Review of Related Literature

CHAPTER 2

This section reviews studies and literature related to the health needs of OFs and the laws pertinent to migrant health in relation to gender, localization, alignment with international labour migration standards and applicability to OFs and their families.

Migrant Health

The 2nd Global Consultation on Migrant Health in February 2017 was organized in Colombo by the International Organization for Migration and the World Health Organization. In their discussions, it was pointed out that programs and policies pertaining to the health of migrants "need to be both inclusive enough to ensure the respect, rights and dignity of all individuals while ensuring their specific legal aspects and protection..." It was reported that significant "health risks and adverse outcomes are associated with some migrant flows, in particular irregular, involuntary or refugee movements." They add, "However, many of the differences in health determinants (social determinants of health) and indicators (disease prevalence) between migrants and other populations are fundamentally the product of inequity and disparities between origin, transit and destination locations."

The problems relating to gender were also discussed. Among these are risk factors during pregnancy, childbirth and postpartum period, sexual violence, and limited access to gender-sensitive and culturally appropriate care for women and other genders. Amuerfina Reyes of the Philippines Department of Labor and Employment (DOLE) recognized the mixed opportunities and challenges posed by health worker migration and reiterated the message of the former Labor Secretary to the UN High-level Commission on Health Employment and Economic Growth, particularly: "recognizing and appropriately responding to health worker shortages at both ends of the pipeline; bilateral agreements that recognize qualifications and offer technical cooperation; adherence to ILO's decent work standards; and countering abuses, illegal recruitment and trafficking [Health of Migrants, 2017: 35]." Amara Quesada-Bondad of the CSO, Action for Health Initiatives (ACHIEVE), urged participants to not treat community engagement as an abstract concept, and called for community-led monitoring mechanisms related to the health and welfare of migrants (p.35).

There are health risks that migrants face throughout the migration process. At pre-deployment, they have to take the medical health screening. If they pass, they proceed to overseas work. But the screening process cannot detect some health issues such as tuberculosis, human papillomavirus or HPV that can cause cervical or other cancers. Mental health problems may also manifest at different times during migrant work. Some countries of destination or employers also require pregnancy-testing as part of pre-departure screening.

Upon arrival in the destination country, the kind of work migrants do in a development context may have a detrimental impact on their health. For low-skilled or irregular migrants, many jobs are the so-called "dirty, dangerous, difficult (3D)" work, do not have occupational safety and health protection and may be exploitative. Occupational risks are common in mining, construction, manufacturing and agriculture, including inadequate training, lack of protective gear, and exposure to toxic agents and conditions. They may have limited access to health services that are already quite strained. Migrant domestic workers often

face physical, verbal, and sexual abuse at the workplace. In addition, many migrant workers have limited awareness of or access to health and social services due to a combination of legal, structural, sociocultural, linguistic, behavioural, and economic barriers. These factors are multiplied in consequence for migrants in an irregular situation and for those who have been trafficked or forced to move [Health of Migrants, 2017: 74-75].

The recommendation at the 2017 Colombo Consultation was to have coordinated inter-sectoral action directed towards:

- Coordinated assistance for migrants in immediate need of life supporting care
- Capacity-building and strengthening of health systems across the migration spectrum (origin, transit and destination)
- Universal coverage of health and other essential services for all migrants
- Linking short-term acute humanitarian assistance for migrants to longer term health system strengthening [Health of Migrants, 2017: 59].

Health assessment practices for migrant workers was also pointed out as a problem faced at pre-employment and employment stages. To address this, it is recommended to develop international guidelines "dealing with diagnosis, referral and treatment of employment-relevant diseases and illness in migrant workers, including standardized methodologies and protocols for ensuring adequate care and treatment, either at the place of employment or migrant source nation, coupled with standardized migrant health records to document care and manage concerns regarding public health risk" (p.60).

Many migrant labourers work in conditions of precarious employment, within 'difficult, degrading and dangerous' jobs, according to Wickramage and Mosca (2014). "Yet little is known about the health status, health outcomes, and resilience/vulnerability trajectories of these migrant workers and their **'left behind'*** families. Many undergo health assessments as a pre-condition for travel and migration, yet many such programs remain unlinked to national public health systems."

Graham, Jordan and Yeoh (2015), in their review of data from Viet Nam, Indonesia, and the Philippines showed that stay-behind mothers with husbands working overseas are most likely to experience poor mental health.

Sending of remittances to countries of origin is widely seen as having a positive impact on the health and socio-economic status families and communities connected to the

** The label "Family Left Behind" is used to refer to family members of the OFs who are in the Philippines as they work overseas. It does not connote 'abandoned' nor 'deserted.'*

migrant abroad. [WHO/IOM in Colombo 2017:76] The proportion of females sending digital money transfers to the Philippines increased to 35 percent in 2018 from 25 percent in 2014. Remittances in cash and kind (72 percent) are sent by women OFWs and 56 percent of this is spent for family's daily needs, education and healthcare (De Dios, 2019).

In the 1980s, expenditure on health ranked as low as No. 11 among OFW expenditures, according to the studies by Vasquez (1987) and Go, Postrado and Jimenez (1983). However, in 2005, Ofreneo and Samonte observed that with a few exceptions, migrant workers, after setting aside a sufficient amount to cover their personal needs, remit or bring home a substantial part of their earnings to cover the basic needs of the families left behind (e.g. living expenses, education, health, and emergencies), as well as allocate any surpluses to be saved or invested in a small business. It is perhaps equally important to ask how migrant savings or remittances are utilized. A significant portion of the remittances are earmarked for daily expenses or basic subsistence needs such as food, clothing and health care as well as for the payment of debts, particularly those used as expenses for migration (p. 21).

The Health of Overseas Filipinos

Ramirez (2022) analyzed the patterns of detection and treatment of mental health problems among Overseas Filipino Workers (OFWs) and derived from the findings the implications of psychosocial support services. That study identified the major stressors to OFW mental health. There are specific psychosocial factors that affect OFWs' well-being at pre-deployment, employment, and return stages. These factors vary by country of work due to work environment, job content, organizational condition, workers' capacities, needs and culture, and personal conditions. Participants identified and ranked the qualities they value in employment in the study and the psychosocial support services they felt were needed, which were also given (p. xi).

In her study on common health problems of OFWs, Ramirez (2017) found that common diseases are related to cardiovascular, reproductive, digestive, and urinary/excretory systems. Hypertension, arthritis and hepatitis are also high among the OFWs. The factors that affect their attitude towards health maintenance and treatment are a lack of awareness of their benefits, the distance between health service centres and their workplace, their fear of losing their jobs and their reliance on self-medication.

There are other studies conducted on overseas Filipinos. The following are those that were conducted among Filipinos in America:

- Bacong, et. al. (2022), in their study of the self-rated health (SRH) of migrants during pre-migration and one year later, found that migrants experience social and cultural integration processes and that socioeconomic outcomes contribute to migrants' perceptions of SRH, emphasizing a more holistic approach to understanding the health and wellbeing of immigrants overall.
- Castro, A. et. al. (2019) migrants report significantly better self-rated health and less depression, and have significantly larger hip circumference and lower waist-to-hip ratio, as well as significantly higher mean systolic blood pressure and higher mean

levels of apolipoprotein B. Baseline results can offer insight into the health status of both migrant and non-migrant populations and may be useful for obesity prevention efforts.

- Dominguez and Hall (2022) a scoping review was conducted to identify the health outcomes of left-behind children in the Philippines and health-related interventions. In total, 4,440 records were collected from peer-reviewed articles and grey literature and 50 records were eligible for inclusion. The findings indicated that left behind children experience a vast range of poor physical (general health, hygiene, illness, and nutrition) and mental (behavioural, cognitive, and emotional) health outcomes. A total of 48 interventions were identified in 13 out of 17 geographic regions.
- Gee, G., et. al. (2018) HoPES study is a dual-cohort, longitudinal, transnational study that approximates a natural experiment from which to study the effects of immigration on obesity and other health problems. A number of innovative methodological strategies were pursued to expand the boundaries of current immigrant health research. The key to accomplishing this research was an investment in building collaborative relationships with stakeholders across the U.S. and the Philippines with a shared interest in the health of migrants.

Services for Migrant Health

In the Philippines, there are three major and mandatory social protection programmes which also cover OFs: the Social Security System (SSS), the national social security/ insurance scheme for workers in the private, professional and informal sectors; the Pag-IBIG Fund (national savings and shelter financing for Filipino workers); and PhilHealth (national health insurance).

> What needs to be underscored is that they cover mandatorily new women OFWs. Those who have been abroad for a long time, some of whom have not been back to the Philippines for more than ten years, fall out of the system and are not entirely fully covered for several reasons such as lack of information, lack of documents to present and difficulty in accessing the offices. Yet these are the women OFWs who need this social protection the most. Much still needs to be done for universal coverage, especially by PhilHealth (ILO, 2020: 143).

Add to this the medical assistance that has been discussed as lacking or if available, “it is not reaching as many women OFWs as necessary. The insurance for regular OFWs covers medical assistance but the portability of PhilHealth is a challenge. In congress, there are a number of bills proposing for the setting-up of OFW hospitals or OFW wings in public hospitals” (p. 43).

ILO (Technical paper on “Reducing Vulnerabilities and Empowering Women Migrants: A Review of Programmes, MRCs and Service Facilities, National and Local Laws, and Local Migration Governance”, 2020, unpublished) reports that DSWD’s International Social

Welfare Services expanded with the passage of RA 11299. However, what needs to be rationalized is the specific contribution of Social Welfare Attaches (SWAtts) while abroad, who complement the already established work of the Migrant Workers Offices (MWOs -- formerly called the Philippine Overseas Labor Offices or POLOs) and OWWA, especially through the Migrant Workers Resource Centers or MWRCs (formerly called the Migrant Workers and Other Filipinos Resource Centers) in different parts of the world.

> SWAtts should have more operation in the MWRCs and focused on counselling sessions, psycho-social activities, health, and group dynamics for the healing and recovery of distressed women OFWs. On the other hand, the legal and financial support should be with MWO and OWWA. SWAtts should also not be confined to Embassy offices but regularly with the MWO and OWWA offices by having specific workplan and schedule for the MWRCs. The ongoing contribution of the Safe and Fair Programme in the crafting the RA 11299's implementing rules and regulations should emphasize on these (p. 55).

The Philippine Overseas Employment Administration (POEA) — now the Department of Migrant Workers (DMW) — published in 2021 the printed and online versions of The OFW Handbook which has information on the different aspects of migrant work from pre-deployment through reintegration. Those relevant to the topic of this paper are (a) Overseas employment health safety protocols (p. 2), (b) OFWs charged for health or medical examinations conducted in DOH accredited clinics (p.7), (c) PhilHealth membership fee, Post-Arrival Orientation Seminar (PAOS), Pre-Departure Orientation Seminar (PDOS) topics such as Health and safety awareness, health care / hospitalization, diseases such as HIV/AIDS, MERS-COV, Ebola, COVID-19 and occupational safety and personal hygiene (p.17).

Information System Regarding OFWs and Their Families

OFW basic data are recorded through the Community-Based Monitoring System (CBMS), which is an organized technology-based system of collecting, processing and validating local-level data based on a census of households in the locality, which was institutionalized by virtue of Republic Act No. 11315 in April 2019. There are wider questions on Migration and Development:

- Regarding Overseas Filipinos, the questions are: How many household members / former HH members are OFWs, immigrants and residents in other countries? Who among your household members / former HH members are OFWs, immigrants and residents in other countries? Is (name of HH member) male or female? In what month, day and year was (name of HH member) born? Is (name of HH member) land-based or sea-based? In what country did (name of HH) stay when he/she first left the Philippines? How long did (name of HH member) stay in Column 5 or on ship if sea-based? What was (name of HH member)'s reason for leaving the Philippines (the last

time)? On (name of HH member)'s last return, what was the main reason for his / her return? Does (name of HH member) plan to return permanently to the Philippines? and What are (name of HH member)'s plan/s when he/she returns to the Philippines permanently?

- For the household respondent, the questions regarding remittance and services: How was the last remittance of (name of HH member) spent? What kind of services does (name of HH member) want to avail?
- Current women migrant workers are asked: Who among the female members of the household are currently working abroad and expected to return within 5 years? In what country is (name) employed? What is (name) occupation abroad? Which sector is (name) working abroad? How many months has (name) been working abroad? Did (name) send cash remittance in the last 12 months? If yes, How often did (name) send cash remittances in the last 12 months? How was the cash remittance usually sent? (multiple responses: bank, friends/co-worker, employer, employment agency, door-to-door courier, money transfer companies) How were the cash remittances spent in the last 12 months? (multiple responses: food expenditures; alcoholic beverages; tobacco, other vegetable-based products; clothing and footwear; furnishings, household equipment, and routine; health; housing, water, electricity, gas and other fuels; transportation; communication; recreation and culture; education; accommodation services; savings; investment; loan payment; others, pls specify).

"Backdoor" Migration to Sabah

Since the 1970s, migrants from Mindanao have been migrating to Sabah fleeing conflict and economic deprivation. Many of the returnees have resided in Sabah for many years or were born in Sabah and had established lives and families in Malaysia. Some of the returnees no longer speak the language/s of Mindanao. The main driver of the migration from Mindanao is the perception of better livelihood options in Sabah, together with security concerns in some parts of Mindanao that have further challenged peoples' livelihoods. [Final Report. International Federation of Red Cross and Red Crescent Societies].

During the COVID-19 pandemic, the DOH, DSWD, OWWA, and Bureau of Quarantine took the lead in overseeing repatriation and health treatment of Filipinos returning from Sabah.

Laws that Govern Migrant Health

The Philippines does not have bilateral agreements with all countries and territories where Filipinos overseas work and reside. As of 2010, the Philippine government had signed 49 bilateral labour agreements with 25 countries and territories. There are also 44 agreements pertaining to the recognition of seafarers' training certificates. Not all of these BLAs however, are in force. [Bilateral Labor Agreements and Social Security Agreements Bello, 2012]. These bilateral agreements are negotiated in collaboration with the Philippine

Department of Foreign Affairs. By November 2016, only ten such agreements were in place, but none in partnership with another ASEAN country nor any country outside the Gulf countries.

The Philippine Constitution has several provisions for the protection of women's health. Section 12, Article II of the 1987 Philippine Constitution, states, "it is the duty of the State to protect and strengthen the family as a basic autonomous social institution and equally protect the life of the mother and the life of the unborn from conception. The State shall protect and promote the right to health of women especially mothers in particular and of the people in general and instill health consciousness among them." Furthermore, Section 14, Article II of the Constitution provides "[t]he State recognizes the role of women in nation-building, and shall ensure the fundamental equality before the law of women and men."

On September 8, 1995, Executive Order No. 273 (Philippine Plan for Gender-Responsive Development, 1995-2025) was approved and adopted. This updated and superseded Executive Order No. 348, series of 1989, which adopted the "Philippine Development Plan for Women (PDPW) for 1989-1992". Then there is RA No. 10354 (The Responsible Parenthood and Reproductive Health Act of 2012), which primarily seeks to protect women's reproductive health.

There are issuances on Gender and Development (GAD) such as Executive Order No. 275 (Creating a Committee for the Special Protection of Children from All Forms of Neglect, Abuse, Cruelty, Exploitation, Discrimination and Other Conditions Prejudicial to their Development). This is applicable to OFW families as it declares "the State shall defend the right of children to assistance, including proper care and nutrition and special protection from all forms of neglect, abuse, cruelty, exploitation and discrimination, and other conditions prejudicial to their development."

Also worth mentioning is RA No. 8972, or the Solo Parents' Welfare Act of 2000 (An Act Providing for Benefits and Privileges to Solo Parents and Their Children). It states that:

> The State shall develop a comprehensive program of services for solo parents and their children to be carried out by the Department of Social Welfare and Development (DSWD), the Department of Health (DOH), the Department of Education, Culture and Sports (DECS), the Department of the Interior and Local Government (DILG), the Commission on Higher Education (CHED), the Technical Education and Skills Development Authority (TESDA), the National Housing Authority (NHA), the Department of Labor and Employment (DOLE) and other related government and nongovernment agencies (https://www.officialgazette.gov.ph/2000/11/07/republic-act-no-8972/).