The Health of Polish labour immigrants in Norway

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“Workers were called
and human beings came”

(Frish)
Post-accession Polish migration

According to the statistics Poles constitute the biggest foreign population group in Great Britain, Ireland, Norway and Holland.

<table>
<thead>
<tr>
<th>Country</th>
<th>Polish population:</th>
<th>Year:</th>
<th>Source:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Great Britain</td>
<td>576.000</td>
<td>2011 (march)</td>
<td>Office for National Statistics</td>
</tr>
<tr>
<td>Ireland</td>
<td>122.585</td>
<td>2011</td>
<td>Central Statistical Office</td>
</tr>
<tr>
<td>Germany</td>
<td>468.481</td>
<td>2011</td>
<td>Federal Statistical Office</td>
</tr>
<tr>
<td>Norway</td>
<td><strong>67.339</strong></td>
<td>2012 (April)</td>
<td>Statistics Norway</td>
</tr>
<tr>
<td>Sweden</td>
<td>42.743</td>
<td>2011</td>
<td>Statistics Sweden</td>
</tr>
<tr>
<td>Holland</td>
<td>65.086</td>
<td>2012 (January)</td>
<td>Statistics Netherlands</td>
</tr>
<tr>
<td>Italy</td>
<td>109.018</td>
<td>2010</td>
<td>Italian National Institute of Statistics</td>
</tr>
</tbody>
</table>
New labour migration

Two types of migrants that constitute the contemporary flows of labour migrants in Europe (Kawczynska-Butrym, 2009):

• „Migrants for survival” – they go abroad in order to cater for their basic needs (food, clothes, debts)
• „Mobile migrants” – they want to improve their living conditions (buying new car or a house)

Diversity and complexity of the flows – a challenge for host countries
New labour migration – new challenges for health care systems

Partial migration – no access to health care services

• Labour migration lasting for relatively short period of time (in extreme situation even a few days) and is usually not registered or even entails breaching legal regulations in the receiving country.

Characteristic features of partial migration

a) Migrants function in the sphere of tolerated law infringement
b) Migration is of pendular character (short but frequent stays abroad constitute a significant period of time)
c) Income from abroad is a significant source of finances for Polish households

Liquid migration – „lack of geographic, temporal and functional determinism that was attributed to earlier migrations” (Grabowska-Lusińska, Okólski, 2009: 31)

Development of transportation – people no longer migrate permanently (Zaiceva & Zimmermann, 2008)
New labour migration and health

Health deterioration as a cost of migration
- Kawczyńska’s research on Polish returning migrants:
  Health - the only category (out of 14), described by
  returning migrants as deteriorating rather than
  improving (2010)

According to returning migrants’ declarations, health
improved slightly on their return back home but it was
still regarded as worse than before they left the country
(2007, 2008)

- healthy migrant effect – exhausted migrant effect
  (Bollini & Siem, 1995)

- 3 D jobs (Favell, 2008; Benach et al., 2010) - risk of
  serious accidents and permanent health damages
Context - Polish immigrants in Norway

• 2004 – Poland’s accession to EU – increase in mobility between Poland and Norway
• 67.339 registered Polish immigrants + unregistered migrants working without job permits

“There are no bases, apart from the intuition and bravery of some experts, to assess the dynamics of the illegal migrants” (M. Okólski)
• Nearly 70% of the Poles registered in Norway work as artisans
• Diversification of length of stay in Norway

<table>
<thead>
<tr>
<th>Number of years:</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 4</td>
<td>35.127</td>
<td>16.473</td>
</tr>
<tr>
<td>5 - 9</td>
<td>7.545</td>
<td>2.868</td>
</tr>
<tr>
<td>10 - 19</td>
<td>491</td>
<td>1.437</td>
</tr>
<tr>
<td>20</td>
<td>1.159</td>
<td>2.239</td>
</tr>
</tbody>
</table>
Research questions

• 1. Do Polish migrants experience changes in their health status after arrival in Norway?
• 2. Do they notice any changes in their lifestyle habits between Norway and Poland?
• 3. Do they use health care services in Norway or in Poland? Do they experience any obstacles in accessing health care services abroad?
• 4. How does their health rank in the immigrants’ hierarchy of values?
Research methods and sample characteristics

• Quantitative (survey) and qualitative (in-depth interviews, focused interviews) methods

• Snowball sampling

Places of informants’ recruitment (building sites, churches, language schools, Polish association in Norway)

• **Sex** (male – 58%, female – 42%)

• **Age**

  17-25: 20%
  26-30: 34%
  31-40: 18%
  41-50: 16%
  more than 50: 7%
Sample characteristics

- **Educational background**
  - vocational education: 24%
  - general secondary: 31%
  - tertiary (BA): 17%
  - tertiary (MA, PhD): 28%

- **Length of stay in Norway**
  - 5-6 months: 21%
  - 7-12 months: 22%
  - 13-24 months 22%
  - more than two years: 35%
Immigrants` health self-evaluation

• Declared changes in the state of health
  54% - health did not change
  20% - health improved
  26% - health deteriorated

• Mental health
  - most immigrants declared good mental state both in Norway (63%) and Poland (70%)
  - overwhelming homesickness and mood swings are most frequently declared emotional problems among migrants
  - migrants more often used external coping strategies in Poland than in Norway (lack of family and friends network)
## Coping Strategies

<table>
<thead>
<tr>
<th>Ways of coping:</th>
<th>Poland (%)</th>
<th>Norway (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiting for the problem to be solved, trying to survive</td>
<td>28</td>
<td>30</td>
</tr>
<tr>
<td>Talking to friends, asking them for advice</td>
<td>53</td>
<td>47</td>
</tr>
<tr>
<td>Eating sweets or other comfort food</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td>Seeking a psychologist’s help</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Drinking alcohol in order to forget about sorrows</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Talking to relatives and asking them for help</td>
<td>40</td>
<td>32</td>
</tr>
<tr>
<td>Crying out of helplessness</td>
<td>8</td>
<td>15</td>
</tr>
<tr>
<td>Turning to a priest for help</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Praying</td>
<td>36</td>
<td>36</td>
</tr>
</tbody>
</table>
Social health

• A very low social activity – lack of participation in organisations and associations

• Living in a social enclave
80% of migrants declared spending their free time with Poles only!

Reasons for isolation reported by migrants:
Language barrier – 39%
Culture barrier – 12%
Lack of own engagement – 10%

Norwegian’s attitude towards Poles:
„They seem nice and keep smiling but at the same time they keep us at a distance...If you really want to know, I feel that they consider themselves superior. But nobody will admit that.”
• Declarations of unfair treatment and discrimination

23% immigrants claim to be discriminated by Norwegians

„At work a Norwegian always ranks higher than a Pole irrespective of their skills and preparation for the job.”
„They looked down on me.”
„They are racists who treat Poles as machines.”
„In a designer shop a shop assistant treated me badly because she assumed I couldn`t afford things.”

20% immigrants claim to be discriminated by other Poles

„At work when they try to show off and prove that they are better and want to manage things.”
„Having difficulties in retrieving the money I deserved for my work.”
„I don`t want to have anything to do with the majority of other Poles abroad.”
„They think they are superior just by the fact that they work here but, in fact, they have been brutes.”
Evaluation of work doing abroad

33% of immigrants described it as not health-friendly

• „Well, my health has deteriorated a bit because of the work I did for one of the companies. I won`t be mentioning its name. I did a lot of demolishing, so plenty of concrete blocks, knocking down walls and what not. I have a bad back these days, because it is hard work.”(A.);

• „I might as well have ended up in this warehouse at minus 25 degrees centigrade but I had a feeling there`s something wrong with it and I gave it up, especially that my mate wanted the job. Then Pawełek suffered from a testicle inflammation and a fever of 40 degrees. My mates who still work there keep complaining about kidney pain. ”(D.).
Health improvement

- Physical health
  Generally I am feeling better, I have a better blood circulation, I spend more time outdoors (in the fresh air), I am not sick, I feel less pain in my back, I like the Norwegian climate, I have no problems with gastritis any more

- Mental health
  My mental health has improved because now I know that my family has everything they need except for the father and the husband, I am not stressed about providing for my family, I am in a better mood, experiencing lack of stress, no worries, a kind of stability, I am happy in my private life

- Social health
  Nice work, new friends and new experiences, I work less than in Poland, the working conditions are better, I earn 8 times more than in Poland
Health deterioration

• Physical health
  accidents at work, permanent infections, diabetes, problems with my spine!!!, a pain in the legs, I am not fit enough, fatigue, tiredness, lack of energy, digestion problems, genital system problems, skin and nails problems

• Mental health
  stress!!!, family longing, working abroad demands more concentration and effort, bad mental condition, the weather affects me

• Social health
  working in a specific environment (in the office), lack of friends
Immigrants’ use of the health care services in Norway

• **41%** of the surveyed immigrants declared using health care services in Norway (once or twice in most cases)

• **Medical doctors visited by migrants**
  
  GP (66%)
  Ear, nose and throat specialist
  Dentist
  Emergency service
  Gynecologist
  Rheumatologist
  Midwife
  Surgeon
  Optician
Where do migrants more frequently use health care services?

- In Poland: 61%
- In Norway: 10%
- Equally frequently in both countries: 29%

Why do they go to doctors more often in Norway than in Poland?

“I was sick and had to visit a doctor”, “I live and work here”, “The doctors are here and I don’t have to fly to Poland”, “I trust Norwegian doctors”
Why do migrants go to doctors more often in Poland than in Norway?

**Language**
“it is easier to communicate in your language”, “lack of language barrier”

**Price**
“it is much cheaper”, “I don’t pay so much for a visit”

**Information**
“I know where to go”, “it is much easier”,

**Accessibility**
“it is faster and more comfortable in Poland”
“medical services are more accessible in Poland”,

**Trust**
“I trust my Polish doctors”, “I trust Polish doctors’ way of treatment”, “I know doctors in Poland”

**Other**
“I am usually sick when I go to Poland for holiday”, “I haven’t been sick in Norway so far”
• 43% of informants prefer to visit a particular specialists in Poland (dentist, gynecologist, surgeon, dermatologist)

• What do migrants do in case they don’t feel well?

  I go to see a doctor  P: 50%  N: 18%

  I try to treat myself  P: 58%  N: 67%

  I ask my friend for advice  P: 14%  N: 18%

  I wait until I recover  P: 20%  N: 28%
Barriers to access health care services by Polish immigrants in Norway

- Lack of information (59% of informants would like to get more information about health care system in Norway)
- Language barrier
  - 29% do not speak English
  - 39% do not speak Norwegian
  - 12% speak neither English nor Norwegian

- The ones who don’t speak Norwegian are more willing to come back to Poland than others
- They declare ten times less often than the others that they go to doctor in Norway when they don’t feel well
- They have the lowest self-assessment of a mental health
Eating habits

14% would like to eat less
36% would like to eat more regularly
26% would like to eat better quality food

Almost a quarter of the respondents spend less than 10% of their earnings on food!

“It used to be easier to look after my health in Poland... During the day I hardly ever find a spare moment to have something to eat ... I eat huge amounts of food very late at night and it is in no way healthy but I have no time for heating ... I realize it`s no good and that I`m doing harm to myself” (O.)

“At first I surely had that attitude. You would buy the cheapest products and somehow it must have had an influence on health, because I experienced it myself. Well, you have to pay for good food, as simple as that. It seems to me that the majority of Poles here have the same tendency to buy the cheapest stuff ... Yes, I believe the first year is hard. The first year is a kind of for and against. You find answers to all the question marks in your head.”(I.)
Use of addictive substances

SMOKING
• 26% smoked in Poland and still do so in Norway
  „smoking reduces stress”
• 16% stopped smoking in Norway
  „cigarettes are too expensive”, „there is no place to smoke”
• 14% would like to give up smoking

ALKOHOL DRINKING
• 52% drink less in Norway
  „alcohol is too expensive”
• 5% drink more
  „alcohol helps to reduce stress ”
  „You drink a little more here (everyone bursts out laughing). Because alcohol abuse is on the increase here.”
• 15% would like to drink less
• Sexual life
 28% experience changes in sexual life
7% would like to have only one sexual partner or reduce the number of accidental contacts
A phenomenon of double relationships

• Free time
 15% - no free time
28% - not enough free time
44% - free time spent in a different way than in Poland
85% - free time spent with Poles
28% - would like to spend free time with Norwegians
Health among other values

1. family
2. self-development
3. health
4. honour
5. professional success
6. freedom and social justice
7. education
8. love
9. pleasures, life enjoyment
10. money
11. religion
12. homeland and patriotic values
13. authority over others
For what or whom would immigrants put their health at risk?

- For the family: 91%
- For friends: 33%
- For God: 28%
- For the homeland: 23%
- For pleasure of extreme sports: 11%
- For money: 9%
- For nothing and nobody: 3%
How would you feel if you risked your health in order to:

<table>
<thead>
<tr>
<th></th>
<th>proud</th>
<th>indifferent</th>
<th>ashamed</th>
<th>difficult to say</th>
<th>no answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>earn money for a new car or flat</td>
<td>15%</td>
<td>20%</td>
<td>35%</td>
<td>19%</td>
<td>11%</td>
</tr>
<tr>
<td>earn money to support the family</td>
<td><strong>73%</strong></td>
<td>10%</td>
<td>3%</td>
<td>9%</td>
<td>5%</td>
</tr>
<tr>
<td>defend your faith</td>
<td>45%</td>
<td>19%</td>
<td>9%</td>
<td>16%</td>
<td>11%</td>
</tr>
<tr>
<td>defend your homeland</td>
<td>45%</td>
<td>17%</td>
<td>5%</td>
<td>21%</td>
<td>12%</td>
</tr>
<tr>
<td>take up extreme sports</td>
<td>16%</td>
<td>30%</td>
<td>17%</td>
<td>22%</td>
<td>15%</td>
</tr>
<tr>
<td>How would you feel if you risked your health in order to:</td>
<td>admired</td>
<td>indifferent</td>
<td>condemned</td>
<td>difficult to say</td>
<td>no answer</td>
</tr>
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<td>----------------------------------------------------------</td>
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</tr>
<tr>
<td>earn money for a new car or flat</td>
<td>8%</td>
<td>33%</td>
<td>30%</td>
<td>15%</td>
<td>14%</td>
</tr>
<tr>
<td>earn money to support the family</td>
<td>69%</td>
<td>10%</td>
<td>–</td>
<td>11%</td>
<td>10%</td>
</tr>
<tr>
<td>defend your faith</td>
<td>36%</td>
<td>29%</td>
<td>4%</td>
<td>16%</td>
<td>15%</td>
</tr>
<tr>
<td>defend your homeland</td>
<td>44%</td>
<td>21%</td>
<td>1%</td>
<td>18%</td>
<td>16%</td>
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<tr>
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<td>20%</td>
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<td>17%</td>
<td>23%</td>
<td>17%</td>
</tr>
<tr>
<td>How would you feel if you risked your health in order to:</td>
<td>innocent</td>
<td>indifferent</td>
<td>guilty</td>
<td>difficult to say</td>
<td>no answer</td>
</tr>
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<td>12%</td>
<td>12%</td>
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<tr>
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<td>70%</td>
<td>9%</td>
<td>2%</td>
<td>10%</td>
<td>9%</td>
</tr>
<tr>
<td>defend your faith</td>
<td>47%</td>
<td>18%</td>
<td>6%</td>
<td>14%</td>
<td>15%</td>
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<td>defend your homeland</td>
<td>47%</td>
<td>18%</td>
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</tr>
</tbody>
</table>
CONCLUSIONS

• More than a quarter of the interviewed declared health deterioration in Norway. Health problems reported are related to physical nature of migrants’ jobs and to the social isolation they experience.

• Two categories of migrants can be distinguished:
  1) Migrants who are satisfied with their living conditions and work in Norway
  2) Migrants who experience a lot of difficulty with hard work and do not feel well

• Migrants in general more frequently use health care services in Poland than in Norway.
Conclusions

Migrants who want to settle in Norway declare using health care services in Norway more often than those who intend to come back to Poland.

The main barriers in accessing health care services are lack of information and language problems.

• Migrants’ lifestyle in Norway differs from the one they had in Poland.
  The most significant differences can be observed in the areas of eating habits, sexual life and alcohol abuse.

• Immigrants would be ready to put their health at risk mainly for the family.
Recommendations

• I recommend organising partially subsidised Norwegian language courses. This would allow Poles obtaining access to health care services and decrease the sense of social isolation.

• It is necessary:
  to explore the most frequently used information channels by Polish migrants,
  to review existing health information materials,
  to assess health literacy of Polish migrants,
  to develop specially tailored health information materials.