sharma, 2013), there seems to be little academic research done in this area. This is an important area for further research.

Table 2: Studies/ reports on under or late payment of wages

Study	Geographical focus
Amnesty International, 2013	Qatar
Au, 2014	Singapore
Donini and Sharma, 2013	Qatar
Hagen-Zanker et al., 2014	Gulf States and Malaysia
Maher, 2009	Garment industry, globally
Frantz, 2014	Jordan and Lebanon
Canadian Council for Refugees, 2012	Canada
Wham, 2014	Japan, Korea, Singapore, Malaysia, Thailand,
Somo, 2013	Malaysia
Guichon, 2014	Lebanon
Benach et al., 2013	Spain

Working hours

Furthermore, **migrant workers are more at risk of working long hours, having little/ no time off and working in evenings/ weekends**. Most of the studies in Table 2 confirm this. For instance, Amnesty International (2013) reported that Nepali migrants in Qatar regularly work 12-14 hours per day, in a difficult climate. Box 2, gives the experience of a Nepali migrant in Kuwait (based on Donini and Sharma, 2013). The following studies provide further evidence:

- European Foundation for the Improvement of Living and Working Conditions (2007) finds that in the Netherlands, migrants with a non-western background more often report having long working hours, working in the evenings or at night, doing shift work or work during weekends
- Svensson et al. (2013), in a global literature review, show that one of the hazards migrant farmworkers face is working long hours
- In an ILO study of domestic workers in the Middle East, the number of working hours per week averaged 101 to 108 hours. Domestic workers' monthly time-off averaged between zero and two days off per month.

Box 2: Working hours of domestic worker

During Ramadan, I had to work/cook food for the entire night. I was not able to sleep well as they used to eat food around 4–5 in the morning, and for that I had to prepare food at night. I had to do all the other household works during the day. So during the month, I had to work both day and night. In that house also, I had too much workload, and I never used to be free from early in the morning till late night.

[As reported by female Nepali migrant on her experience in Kuwait]

Source: Donini and Sharma, 2013

Health and safety at the workplace

As noted for several countries, hazardous jobs are often rejected by nationals, whereas migrant workers tend to concentrate in sectors – such as construction or mining – where health and safety risks are higher (e.g. shown in Orrenius and Zavodny (2009) for the US). This has implications for the health and safety of migrant workers. **Migrant workers face many health issues, including unsafe working environments, work-related illnesses and accidents, and limited access to health services.** For instance, a study by Svensson et al. (2013) on migrant farmworkers found that these often work under very poor working conditions and face numerous health and safety hazards, including occupational chemical and ergonomic exposures, various injuries and illnesses and in extreme cases, death.

Because of the risky work environment, migrant workers face, injury is a constant threat. A review of migrant workers in industrialised countries by Bollini and Siem (1995) states that **migrant groups have higher rates of injuries** than natives. Worldwide, ILO has estimated that occupational accidents or work-related diseases result in 2.3 million deaths per year (ILO, 2014). The ILO provides no specific breakdown for the number of accidents, injuries, or deaths of migrant workers, but state that migrant workers are one of the most affected population groups (ibid).

Furthermore, **migrants often have difficulties getting any or appropriate health treatment**, as mentioned in Section 2.1.1 above and as will be discussed in more detail in Section 2.5.

Box 3 gives a picture of the kind of health threats faced by migrants. A number of studies summarised below provide a more detailed picture of the health threats, migrants face in the workplace:

- Amnesty International (2013) outline how the great number of work accidents in Qatar are due to the demanding work environment and tight schedules construction companies face, lack of health and safety procedures and the hot climate.

- A study on the health of Nepali migrants in the Gulf shows that health problems were widespread. One fourth of study participants reported experiencing injuries or accidents at work within the last 12 months (Joshi et al., 2011). The risks were highest for construction and agricultural workers.
- Theodore (2006) cited in Benach et al. (2013) report that in the US, one in five migrant labourers suffered an injury.
- Pransky et al. (2002) found that urban, Latino immigrants have a higher risk of occupational injury – many of the workers in their study had difficulties obtaining treatment and had to change jobs because of the injury.
- Ahonen and Benavides (2006) show that migrant workers in Spain are at a greater risk of work-place injuries, compared to native workers. This difference is especially big for women, and older workers.
- The European Foundation for the Improvement of Living and Working Conditions (2007) finds that in Austria, 37% of migrant workers feel affected by poor health conditions at work, compared with only 16% of native Austrian workers; 30% of migrant workers felt particularly affected by accidents and injury risks in the workplace, compared with only 13% of Austrians.
- The same study finds that for the Netherlands, migrant workers are more often involved in work accidents. Immigrants (particularly non-Western) are more exposed to dangerous work and to physical risk factors.

Box 3: Examples of work-related illnesses and accidents

He says he is not allowed to go to hospital because of some cards. He called last evening. He said he has typhoid. He is given some tablets only.

Then my other brother went abroad, but unfortunately he fell down from a building while working there in Saudi, he had his hand broken and so is also back home now; he did not even pay back his visa loans, which further overburdened our families.

Once, they had mixed FC3 and FC4 chemical. My friends warned me But, I was already in half way. I got sick, for 2 days because of the smell. Sometimes I had headache. There was a doctor in the company. He was boss's friend. If we had a cut in hand we were prescribed gastritis medicine, for headache also the same. [...] If anything happened, he gave us gastritis medicine.

Source: Hagen-Zanker et al. (upcoming)

While the studies suggest that **higher health risks also lead to higher fatalities of migrant workers, data on this is hard to come by**. One study, on Hispanic workers in the US, shows that these workers were more than twice as likely to die from occupational injuries (Donger and Platner, 2004). Another study suggests that in Australia migrant workers have higher fatality rates, especially in rural and mining occupations (Corvalan et al, 1994). Ahonen and Benavides (2006) find that migrant workers in Spain have an increased risk of fatal occupational injury, compared to native workers.

2.2 Living conditions

Overall, there seems to be little solid, empirical evidence on the living conditions of migrants workers (apart from a big body of literature that shows Chinese internal migrants have inadequate living conditions). Anecdotal evidence suggests that at least some migrants are satisfied with their living conditions at the destination (see Hagen-Zanker et al., upcoming).

As before, most of the evidence seems to focus on Gulf States. Migrant workers often live in 'labour camps' (see below) and accommodation is **often over-crowded** (with up to 10-14 people to one room) (Donini and Sharma, 2013). Domestic workers, on the other hand, mostly live with their employers in private residences. A report by Amnesty International (2014) showed that **some domestic workers are not provided with adequate living space** (e.g. not a room of their own, no bed). Some of these had sleeping arrangements that compromised their safety (e.g. no lock on the door, or sleeping in the kitchen). This is confirmed in other studies (Donini and Sharma, 2013).

Other studies also showed worse living conditions for migrants:

- Robinson et al. (2007) show that new immigrants to the UK tend to move to housing left behind or avoided by others. These are associated with poor living conditions, lack of privacy and concerns about safety and security (ibid).
- Chitoo and Suntoo (2011) describes the living conditions of migrants in Mauritius as 'deplorable'. Housing is in very poor condition, rooms are crowded and sanitation is inadequate.

Gardner (2010) talks about one specific type of accommodation in the Gulf States. The majority of unskilled labour migrants in Bahrain and Qatar live in so-called '*labour camps*'. These are different types of accommodation for labourers, and constitutes four different forms (see list below). These tend to be in industrial or peripheral areas that cannot be reached by public transport. Migrants, generally have no choice in where to live, and rooms tend to accommodate 6-8 individuals per room (ibid). Gardener (2010) identified four different types of labour camps:

1. "Company accommodation": these are large, well organised labour camps of large public and private industries; often have air conditioning, mostly have secure water/ electricity, canteen/ cafeteria (albeit at high prices (Gardner, 2010; Kanna, 2007)
2. Apartment buildings, with communal kitchen and bathroom facilities and numerous one-room accommodation (that are shared by a number of migrants)
3. Villas – aging/ undesirable villas that are rented out as accommodation for labourers, they often accommodate as many as 50 labourers
4. Ad-hoc structures in cities and peripheries, converted garages, shipping containers, plywood structures or dwellings built from other construction materials

2.3 Food security

Regarding, migration and food security or nutrition, the majority of the literature seems to focus on the impacts for household members staying behind (see Zezza et al, 2011 for a review of this literature). **While case studies and anecdotal evidence suggests that migrant workers may often suffer from hunger and lack of income to purchase food, it was difficult to find detailed and broader evidence on this.** We found two studies on Gulf States and a somewhat bigger evidence base on immigrants in the US.

Coming to the studies on Gulf States, a study by Auwal (2010) shows the consequences of withheld wages on migrant's wellbeing. He describes cases of migrant workers in Kuwait who have been unable to purchase food and have suffered starvation from being denied wages for months. Minaye (2012) produced an in-depth qualitative study on eight domestic workers from Ethiopia, who had gone to the Gulf States as migrants, and who experienced denial of food.

The studies on the US all find high levels of food insecurity amongst specific immigrant groups. A study on food security of Quandt et al. (2004) considered Latino migrant working in agriculture in North Carolina. 48% of the sample were classified as food insecure. Households with children were more likely to be food insecure than those without children. In a broader study covering legal Asian and Latino immigrants in California, Texas, and Illinois, Kasper et al. (2000) found that 40% of the households were food insecure without

hunger and 41% were food insecure with hunger. Hill et al. (2011) also show high levels of food insecurity for migrant farm workers (63% didn't have enough food) and find that legal status, lack of access to cooking facilities, transportation problems, and having children are risk factors.

A number of studies have found evidence of 'dietary acculturation' of migrants, which means that migrants adapted their diets to the migration destination, often resulting in lower dietary quality, e.g. higher fat and salt intake (Manou et al, 2013). Some of these studies are described below.

- In a study of dietary assimilation of migrants to the US, Akresh (2007) found that 39% of her sample reported at least one significant change in their diet. The most commonly reported dietary changes were an increased consumption of junk food and meat.
- Wieland et al. (2012) note that while migrants often arrive healthier in the US, their health declines over time. One explanation of this is lower dietary quality upon immigration.
- Manou et al. (2013) have similar findings based on a review of studies for Canada and show dietary assimilation for most migrant groups.

Further research is needed on the food security and nutrition of migrants.

2.4 Health

Section 2.1.4 showed that migrant workers are more at risk of occupational injuries, illnesses and fatalities. This section discusses some of the literature on migrant's health and access to health more broadly.

It is not obvious whether migrants have better or worse health than natives. On the one hand, they are exposed to a more risky working environment, have worse food security and living conditions. On the other hand, they are more likely to be young and 'fit'. **On the whole, studies do seem to suggest worse health outcomes for migrant, but not in all cases.** For instance, Zsembik and Fennel (2005) show that different Latino immigrant groups have different health disparities: whereas Mexican migrants tend to have health advantages, Puerto Ricans show health disparities.

A study on France found that migrants have better health outcomes and lower mortality outcomes than natives, despite lower socio-economic status – the authors attribute this to the largely Mediterranean diets of migrants, many of whom come from Northern Africa (Darmon and Khlal, 2001). A systematic review on European countries found that pregnant migrant women are at risk for worse pregnancy outcomes, particularly in destination countries that do not have strong policies for the integration of migrant communities (Bollini et al., 2009). However, in high-income countries, migrants seem to be disproportionately affected by HIV/ AIDS (IOM, 2012; Weine and Kashuba, 2012). Box 4 below further explores why migrants may be more at risk of contracting HIV/ AIDS.

A study on the US, shows that foreign born have slightly worse health status than locals (with the exception of the 61-80 age category), and across all age-categories fewer foreign-borns would classify themselves as having excellent/ very good health (Jasso et al., 2004), see Table 3 below.

Table 3: Self-reported health status of native and foreign-born individuals

	21-30 years	31-40 years	41-60 years	61-80 years	All ages
Born in United States					
Excellent or very good	73.9	71.4	60.4	42.7	62.4
Good	21.1	21.4	25.7	32.9	25.1
Fair or poor	5.0	7.2	13.8	24.4	12.5
# of observations	6,750	8,484	12,185	6,642	34,061
Foreign-born					
Excellent or very good	68.7	66.5	56.6	38.9	59.7
Good	25.7	25.9	29.0	30.1	27.5
Fair or poor	5.6	7.7	14.4	31.0	12.8
# of observations	1,747	1,918	2,268	900	6,833

So why do (some) migrant groups have worse health outcomes? Bollini and Siem (1995) find that higher rates of perinatal mortality and accidents/disability observed in many migrant groups compared to the native population are linked to their lower access to health services. There are a number of **barriers that prevent migrants from accessing health services**:

- Dependence on employers or sponsors, who may be unwilling to help migrants (e.g. Donini and Sharma, 2013; Amnesty International, 2013)
- Legal status – undocumented migrants have greater difficulties in accessing official health systems, in many countries this is not possible altogether or depends on the doctors discretion (e.g. Bragg and Feldman, 2012)
- Language and cultural barriers – make it more difficult to access health, especially independently of employer/ sponsor etc. (e.g. Hansen and Donohue, 2003).
- Financial barriers – with wages being low, or often unpaid, migrants may not be able to afford health care.
- The threat of financial penalties or job loss for missed days at work (e.g. Amnesty International, 2013).

Box 4. Migrant workers and risk of contracting HIV/ AIDS

A systematic review on migrant workers and the risk of contracting HIV/ AIDS, covered 97 studies and showed that migrants are a vulnerable population for HIV infection. This is because migrants are often separated from their spouses and families, are forced into difficult and demanding jobs and have limited access to health care. They often have limited social support networks and struggle with language and differences in culture. The study found that the biggest risk factors, associated with greater risk of HIV infection, were prolonged and / or frequent absence, financial status, difficult working and housing conditions, cultural norms, family separation, and low social support.

Source: Weine and Kashuba (2012)

3 Conclusions

The helpdesk response reviews the empirical literature to present the evidence on the risks of migrants at the destination. It is a broad, rapid overview of the literature in this field and, while summarising seminal studies and review, only encompasses a fraction of the literature in this field. It should be seen as a resource document for further study and analysis.

Overall, there is a lack of broad, cross-country, large-scale evidence in the area – not surprising, given the sensitivities of this question and difficulties in reaching vulnerable migrant population. Most of the quantitative/ large-scale studies focus on the US, Canada and some European countries. A number of recent policy reports have focused particularly on migrants in the Gulf States and South-East Asia. There is a clear need to conduct further research in this area.

Working conditions are highly context specific, depending on the country, its regulation, and enforcement of regulations. Nevertheless, on the whole it can be said that **migrant workers often fill undesirable and low-skill positions**. Migrant workers are more willing to take on so-called '3-D' jobs (dangerous, dirty and degrading) that local workers are unwilling to take. These jobs are characterised by lack of legal protection, low-pay for long working hours, insecurity and an unsafe working environment.

While this depends very much on context, **migrants often have limited legal protection, and hence face constant insecurity**. For migrants to the Gulf States and some South-East Asian countries, we see that exploitative contracts and relationships define the migration process right from the beginning, when potential migrants are often duped by recruiters/ manpower agencies. Systems are set up so that migrants are often completely dependent on their employers, 'manager's or guarantors.

Concerning wages, migrant workers often face a range of injustices. **Migrant workers often receive lower wages than native workers for the same kind of work, even when differences in experience/ education are taken into account**. A significant number of studies have found that the wages received by migrants does not correspond to the wage promised to migrants. Furthermore, **wages may be paid late** (with wages often being months in arrears), and **workers may not be receive their full payment**, with some of the money being withheld for additional 'fees' or 'expenses' or with no explanation at all. There is less evidence on working hours, but the studies suggest that migrant workers are more at risk of working long hours, having little/ no time off and working in evenings/ weekends.

Migrant workers face many health issues, including unsafe working environments, work-related illnesses and accidents, and limited access to health services. The literature clearly indicates that migrant groups have higher rates of injuries than natives. Furthermore, migrants often have difficulties getting any or appropriate health treatment.

In terms of health outcomes more broadly, the literature is mixed. **On the whole, studies do seem to suggest worse health outcomes for migrant, but not in all cases**. However, migrant are a vulnerable group for HIV infection and migrant women tend to have worse pregnancy/ delivery outcomes.

Overall, there seems to be little solid, empirical evidence on the living conditions of migrants workers. In the Gulf States, migrant workers often have no choice on accommodation, have to live in 'labour camps' and **accommodation is often over-crowded**.

While case studies and anecdotal evidence suggests that **migrant workers may often suffer from hunger and lack of income to purchase food**, it was difficult to find

detailed and broader evidence on this beyond the US. A number of studies on the US have found evidence of high food insecurity amongst specific groups of migrant workers and 'dietary acculturation' of migrants, which means that migrants adapted their diets to the migration destination, often resulting in lower dietary quality.

References

- Ahonen, E. Q., Porthé, V., Vázquez, M. L., García, A. M., López-Jacob, M. J., Ruiz-Frutos, C., & Benavides, F. G. (2009). A qualitative study about immigrant workers' perceptions of their working conditions in Spain. *Journal of epidemiology and community health*, 63(11), 936-942.
- Akresh, Ilana Redstone. 2007. "Dietary Assimilation and Health among Hispanic Immigrants to the United States." *Journal of Health and Social Behavior* 48(4): 404-417.
- Amnesty International (2013) 'The dark side of migration: Spotlight on Qatar's construction sector ahead of the World Cup', Amnesty International Publications, London.
- Amnesty International (2014) 'My Sleep is my break', Amnesty International Publications, London
- Au, Alex (2014) 'How law fails migrant workers', presentation at Migrant Awareness, National University of Singapore, 3 - 7 March 2014
- Auwal, M. A. (2010). Ending the exploitation of migrant workers in the Gulf. *Fletcher F. World Aff.*, 34, 87.
- Bollini, P., Pampallona, S., Wanner, P., & Kupelnick, B. (2009). Pregnancy outcome of migrant women and integration policy: a systematic review of the international literature. *Social science & medicine*, 68(3), 452-461.
- Bollini, P., & Siem, H. (1995). No real progress towards equity: health of migrants and ethnic minorities on the eve of the year 2000. *Social Science & Medicine*, 41(6), 819-828.
- Benach, J., Muntaner, C., Delclos, C., Menéndez, M., & Ronquillo, C. (2011). Migration and "low-skilled" workers in destination countries. *PLoS medicine*, 8(6).
- Bragg, R. and R. Feldmann (2012) "An Increasingly Uncomfortable Environment': Access to Health Care for Documented and Undocumented Migrants in the UK", in Sabates-Wheeler, Rachel and Rayah Feldman (2012) 'Migration and social protection: Claiming social rights beyond borders', Palgrave Macmillan, Basinstoke.
- Chittoo, H. B., & Suntoo, R. (2011). Working and Living conditions of Chinese migrants in Mauritius. *Global Journal of Human-Social Science Research*, 11(7)
- Canadian Council for Refugees (2012) 'Migrant Workers in Canada, used and abused', downloaded from <https://ccrweb.ca/files/migrantworkers4pager.pdf>
- Corvalan, C. F., Driscoll, T. R., & Harrison, J. E. (1994). Role of migrant factors in work-related fatalities in Australia. *Scandinavian journal of work, environment & health*, 20(5), 364-370.
- Darmon, N., & Khat, M. (2001). An overview of the health status of migrants in France, in relation to their dietary practices. *Public Health Nutrition*, 4(02), 163-172.
- Dong, X., & Platner, J. W. (2004). Occupational fatalities of Hispanic construction workers from 1992 to 2000. *American Journal of Industrial Medicine*, 45(1), 45-54.
- Donini, Antonio and Jeevan Raj Sharma (2013) "Structural Violence and Social Suffering among Marginal Nepali Migrants", Feinstein International Center.
- European Foundation for the Improvement of Living and Working Conditions, 2007 Employment and working conditions of migrant workers, Dublin: European Foundation for the Improvement of Living and Working Conditions
- Frantz, Elisabeth (2014) 'Breaking the Isolation: Access to Information and Media Among Migrant Domestic Workers in Jordan and Lebanon', Arab Regional Office and International Migration Initiative, Open Society Foundation.
- Frantz, Elisabeth (2009) 'Strategy Meeting: Migrant Workers' Rights in Lebanon and Jordan', Arab Regional Office and International Migration Initiative, Open Society Foundation.
- Garnder, Andrew (2010) 'Labor Camps in the Gulf States' in 'Migration and the Gulf', The Middle East Institute, Washington, DC, February 2010
- Grand, C. L., & Szulkin, R. (2002). Permanent disadvantage or gradual integration: explaining the immigrant-native earnings gap in Sweden. *Labour*, 16(1), 37-64.
- Guichon, Audrey (2014) 'Into the Unknown. Exploitation of Nepalese migrant domestic workers in Lebanon', Anti-Slavery International

- Hagen-Zanker, Jessica, Mallett, Richard, Ghimire, Anita, Shah, Qasim and Bishnu Upreti (upcoming) 'Migration from the margins: mobility, vulnerability and inevitability in western Nepal and north-western Pakistan', Secure Livelihoods Research Consortium, London
- Hagen-Zanker, J. and Mallett, R. (2013) How to do a rigorous, evidence-focused literature review in international development: a guidance note, ODI Working Paper, September 2013.
- Hansen, E., & Donohoe, M. (2003). Health issues of migrant and seasonal farmworkers. *Journal of Health care for the Poor and Underserved*, 14(2), 153-164.
- Hill, B. G., Moloney, A. G., Mize, T., Himelick, T., & Guest, J. L. (2011). Prevalence and predictors of food insecurity in migrant farmworkers in Georgia. *American journal of public health*, 101(5), 831.
- ILO (2004), *Gender and Migration in Arab States: The Case of Domestic Workers*," International Labour Organization. Geneva.
- ILO (2005) 'Report of the Director General: global report under the follow-up to the ILO Declaration on Fundamental Principles and Rights at Work'. International Labour Organization. Geneva.
- ILO (2014) 'Health and safety at work', Downloaded from <http://ilo.org/global/topics/safety-and-health-at-work/lang--en/index.htm>
- IOM (2012) 'World AIDS Day: Migrants Disproportionately Affected by HIV and AIDS in High-Income Countries', downloaded from <http://www.iom.int/cms/en/sites/iom/home/news-and-views/press-briefing-notes/pbn-2012/pbn-listing/world-aids-day-migrants-dispropo.html>
- Jasso, G., Massey, D. S., Rosenzweig, M. R., & Smith, J. P. (2004). Immigrant health: selectivity and acculturation. *Critical perspectives on racial and ethnic differences in health in late life*, 227-266.
- Robinson, David, Kesia Reeve and Rionach Casey (2007), 'The housing pathways of new immigrants', Joseph Rowntree Foundation, 26 November 2007.
- Joshi, S., Simkhada, P., & Prescott, G. J. (2011). Health problems of Nepalese migrants working in three Gulf countries. *BMC international health and human rights*, 11(1), 3.
- Kanna, Ahmed (2007) "Dubai in a Jagged World," Middle East Report, No. 243, (Summer 2007)
- Kasper, J., Gupta, S. K., Tran, P., Cook, J. T., & Meyers, A. F. (2000). Hunger in legal immigrants in California, Texas, and Illinois. *American Journal of Public Health*, 90(10), 1629.
- Khalaf, S., & Alkobaisi, S. (1999). Migrants' strategies of coping and patterns of accommodation in the oil-rich Gulf societies: evidence from the UAE. *British Journal of Middle Eastern Studies*, 26(2), 271-298.
- Magalhaes, L., Carrasco, C., & Gastaldo, D. (2010). Undocumented migrants in Canada: a scope literature review on health, access to services, and working conditions. *Journal of immigrant and minority health*, 12(1), 132-151.
- Maher, Sam (2009) 'False Promises Migrant Workers in the Global Garment Industry', CCC Discussion Paper, Clean Clothes Campaign, Amsterdam
- Massey, D. S., Arango, J., Hugo, G., Kouaouci, A., & Pellegrino, A. (1999). *Worlds in Motion: Understanding International Migration at the End of the Millennium: Understanding International Migration at the End of the Millennium*. Oxford University Press.
- Minaye, A. (2012). Trafficked to the Gulf States: The Experiences of Ethiopian Returnee Women. *Journal of Community Practice*, 20(1-2), 112-133.
- Orrenius, P. M., & Zavodny, M. (2009). Do immigrants work in riskier jobs? *Demography*, 46(3), 535-551.
- Pransky, G., Moshenberg, D., Benjamin, K., Portillo, S., Thackrey, J. L., & Hill-Fotouhi, C. (2002). Occupational risks and injuries in non-agricultural immigrant Latino workers. *American Journal of industrial medicine*, 42(2), 117-123.
- Quandt, S. A., Arcury, T. A., Early, J., Tapia, J., & Davis, J. D. (2004). Household food security among migrant and seasonal latino farmworkers in North Carolina. *Public Health Reports*, 119(6), 568.
- Reitz, J. G. (2001). Immigrant skill utilization in the Canadian labour market: Implications of human capital research. *Journal of International Migration and Integration/Revue de l'integration et de la migration internationale*, 2(3), 347-378.
- Rivera-Batiz, F. L. (1999). Undocumented workers in the labor market: An analysis of the earnings of legal and illegal Mexican immigrants in the United States. *Journal of Population Economics*, 12(1), 91-116.

- Sabates-Wheeler, Rachel and Rayah Feldman (2012) 'Migration and social protection: Claiming social rights beyond borders', Palgrave Macmillan, Basinstoke.
- Sanou, D., O'Reilly, E., Ngnie-Teta, I., Batal, M., Mondain, N., Andrew, C., & Bourgeault, I. L. (2014). Acculturation and nutritional health of immigrants in Canada: a scoping review. *Journal of Immigrant and Minority Health*, 16(1), 24-34.
- Somo (2013) 'Outsourcing labour. Migrant labour rights Malaysia's electronics industry', SOMO – Centre for Research on Multinational Corporations, Amsterdam.
- Siegel, Melissa (2012). 'Migration and Development Policy Background Paper', Maastricht Graduate School of Governance.
- Sumner, A. R. Mallett (2011) Snakes and ladders, buffers and passports: rethinking poverty, vulnerability and wellbeing, Working Paper 83, International Policy Centre for Inclusive Growth
- Svensson, Måns, Urinboyev, Rustamjon, Wigerfelt Svensson, Anders, Lundqvist, Peter, Littorin, Margareta and Albin, Maria (2013), 'Migrant Agricultural Workers and Their Socio-Economic, Occupational and Health Conditions – A Literature Review' (July 1, 2013). Available at SSRN: <http://ssrn.com/abstract=2297559>
- Theodore N, Valenzuela A, Meléndez E. (2006) 'La esquina (the corner): Day laborers on the margins of New York's formal economy.' Working USA: The Journal of Labor and Society. 2006; 9: 407-423.
- United Nations Development Program (UNDP) (2009). Human Development Report 2009 – Overcoming Barriers: Human Mobility and Development. New York: United Nations Press.
- Wham, Johavan (2014), Statement at the UN Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families, Geneva, April 2013
- Wieland, M. L., Weis, J. A., Palmer, T., Goodson, M., Loth, S., Omer, F & Sia, I. G. (2012). Physical activity and nutrition among immigrant and refugee women: A community-based participatory research approach. *Women's Health Issues*, 22(2), e225-e232.
- Weine, S. M., & Kashuba, A. B. (2012). Labor migration and HIV risk: a systematic review of the literature. *AIDS and Behavior*, 16(6), 1605-1621.
- Zeza, A., Carletto, C., Davis, B., & Winters, P. (2011). Assessing the impact of migration on food and nutrition security. *Food Policy*, 36(1), 1-6.
- Zsembik, B. A., & Fennell, D. (2005). Ethnic variation in health and the determinants of health among Latinos. *Social science & medicine*, 61(1), 53-63.