

**Pierzak Monika, Bielecka Wiktoria. Health of migrants during the disease while staying in Poland. Journal of Education, Health and Sport. 2018;8(9):367-376. eISSN 2391-8306. DOI <http://dx.doi.org/10.6084/m9.figshare.6993437>
<http://ojs.ukw.edu.pl/index.php/johs/article/view/5849>**

The journal has had 7 points in Ministry of Science and Higher Education parametric evaluation. Part b item 1223 (26/01/2017).
1223 Journal of Education, Health and Sport eissn 2391-8306 7

© The Authors 2018;

This article is published with open access at Licensee Open Journal Systems of Kazimierz Wielki University in Bydgoszcz, Poland
Open Access. This article is distributed under the terms of the Creative Commons Attribution Noncommercial License which permits any noncommercial use, distribution, and reproduction in any medium, provided the original author (s) and source are credited. This is an open access article licensed under the terms of the Creative Commons Attribution Non commercial license Share alike.
(<http://creativecommons.org/licenses/by-nc-sa/4.0/>) which permits unrestricted, non commercial use, distribution and reproduction in any medium, provided the work is properly cited.

The authors declare that there is no conflict of interests regarding the publication of this paper.

Received: 01.08.2018. Revised: 17.08.2018. Accepted: 22.08.2018.

Health of migrants during the disease while staying in Poland

Monika Pierzak¹

¹Jan Kochanowski University, Faculty of Medicine and Health Sciences, Department of Surgery and Surgical Nursing

Wiktoria Bielecka²

²Jan Kochanowski University, Faculty of Medicine and Health Sciences, Institute of Nursing and Midwifery

Address for correspondence:

Monika Pierzak
Institute of Medical Sciences
Department of Surgery and Surgical Nursing

E-mail: monikapierzak03@o2.pl, mpierzak@ujk.edu.pl
orcid.org/0000-0002-4367-4465

Wiktoria Bielecka
Faculty of Medicine and Health Sciences
Institute of Nursing and Midwifery

E-mail: wikt.bielecka@gmail.com
orcid.org/0000-0001-7553-0207

Summary

Introduction:

The phenomenon of emigration has been the subject of discussion and reflection for many years. The connection between emigration and deterioration of health condition is increased in the current situation of the wave of emigration, because the most popular and most commonly used strategy of migration is the shuttle. This kind of emigration concept often results in disturbances in the functioning of the emigrant in various social structures, in the country from which he comes as well as in the country of emigration, which is not without significance on the psychophysical state of the person and also his relatives. Medical problems typical for expatriates usually arise from the neglect of prevention, scarcity or limited access to health care, tiring and burdensome physical work, experiencing enormous psychological costs as a result of separation from loved ones and awareness of loneliness in a culturally unknown environment.

Keywords: migration, migrants health, health situation, public health, health risk

Admission

At international level, there is no migration or migrant definition. This is due to the fact that these definitions are created for various purposes - statistical, political or economic. Essentially, in the UN sense, migrants are people who have lived in a country other than their country of origin for more than a year, regardless of the reasons for their departure. In this aspect, businessmen or students who move to a temporary time are not migrants. However, according to UNESCO, a migrant is a person who lives temporarily or permanently in a country other than his / her country of birth and has important social ties with that country. In both definitions, the term "migrant" does not address only refugees, displaced persons or people forced to leave their homes in any other way. There are also migrants who decide when and where they want to move, and this decision often comes under heavy pressure. Distinguished are migrants: documented, i.e. legal and migrating according to law, economic, irregular (otherwise illegal migrants), skilled, as well as seasonal workers. Migration is a hallmark of our time because it has obtained previously unrecorded sizes. Currently, it is estimated that 215 million people live outside of their place of birth, which makes up about 3% of the entire world population.

Objective: Health of migrants in terms of the health of the whole society

The size of the phenomenon and flow variations diverse groups of people all over the world, ie. Economic migration, human trafficking or exile, has not had nearly as global character, since it became noticeable for several years. It oscillates in the results, that about 3% of the world's population lives outside their home country. The United Nations (UN) in 2010 provided information that the number of migrants reached a number of about 215 million people who, for various plaintiffs were forced to leave their homeland. At the same time the phenomenon of flow of people between countries and continents presented as an upward trend. In this way, the phenomenon of migration becomes the object of a lot of interest in scientific fields of research, in which a result of various decisions are constantly talks about its size. [18]

Among the problems included issues concerning the analysis of migration processes, especially in the course of the analysis of income and losses, which are their consequences, they are often taken as the issue of public health and individual categories of the population, as well as the determinants that affect this state of affairs. In the literature and an analysis of the health of Polish society is unfortunately ignored this category of persons with a high degree of mobility, migrant workers both inside and outside the country. Although migration processes with a distinct character, ie. Immigration, emigration, return migrations, are dealt with in intensity and perceived statistical yearbooks in individual countries, the variable "migration" is still not taken into account in areas of the world, as well as the Polish statistics health. It is not clear from the fact that before the health aspect was correlated with migration and was notoriously overlooked. Interest was focused around the individual migrant health effects documented in the form of medical examinations clear integration between health and external migration. It is necessary to specify that in the past 5 years, reflecting the changes are perceived to present a problem which is the health of migrants. In the literature it is becoming more common migration issues and their greater beyond individual relationship between migration abroad, and the state of health of the whole population, in which resident foreigners. This test applies only to statistical information and presents the health situation of the individual immigrant community, however, they are often equated with the host community health indicators, as well as countries of origin of immigrants. They are usually carried out in individual countries, but also apply to large populations or separate parts, such as health conditions of immigrants in the European Union or the health of young people and children in migration [20].

So far, studies conducted health of migrants are more focused on extracting conditions, rather than focused on the analysis of data causes such as environment, behavior, socioeconomic status or stage of the migration process. It is not clear from the fact that the variables are not taken into account at all. In a study conducted in Norway, they were taken into account determinants such as the degree of education experienced discrimination in different aspects of life, age, gender, and ethnic group to which belong migrants [13].

Table 1.: Number of people who received a refugee status in RP (Republic of Poland) between 01.01-31.12.2010.

Nationality	Number of people with granted refugee status	
	Number	Percentage
Foreigners together/ The most often nationality represented	82	
Russia	42	51,2 %
Belarus	19	23,2 %
Iraq	5	6,1 %
Afghanistan	4	4,9 %
Total	70	85,4 %

Healthy effect of migration and health

Looking more closely at the plaintiffs why migrants decide to leave their country, we see a certain relationship. This decision shall normally healthy people, successfully estimating his departure from the country, thanks to intellectual or physical potential to get a job and get the desired and satisfactory economic effect. When getting into more specifics of the migration, we note that the decision to take these people with families who have the greatest potential for easy finding their place in the labor market, thanks to good knowledge of the language, appropriate professional skills, as well as having good health. This is also convince local leaders, who note that their surrounding area usually leave people at a young age, economically active, with a focus on their future success, full of vigor, strength and energy. They know about the host countries, which very willingly open their borders to the arrival of the inevitable potential to work, having very good health. It can therefore safely say that people from abroad who want to work are much healthier than the society from which they

leave and come to you. It is shown, therefore, to say that the initial stage of people abroad does not cause major health problems [3].

In contrast, in turn, numerous studies confirm that migration is a new situation in human life, causing stress, high load conducive to emotional, physical also, thus causing a high level of risk of loss of mental and somatic health. Also, recent studies indicate that the most frequently appearing problem of migration are mental disorders, including the most common symptoms of depression. It should also take into account that the prevalence of disorders is diverse origin of migrants and the cause of migration, for example refugees, especially refugee children [12].

Another type of risk involves somatic health, and loss of physical condition. The range of issues is quite wide, the most dramatic incidents are collision, which has always accompanied the migration-related earnings. Another important aspect is insolvent insurers migrants or their families in the event of death, resulting in an additional factor deprivation [17].

Migrants are also challenged by problems which are all kinds of disease and illness resulting in death. It was found that among the diseases characteristic of different climate uncertainties for European immigrants, which resulted in mass deaths [9].

Currently, the state of health of migrants can be partly explained by the existing restrictions on access to health services. Here attention should be devoted to the material - household and lifestyle, which unfortunately occasionally fluctuates with the guidance of a doctor, and the related pro-health behaviors. Undoubtedly, a major and often decisive reason is the lack of access to health care in the case of employees earning immigrants. They do not have adequate privileges entitled to benefit from the health care of the country in which they work on the principle of "black", without insurance, which are provided in the case of legal employment and pay contributions for any, insurance. At the same time, not without reason are the other difficulties, such as lack of knowledge of the language, financial obstacles,

Migrants have bad eating habits, which in turn lead to disorders of the digestive system, manifested indifference as to the applied treatment, use of self-medication based on the customs of their native country, mostly noticeable it is to a greater extent in women, probably due to the distance to the customs of the host country [8].

The presence and work in the country for foreign migrant completely transformed approach to illness or worse human being. Changes to the procedure for medical services in combination with behavior prevailing in the home country. During his stay abroad of their country are declared negative conduct, such as abstaining from medical visits in favor of a spontaneous cure, the individual coping with the illness or even depart from the traditional visits to the GP. Whereas international conventions on migrant providing health insurance in one state, provide access to the services of public health care systems in other countries that have agreed to such agreements according to the health situations in which they are located. [11]

Marginalization or in certain eventualities automarginalization for foreigners in access to health care provide some phenomenon. This is due to the fact that minimize access to health care is not only a legislative dilemma, ie mainly for illegal immigrants who do not have the privilege to use the free services of health. This problem results from other formal obstacles, which are, for example, lack of clarity and ambiguity in the transcription of data, resulting in the fact that unlike previously registered patient is at a different transcription of "not available in the system." A specific problem from a legal and because of the presence of isolated plants, meet refugees applying for a residence permit and other persons in the country illegally. To the greatest extent it relates to the care of a woman and a child immigrant. Not without reason prevail various positions discriminatory that arise from both the different variants of the stereotypes, which are diseases that "carry" the foreigners, or difficulties that make in the opinion of other patients, causing chaos and confusion in the health care facility to which they go [6].

Migration is a unique situation in which the migrant is a health hazard in the circumstances, but also meets on his way various obstacles reduce their access to health care. Migration is a complex process, therefore, producing characteristic health disparities. Due to the international nature of this process involves not only individual countries or poor countries where a noticeable stream of migration to the rich countries, but also includes rich countries with a relatively high degree of provision of health services, which are not always able to cope and do not always know the best how resolve matters concerning the care of enlarging the crowds of migrants [14].

The most important approach to managing migrant workers during the duration of the disease

Behavior among migrants in the course of the disease, we can distinguish the following issues: self-treatment, minimizing contact with the health service in the country in which they are located and the discharge of the care in the country of origin [15].

The main strategy of self-medication, is interpreted as a standalone procedure to resolve the disease and its symptoms. Noticeable is the relationship that migrants are resorting to this method, when at home notice symptoms suggestive of the disease, for example, raised body temperature, hives, swelling, diarrhea, insomnia and pain ailments. Self-medication is a common and planned action to be taken before the trip, by purchasing painkillers, anti-inflammatory or such that migrants apply its experience of the disease. The concept of self-treatment is focused on the use of very common. Sometimes it can be intensified through the purchase of drugs or their substitutes in addition to the host country [1].

The strategy limited contact with the health service in the country of residence is the result of the interaction of many interrelated circumstances, the underlying causes of these difficulties may relate to various entities, which are an immigrant, the employer and the state [2].

- A) On the part of the immigrant - one associated with a slight symptoms, also due to a significant concentration on the completion intention to leave, they are primarily and most heavily earnings. In the legislative sphere there is a lack of information and privileges to health under international conventions or deficit of knowledge about entitlements, then the feeling of high fees for health services rendered, or ignorance of the language. Many of these difficulties is reduced with the passage of time and the stabilization of the migrant's stay in the host State. It has been observed even in the long term that the integration process in the new state may have some positive health benefits. Another problem are the health issues related to victims of human trafficking.
- B) The part of employers - reduce access to health care in the countries boils down to the concept of their leave of absence to staff - they treat foreigners in a country from which they come from and be adopted again after returning and recovering from illness for further work.
- C) From the state - the cause of debilitating meet the health needs of migrants is a shortage of qualified institutions to handle them, ignorance of the language restrictions

for "foreign", as well as lack of knowledge about the culture needed for healing practices [4].

The next strategy is shifting to the country of origin to exercise responsibility for their own health care. This strategy of contact with the health service in the country of origin, contains returns to treatment, rehabilitation and prevention. Migrants do not use the health services of the host countries. Fix your health in the intervals between visits next, or when they return to their countries. This applies to those migrants who disordered their situation in the country in which they live, and also for those for whom the distance from the State of origin is combined with high prices for passage [5].

Satisfactory manifestation of migration processes are departures from the country from which they come, to other countries in order to increase the quality of life during retirement. With time, the situation of the country, which adopted the retired wealthy foreigners, it becomes a litmus test for the local health system and institutions exercising control over them. Sometimes there are also those cases where migrants decide to go to a country other than their old age because they want to escape their country entered into euthanasia or supposed to be introduced in their country [10].

Summary

The case concerning the protection of foreigners in Poland to a greater extent is conditioned by the duties which are the consequences of international agreements, membership to the European Union or geopolitical considerations. Since the beginning of 90 years of the twentieth century, more and more increasing number of people seeking the protection and safety in Poland. Defective portion in the functioning of the health system of foreigners are still a long process, and the lack of a satisfactory system and high-performance integration of foreigners protected. You not only need financial help, but you need a strategy but also specialized and duly granted to support the course of this integration. A particular challenge is constant and sound and proper preparation of employees of various public institutions to work with people with differing cultural other. Trouble may also cause the current circumstances of foreigners benefiting from protection, which shall have no professional support, integration with financial funds of

the country, and even they do not have complete rights to the complete range of social assistance.

Addressing health - disease - migration brings opportunities and prospects for new exploration for the whole plane, multidirectional research teams, which are to blame for the development of a strategy organized for the benefit of migrants and the prevention of social exclusion. The importance of these issues have already stressed the programming documents of many countries, listing among immigrant groups, particularly discriminated against in being able to create the potential for health and access to health services.

Literature

1. N. Bloch, Goździak EM. "From guests to neighbors. Integration of foreigners from outside the European UnionPoznan in education, the labor market and health care, "AMU Center for Migration Research. 2010; 8-10.
2. D. Bryk Reemigrantka and her family in the context of migration and adaptation, in Markowski K. (ed.), Re-emigration of women from the Lublin province. 2010; 33-36.
3. M. Carballo, JJ Divino, Zeric D. Migration and health in the European Union, "Tropical Medicine and International Health", 2002; 14.
4. Chrzanowska A., Klaus W. (ed.), Beyond the system. Access to health care of undocumented migrants and foreigners applying for international protection in Poland. Legal Intervention Association, Warsaw 2011; 68-74.
5. Cap E. Health of Polish labor immigrants in Norway - a research report. 2010; 78-80.
6. Czyżewska E. Coordination of social security systems - consequences for the Polish health care system, "Social Policy". 2008; 34.
7. Dunn JR Dyck I. Social determinants of health in Canada's immigrant population: results National Population Health Survey, "Social Sciences Medicine" in 2010; 22.
8. Golinowska S .. The social dimension of migration in sending countries, "Culture and Society" in 2008; 12-13.
9. Gonneke WJM, Vollebergh WAM Mental health in migrant children, "The Journal of Child Psychology and Psychiatry" in 2008; 10.
10. Hughes, K. 2007. Migrating identities: the relational constitution of drug use and addition, "Sociology of Health and Illness."

11. Kawczyńska-Butrym Z. 2010. Migration - a challenge for the sociology of health and medicine, Piandtkowski W. (eds), Sociology of medicine. In the circle of scientific thought Professor Magdalena Sokołowska, IFiS Sciences.
12. Kawczyńska-Butrym Z. 2009. Health aspects of emigration, "Ethos".
13. Kawczyńska-Butrym Z. 2008. Gains and losses on the migration of participants - results of the study, in Zięba MS (eds.), Migration challenge of the twenty-first century, Publisher KUL Development Foundation.
14. Motsyk A. 2005. Hell or paradise? The image of Brazil in Polish literature in the years 1864-1939.
15. Naked SZ 2003. Haavio-Mannila E. Migration, health status and utilization of health services, "Sociology of Health and Illness."
16. Plewko J. 2010. Meeting the migration. Support economic migrants from Polish territory - the form and meaning (half of the nineteenth century. - the beginning of twenty-first century.) Publisher KUL.
17. Sole-Auro A. Crimmins EM 2008. Health of immigrants in European countries, "The International Migration Review."
18. Waldstein A. 2008. Diaspora and health? Traditional medicine and culture in a Mexican migrant community, "International Migration".
19. Wites T. 2005. Women in migration of the Jewish Autonomous Region, in: JE Zamojski (ed.), Women and youth migration. Migration and Society 10, Publisher Neriton.
20. Zamojski JE 2005. Mass Migration - factor changes modern societies, in zamojski J. (ed.), Migration and society. Collection of studies, Institute of History.