

Life and health of labor migrants from Central Asia in Russia in the context of the COVID-19 pandemic

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Abstract

The study contains data analysis on living conditions, information about COVID-19, housing conditions, health status and practice of testing labor migrants from Tajikistan, Kyrgyzstan and Uzbekistan in Russia for HIV and tuberculosis (TB) in the context of the pandemic by gender and country of citizenship. The empirical basis of estimates was made up of data from the 2020 survey of 900 labor migrants from Tajikistan, Kyrgyzstan and Uzbekistan living in Russia. The data analysis showed that the COVID-19 pandemic has worsened situation of the majority families of labor migrants from Tajikistan, Kyrgyzstan and Uzbekistan in Russia with wage reduction and psychological stress becoming the most significant difficulties (especially for female labor migrants). The Internet and online social networks were the main sources of information about COVID-19. Less than half of legally employed labor migrants from Kyrgyzstan used Compulsory health insurance (CHI) certificate, and they were less likely to undergo fluorographic examinations and HIV testing compared to labor migrants from Tajikistan and Uzbekistan (especially men).

Most of the labor migrants from Central Asia in Russia did not pay enough attention to prevention and health maintenance and even deteriorated their health overextending themselves in Russia, as in the pre-COVID-19 period. Health problems either have developed or worsened, including due to unfavorable housing conditions.

The study shows the need for improving access to and quality of medical services for labor migrants from Central Asia in Russia and modernizing mechanisms for informing migrants, including through digital environment and social networks. Monitoring of future changes in migration policy with due regard to new experience in migration management during the pandemic seems promising.

Keywords

migrant health, labor migration, Central Asia, Russia, COVID-19

JEL codes: I12, I18, J13, J61, J68

Introduction

Migrants from Central Asia (Uzbekistan, Tajikistan and Kyrgyzstan) accounted for the largest share (75% in 2020 (MVD RF 2020)) of labor migrants in Russia. That is why, speaking about life and health of labor migrants in Russia, first of all it is advisable to focus on migrants from Central Asia and identify differences between labor migrants from Uzbekistan, Tajikistan and Kyrgyzstan. Russia, like all other host countries, is faced with the fact that health problems often develop in socially isolated groups of migrants given significant differences in health status of migrants, depending on the country of their arrival and their affiliation with different socio-economic groups and statuses (WHO 2010b). According to international studies, data on mortality and life expectancy generally indicate a shorter life expectancy among migrants, as well as increased infant mortality rates in their families. As a rule, migrants suffer from the same diseases as the local population, but they are characterized by more frequent health problems, including infectious diseases.

Researchers have identified the following factors that contribute to health deterioration among migrants in the European Union (EU): poor nutrition, alcohol and drug abuse. Health problems can also result in reproductive and sexual health disorders, occupational diseases and mental disorders (Carballo 2009a; Carballo M 2009b; Carta 2005).

Most labor migrants in the host countries work in hazard conditions, have poor housing conditions, are subject to labor exploitation and have limited access to quality health care. Studies show that the number of accidents at workplace among labor migrants in the EU is about twice as high as among the local workers (WHO 2010b). In the host country, poverty, social isolation, limited availability, affordability and poor quality of necessary services, including medical services, have the most significant impact on health of labor migrants (WHO 2010b). Low access to services due to stigmatization of labor migrants, lack of information about services, lack of information in the migrants' native language can result in psychosocial vulnerability of labor migrants and difficulties related to their integration into local society.

Studies show a significant degree of social inequality, injustice in access to health services and difference in health status between isolated groups of migrants and the locals (UNDP 2003; Milcher 2006). For example, comparisons of Gypsies (Roma) in the EU and the poorest segment of the local population show a noticeable inequality in indicators of prenatal care coverage, low birth weight, breastfeeding prevalence, smoking among mothers, nutritional status and vaccination coverage (Republic of Macedonia 2007; UNICEF 2007).

Concern about health problems of migrants in host countries results in attempts to consolidate concerted efforts and is directly associated with observance of human rights. Thus, the World Health Assembly Resolution adopted in 2008 (WHO 2008) dwells upon health of migrants. In 2010, a global consultative meeting of the World Health Organization (WHO) and International Organization for Migration was held in the EU to develop an operational plan (WHO 2010a). The need for coordinated ongoing measures at the international level is addressed within the framework of the Bratislava Declaration on Migration, Health and Human Rights, signed by the member States of the Council of the European Union in 2007 (Council of Europe 2007) and in the recommendations on population mobility, migration and access to health care adopted by the Committee of Ministers of the European Council in 2011 (Council of Europe 2011). The International Convention on the protection of the rights of all workers and members of their families serves as a broader framework for universal observance of human right to health without any discrimination (UN 2008).

There are examples of special programs focused on health of most vulnerable and socially isolated mobile in terms of migration groups of population. Thus, in 2005-2015, the EU program “Decade of Roma inclusion 2005-2015” was implemented in order to improve socio-economic status of the Roma population and its inclusion in society. Along with education, employment and housing, health care was the priority area that has received much attention within the framework of the Decade. In 2011 the European Commission officially announced the EU Framework for National Roma integration strategies up to 2020 (European Parliament 2011). This document has invited all EU countries to develop and implement targeted strategies to promote integration in health, housing, education and employment (European Parliament 2011). It is also worth to mention Official letter of the European Council on solidarity in health and Council conclusions on advancing Rome inclusion (Council of the European... 2011).

Referring to the experience of the countries of the Commonwealth of Independent States (CIS), it can be noted that efforts to maintain health of labor migrants even within the framework of the Eurasian Economic Union (EAEU) are not comprehensive and lack clearly defined prospects, although this is an important issue for a long-term partnership in the field of migration, determining a constructive approach.

Considering health-related problems of labor migrants in Russia, we'd like to note that the COVID-19 pandemic has become a serious challenge for labor migrants from Central Asia in Russia, taking into account vulnerabilities to their health when leaving for work in Russia (Nasritdinov et al. 2016; Poletaev 2020). After the pandemic onset, expert reviews have appeared analyzing effects of the pandemic on labor migration (Abashin 2020; Denisenko, Mukomel 2020; Ivakhnyuk 2020; Malakhov, Motin 2020; Florinskaya 2020; Kozhenov et al. 2022), however they were mainly focused on socio-economic aspects of such effects. A large comprehensive sociological study on health of labor migrants covering migrants from Tajikistan, Kyrgyzstan and Uzbekistan was conducted in 2014 (Poletaev, Florinskaya 2015), while a special study (Vyatchina et al. 2021) on HIV among labor migrants was conducted during the pandemic. The limited number of studies analyzing health of labor migrants from Central Asia in Russia makes this article relevant.

The article aims at assessing transformations in living conditions and residency in Russia of labor migrants from Central Asia in the context of the COVID-19 pandemic, analyzing challenges and risks in care delivery and information about COVID-19, as well as proposing recommendations to minimize such risks for labor migrants in Russia.

There are several important aspects that, in the author's opinion, need to be analyzed in the light of the stated above intentions:

1. To assess living conditions of labor migrants from Tajikistan, Kyrgyzstan and Uzbekistan in Russia and provision of information about COVID-19 during the pandemic with a breakdown on gender and county of citizenship;
2. To assess housing conditions of labor migrants from Tajikistan, Kyrgyzstan and Uzbekistan in Russia during the COVID-19 pandemic with a breakdown on gender and country of citizenship;
3. To assess health of labor migrants from Tajikistan, Kyrgyzstan and Uzbekistan during the COVID-19 pandemic on the basis of self-assessment with a breakdown on gender and country of citizenship; and
4. To evaluate practices of testing labor migrants from Tajikistan, Kyrgyzstan and Uzbekistan in Russia for HIV and TB during the COVID-19 pandemic with a breakdown on gender and country of citizenship.

Empirical base of research

The article uses data from the study conducted by the author among labor migrants from Tajikistan, Kyrgyzstan and Uzbekistan in Russia in November – December 2020 during the COVID-19 pandemic and included the following methods and techniques of primary data collection:

1. Survey of labor migrants from Tajikistan (310 people), Kyrgyzstan (296 people) and Uzbekistan (294 people) in Russia. The survey was conducted by a personal interview method, the interviewers used protective gear (masks and protective screens) since the interviews took place during the COVID-19 pandemic.

The total sample size in Russia equals to 900 respondents, including respondents in Moscow (420 questionnaires), St. Petersburg (240 questionnaires) and Yekaterinburg (240 questionnaires). The survey sample was structured by age (32% of the respondents were aged 18-25 years; 35% – 26-35 years; 33% – 36-60 years); gender (males accounted for 51% of the respondents while females – for 49%); work experience in Russia (48% of the respondents had a 1-2-year experience and 52% – 3 years and more).

Labor migrants from Tajikistan, Kyrgyzstan and Uzbekistan aged 18 to 60 working in Russia at the time of the survey were interviewed. To achieve maximum diversity, no more than 1-2 people at one interview point were interviewed, and interviewing more than one person in a household was not allowed.

2. In-depth interviews included in total 15 labor migrants aged 18 to 60 from Tajikistan (5 interviews), Kyrgyzstan (6 interviews) and Uzbekistan (4 interviews) in Moscow (6 interviews), St. Petersburg (6 interviews), Yekaterinburg (3 interviews). 6 women and 9 men from different spheres of employment, with different family status and migration intentions were interviewed. Labor migrants who have lived in Russia for more than 2 years and have full-time employment were interviewed.

Results

The study was conducted in the Russian Federation (RF) in November – December 2020, and its results characterize living conditions and health of labor migrants from Tajikistan, Kyrgyzstan and Uzbekistan during the COVID-19 pandemic.

Living conditions of migrants from Central Asia during the COVID-19 pandemic

74% of labor migrants from Tajikistan, 69% of labor migrants from Kyrgyzstan and 65% of labor migrants from Uzbekistan mentioned deterioration of their family situation because of the COVID-19 pandemic (Fig. 1). 54% of families of labor migrants from Tajikistan, 52% from Kyrgyzstan and 51% from Uzbekistan have experienced a mild deterioration of the situation, while 20% of families of labor migrants from Tajikistan, 17% from Kyrgyzstan and 14% from Uzbekistan have reported a severe deterioration of their situation. Family situation of 21% of labor migrants from Tajikistan, 23% from Kyrgyzstan and 25% from Uzbekistan has not changed, while only 3% of families from Tajikistan and Kyrgyzstan and 4% of families from Uzbekistan have mentioned a mild improvement, and 2% of families from Tajikistan and Uzbekistan – a significant improvement of their situation. Female labor migrants interviewed

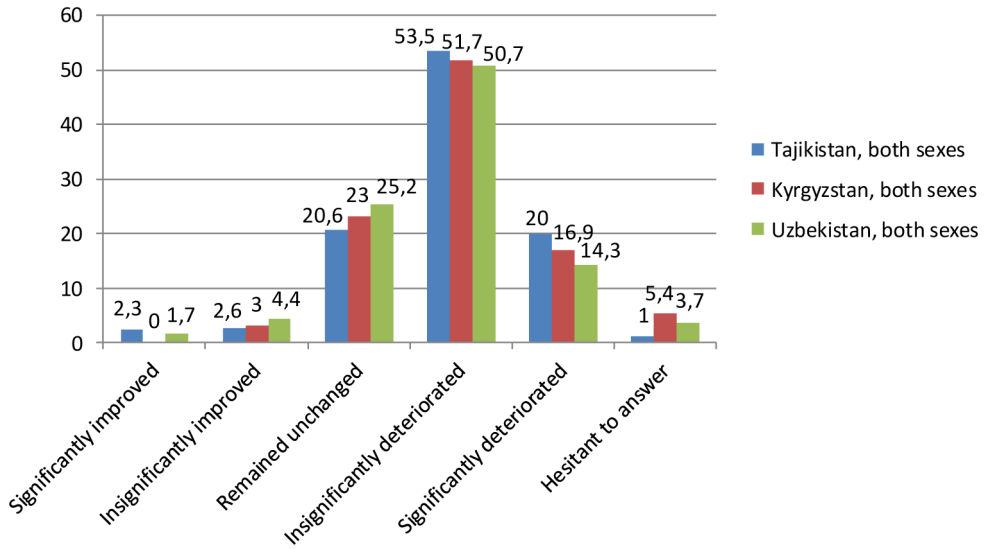


Figure 1. Distribution of labor migrants from Tajikistan, Kyrgyzstan and Uzbekistan by family situation during the COVID-19 pandemic (by country), 2020, both sexes, %. *Source:* author’s calculations based on the 2020 survey data.

rated the situation in their families as more difficult compared to male labor migrants. Thus, according to female labor migrants from Tajikistan, 82% of families have experienced deterioration of their situation (65% according to male labor migrants), according to female labor migrants from Kyrgyzstan the situation has worsened in 74% of families (64% according to male labor migrants), and according to female labor migrants from Uzbekistan the situation has worsened in 72% of families (59% according to male labor migrants).

Apparently, a stronger deterioration of the situation in families of female labor migrants is due to the fact that according to our study in 2020, 28% of female labor migrants from Tajikistan, 33% of female labor migrants from Kyrgyzstan and 29% of female labor migrants from Uzbekistan were the main breadwinner in the family, and their overall earnings were lower compared to men (IOM Russia 2021b). In addition, the sector of services where female labor migrants from Tajikistan, Kyrgyzstan and Uzbekistan are more often employed than men from these countries (IOM Russia 2021b), more suffered during the COVID-19 pandemic than other sectors of the economy. Also, deterioration of the situation in the surveyed families of female labor migrants is also due to the fact that this aggregate indicator includes general psychological state, and female labor migrants were more subject to stress during the COVID-19 pandemic compared to male labor migrants (Fig. 2).

Because of COVID-19, our wages and income have reduced. But we try to survive somehow. [Salary] was halved.

From an in-depth interview in Yekaterinburg. Male migrant from Tajikistan, 42 years old
Of course, as you can see, because of the pandemic our salary was cut, they pay us 10 thousand rubles now, and naturally, this does not suit us. First, we pay a high rent for our apartment. We have to pay 10 thousand rubles for the apartment. And 20 thousand rubles per month, I think it’s not enough for anything.

From an in-depth interview in Moscow. Female migrant worker from Kyrgyzstan, 34 years old

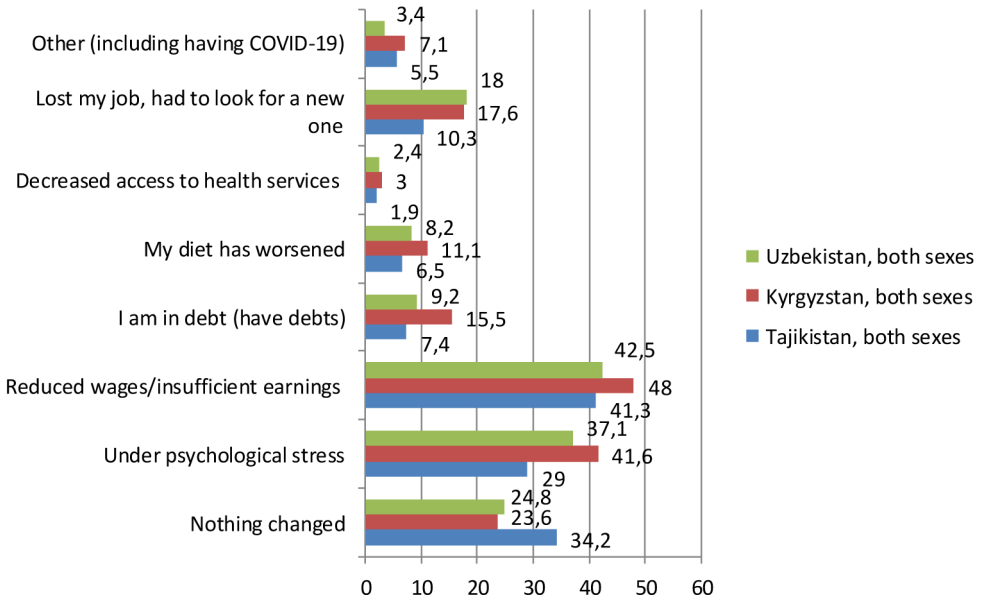


Figure 2. Distribution of labor migrants from Tajikistan, Kyrgyzstan and Uzbekistan by COVID-associated problem (multiple choices) (by country), 2020, both sexes, %. *Source:* author's calculations based on the 2020 survey data.

Let's try to assess more comprehensively and in detail the COVID-associated problems faced by labor migrants from Tajikistan, Kyrgyzstan and Uzbekistan in 2020 (Fig. 2). Of course, reduction in wages and insufficient income were the main problem reported by 41% of labor migrants from Tajikistan, 48% from Kyrgyzstan and 43% from Uzbekistan. However, psychological stress was also a common problem and was noted by 29% of labor migrants from Tajikistan, 42% from Kyrgyzstan and 37% from Uzbekistan. 10% of labor migrants from Tajikistan, 18% from Kyrgyzstan and 18% from Uzbekistan lost their job during the pandemic, and 7% of labor migrants from Tajikistan, 16% from Kyrgyzstan and 9% from Uzbekistan became financially burdened during 2020. 7% of labor migrants from Tajikistan, 11% from Kyrgyzstan and 8% from Uzbekistan reported worsened diet, and 2% of labor migrants from Tajikistan, 3% from Kyrgyzstan and 2% from Uzbekistan mentioned lower access to health services.

34% of labor migrants from Tajikistan, 24% from Kyrgyzstan and 25% from Uzbekistan said that nothing had changed.

Female labor migrants from Tajikistan, Kyrgyzstan and Uzbekistan in Russia were 1.5-2 times more likely to talk about their psychological stress (38% of female labor migrants from Tajikistan, 51% from Kyrgyzstan and 45% from Uzbekistan) than male labor migrants (21% of male labor migrants from Tajikistan, 32% from Kyrgyzstan and 31% from Uzbekistan) and among females a lower number mentioned that everything remained unchanged during the pandemic (30% of women are labor migrants from Tajikistan, 21% from Kyrgyzstan and 24% from Uzbekistan versus 39% of male labor migrants from Tajikistan, 27% from Kyrgyzstan and 26% from Uzbekistan).

49% of female labor migrants from Tajikistan, 47% from Kyrgyzstan and 39% from Uzbekistan mentioned reduction in wages versus 34% of male labor migrants from Tajikistan, 49% from Kyrgyzstan and 46% from Uzbekistan.

Female labor migrants from Tajikistan (9%) and Uzbekistan (10%) more often mentioned worsened diet than male labor migrants from these countries (4% and 6%, respectively), whereas male labor migrants from Kyrgyzstan were more likely to mention it (12% compared to 10% in females).

Gender differences related to debt burden were more pronounced among labor migrants from Kyrgyzstan (19% in women versus 12% in men) and Tajikistan (5% in women versus 10% in men) compared to labor migrants from Uzbekistan (8% in women versus 10% in men).

Female labor migrants from Kyrgyzstan were twice as likely to lose their job as male labor migrants (22% versus 13% in males, respectively, while the differences were not so striking among labor migrants from Tajikistan and men were more likely to lose their job (12% versus 9% in females). Male labor migrants from Uzbekistan (19%) lost their job more often than women (18%).

Women labor migrants from Kyrgyzstan reported a lower access to health services more often than male labor migrants (4% versus 2%), while female labor migrants from Tajikistan – on the contrary, less often mentioned decreased access to health care compared to males (3% in men, and 1% in women), similar to female labor migrants from Uzbekistan (3% in men and 2% in women).

The study results show that, according to the surveyed labor migrants from Tajikistan, Kyrgyzstan and Uzbekistan, their access to medical services has insignificantly decreased, but it was reduced wages and COVID-associated psychological stress (especially among women) that have become great challenges during the pandemic.

Provision of information about COVID-19 and protective gear used

The study showed that the Internet and information from social networks were the main sources of information about COVID-19 for labor migrants from Tajikistan, Kyrgyzstan and Uzbekistan in Russia (Fig. 3), these sources were named by 83% of the surveyed labor migrants from Tajikistan, 92% from Kyrgyzstan and 83% from Uzbekistan. Internet and social networks are followed by media (television, radio, newspapers) – it was mentioned by 62% of the surveyed labor migrants from Tajikistan, 36% from Kyrgyzstan and 52% from Uzbekistan.

Information from relatives, fellow countrymen and compatriots in Russia was important for 19% of the surveyed labor migrants from Tajikistan, 23% from Kyrgyzstan and 19% from Uzbekistan, while information from relatives, countrymen, compatriots at home – for 6% of the surveyed labor migrants from Tajikistan, 14% from Kyrgyzstan and 12% from Uzbekistan. Russian casual friends acted as a source of information for only 2% of labor migrants from Tajikistan and Uzbekistan and 4% from Kyrgyzstan. Diaspora, migrant organizations hardly provided any information about COVID-19 – less than 1% of labor migrants from Tajikistan, Kyrgyzstan and Uzbekistan reported them as a source of information. Not a single migrant worker mentioned either non-profit organizations or international organizations as a source of information about COVID-19.

As to regional differences in the use of sources of information about COVID-19 St. Petersburg reports a lower role of relatives, fellow countrymen and compatriots in Russia and mass media (television, radio, newspapers), compared with Moscow and Yekaterinburg.

As to gender differences, it can be noted that female labor migrants from Tajikistan (27%) were twice as likely as male labor migrants (11%) to resort to such source of information

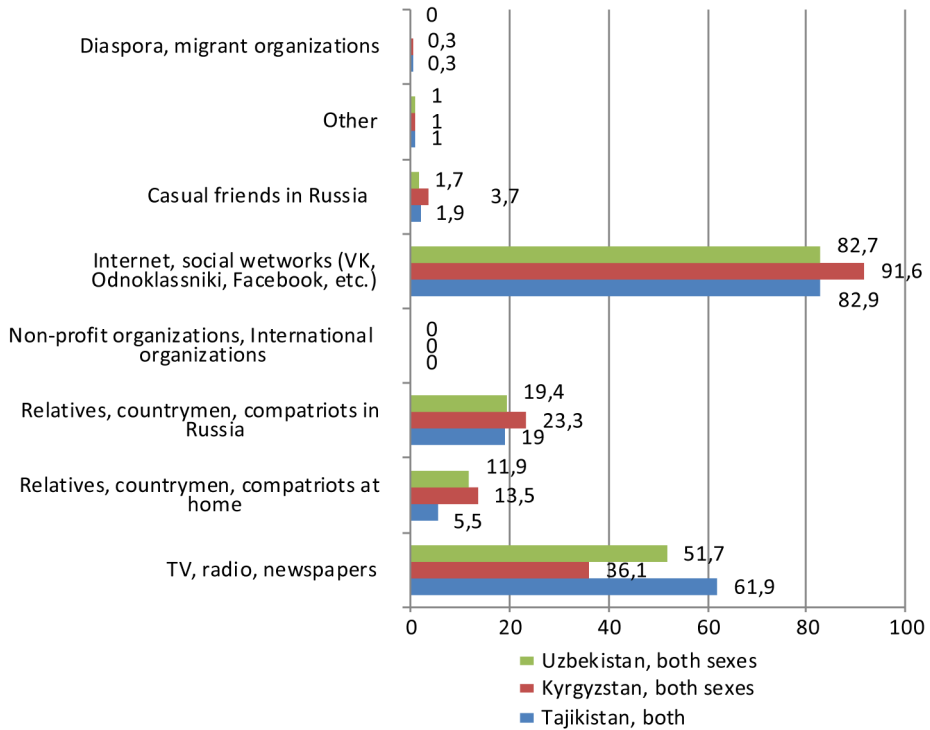


Figure 3. Distribution of labor migrants from Tajikistan, Kyrgyzstan and Uzbekistan by source of information about COVID-19 (multiple choices) (by country), 2020, both sexes, %. *Source:* author’s calculations based on the 2020 survey data.

about COVID-19 as relatives, fellow countrymen and compatriots in Russia, while female labor migrants from Kyrgyzstan (42%) more often than male labor migrants (30%) used information about COVID-19 from mass media, like female labor migrants from Uzbekistan (58%, against 47% in male labor migrants). Male labor migrants from Uzbekistan, in turn, more often used information about COVID-19 from relatives, countrymen and compatriots in Russia than female labor migrants from Uzbekistan (22% versus 17% in women) and from relatives, countrymen and compatriots at home (15% versus 9% in women).

Almost all labor migrants from Tajikistan, Kyrgyzstan and Uzbekistan in Russia (Fig. 4) used individual masks or respirators as daily protective gear (100% of respondents from Tajikistan, 98% from Uzbekistan and 97% from Kyrgyzstan), and 72% of labor migrants from Tajikistan, 65% from Kyrgyzstan and 64% from Uzbekistan used a sanitizer spray or hand gel on a daily basis. A special antibacterial soap was used by 31% of labor migrants from Tajikistan, 21% from Kyrgyzstan and 24% from Uzbekistan, and 14% of labor migrants from Tajikistan, 12% from Kyrgyzstan and 13% from Uzbekistan treated door handles and other surfaces with disinfectants, alcohol. The survey showed that migrants hardly used such measures of protection from COVID-19 as avoiding crowded places, remote work from home or social distancing (Fig. 4).

Noticeable gender differences are as follows: female labor migrants from Tajikistan (34%) used special antibacterial soap more often than male labor migrants from Tajikistan (29%); female labor migrants from Kyrgyzstan (77%) used a sanitizer spray or hand gel and a special antibacterial soap (25% versus 17% in men) more often than male labor migrants from Kyrgyzstan (53%)

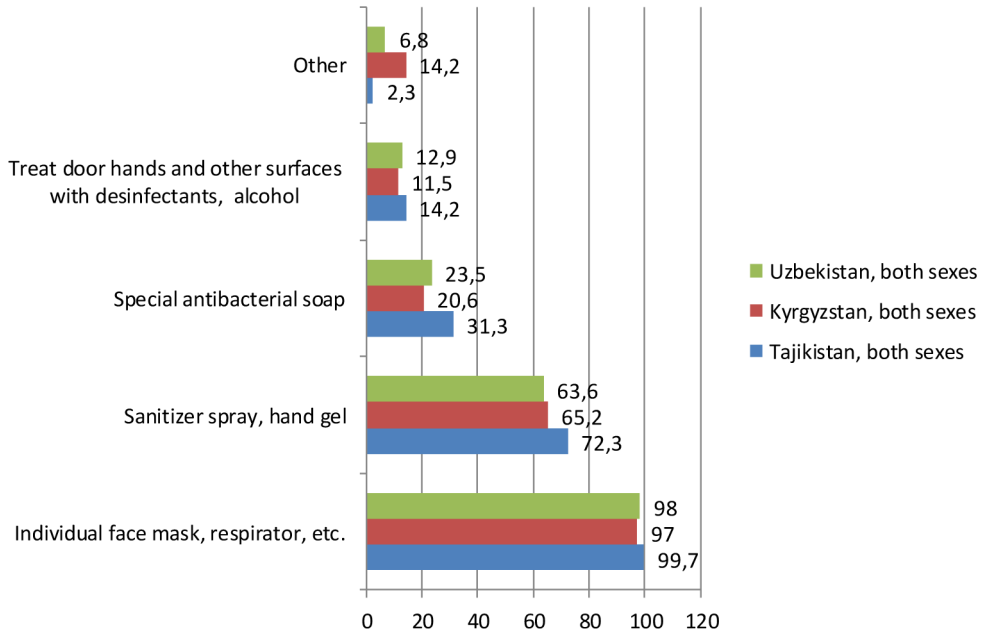


Figure 4. Distribution of labor migrants from Tajikistan, Kyrgyzstan and Uzbekistan by daily used protective gear during the pandemic (multiple choices) (by country), 2020, both sexes, %. Source: author’s calculations based on the 2020 survey data.

Housing conditions. On average, up to half of labor migrants from Tajikistan, Kyrgyzstan and Uzbekistan in Russia (Fig. 5) (46% of labor migrants from Tajikistan, 45% from Kyrgyzstan and 44% from Uzbekistan) rent a shared apartment with other people (fellow countrymen, friends, etc.), on average every tenth lives in a hostel (9% of labor migrants from Tajikistan, 10% from Kyrgyzstan and 14% from Uzbekistan) and 7% of labor migrants from Tajikistan, 3% from Kyrgyzstan and 7% from Uzbekistan live at their workplace. Only 5% of labor migrants from Tajikistan and Kyrgyzstan and 3% from Uzbekistan have a self-occupied housing (apartment, room or house), often used together with other relatives, and about a third of labor migrants from the surveyed Central Asian countries (32% of labor migrants from Tajikistan, 37% from Kyrgyzstan and 31% from Uzbekistan) rent accommodation only for themselves and their family.

Analysis of housing conditions by country, clearly shows that labor migrants from Kyrgyzstan live with a higher comfort than labor migrants from Tajikistan and Uzbekistan: the number of those Kyrgyz labor migrants who rent accommodation for personal residence or share it with relatives (37%) is higher, while the number of those living at workplace (3%) is lower. Labor migrants from Uzbekistan have worse housing conditions – they are more likely to live in a hostel (14%) and less likely than others to rent accommodation for personal residence or share it with relatives (31%).

Among the surveyed labor migrants from Tajikistan, Kyrgyzstan and Uzbekistan in Russia who rent accommodation for personal residence or share it with relatives, there are significantly more female labor migrants (35% of female labor migrants from Tajikistan, 44% from Kyrgyzstan and 42% from Uzbekistan) than male labor migrants (29% of labor mi-

grants from Tajikistan, 29% from Kyrgyzstan and 21% from Uzbekistan). On the contrary, among the surveyed labor migrants from Central Asian in Russia living in hostels, there are more male labor migrants (12% from Tajikistan, 13% from Kyrgyzstan and 22% from Uzbekistan) than female labor migrants (7% of female labor migrants from Tajikistan and Kyrgyzstan and 6% from Uzbekistan).

Comparisons by male country group show that male labor migrants from Uzbekistan often live in the least comfortable conditions: they are more likely than others to live in a hostel (22%) or at workplace (9%), and less likely than others to rent accommodation for personal residence or share it with relatives (21%). Among female labor migrants, migrants from Tajikistan live with the lowest comfort in Russia – they are less likely than others to rent accommodation for personal residence or share it with relatives (35%) and live a little more often at workplace (7%).

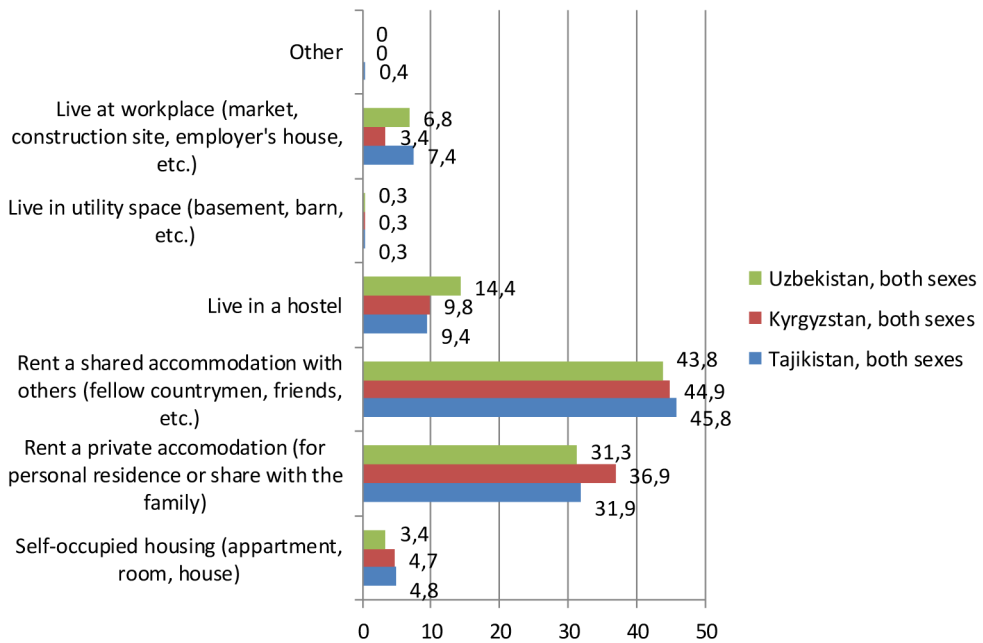


Figure 5. Distribution of labor migrants from Tajikistan, Kyrgyzstan and Uzbekistan by type of accommodation in Russia (by country), 2020, both sexes, %. *Source:* author's calculations based on the 2020 survey data.

Analysis of distribution by the number of people sharing a room with the respondent (except for the respondent himself), shows that a labor migrant generally shares a room with at least 2-3 people (Fig. 6). Similar to distribution by type of accommodation, we see that female labor migrants from Tajikistan, Kyrgyzstan and Uzbekistan live in somewhat more comfortable conditions than male labor migrants, labor migrants from Kyrgyzstan live with a little higher comfort than labor migrants from Tajikistan and Uzbekistan, and male labor migrants from Uzbekistan generally share accommodation with a higher number of neighbors than other surveyed labor migrants. Female labor migrants from Kyrgyzstan share accommodation with the lowest number of neighbors than other surveyed migrants from all three countries.

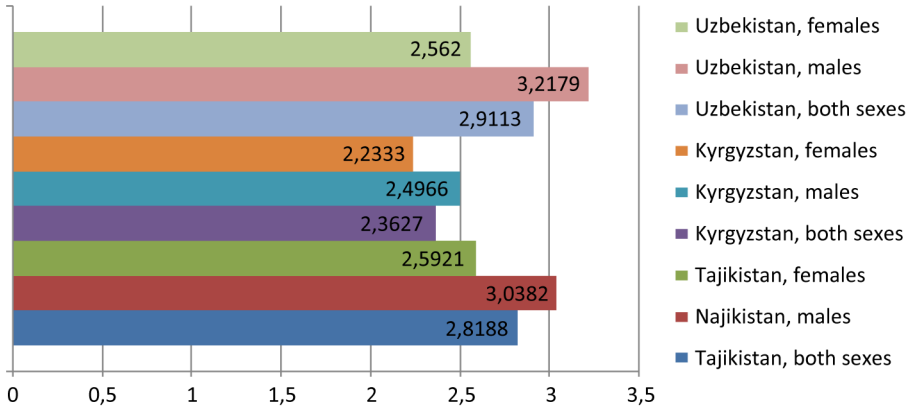


Figure 6. Distribution of labor migrants from Tajikistan, Kyrgyzstan and Uzbekistan by the number of people sharing a room with a labor migrant (except for the labor migrant himself) (by gender), 2020, people. *Source:* author’s calculations based on the 2020 survey data.

Health status and disease prevention

Our study showed that, unfortunately, the majority of labor migrants from Central Asia in Russia do not pay enough attention to prevention and visit doctors only in case of emergency – as mentioned by 47% of labor migrants from Tajikistan and Uzbekistan and 37% from Kyrgyzstan (Fig. 7). 28% of labor migrants from Tajikistan, 16% from Kyrgyzstan and 21% from Uzbekistan have paid health insurance, 7% of labor migrants from Tajikistan, 12% from Kyrgyzstan and 12% from Uzbekistan take medications recommended by friends, and 13% of labor migrants from Tajikistan, 11% from Kyrgyzstan and 14% of Uzbekistan said they did not take any treatments at all.

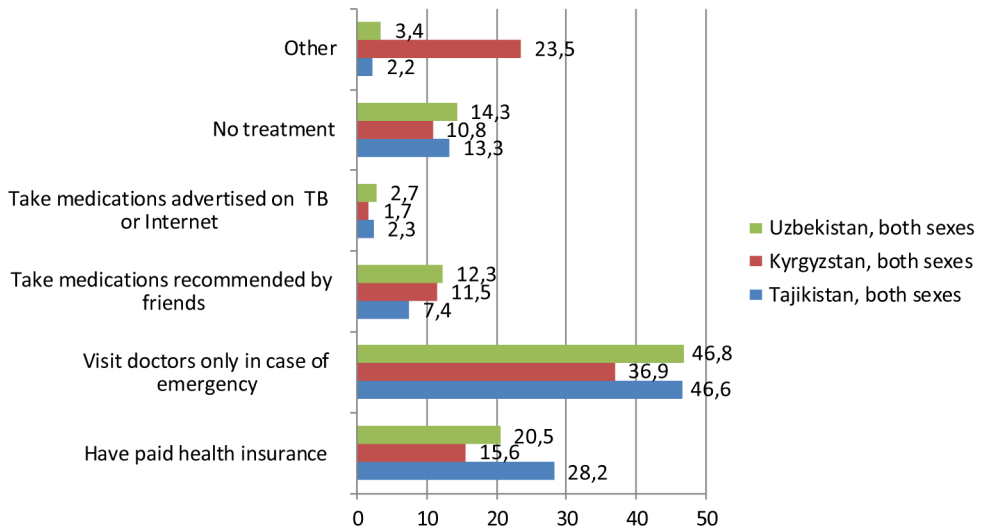


Figure 7. Distribution of labor migrants from Tajikistan, Kyrgyzstan and Uzbekistan by form of treatment in Russia (by country), 2020, both sexes, %. *Source:* author’s calculations based on the 2020 survey data.

The study showed that only 20% of labor migrants from Kyrgyzstan have a CHI certificate, thus, out of 48% of labor migrants from Kyrgyzstan who are legally employed and have the right to use CHI, in reality, less than half use this right. Female labor migrants from Kyrgyzstan (23%) are more likely to have an CHI certificate than male labor migrants from Kyrgyzstan (18%), as they issue it both for treatment and regular examination at women's consultations during pregnancy.

Thus, even those labor migrants from Kyrgyzstan who have the right to a CMI certificate, don't always use this opportunity.

As a rule, healthy workers are involved in labor migration: mostly labor migrants rated their health as good (Figure 8) – this, on average, was stated by three quarters of the surveyed labor migrants from each of the three surveyed Central Asian countries (79% of labor migrants from Tajikistan, 72% from Kyrgyzstan and 76% from Uzbekistan), while 21% of labor migrants from Tajikistan, 27% from Kyrgyzstan and 22% from Uzbekistan rated their health as satisfactory, and 1% of labor migrants from Tajikistan, Kyrgyzstan and Uzbekistan rated their health as bad. Among those who rated their health as satisfactory, there were more female labor migrants from each of the three Central Asian countries than male labor migrants (33% of female labor migrants from Tajikistan, 34% from Kyrgyzstan and 25% from Uzbekistan versus 10% of male labor migrants from Tajikistan, 19% from Kyrgyzstan and 20% from Uzbekistan).

In 2020, among male labor migrants from Central Asia, people from Tajikistan could boast stronger health, they less often (in 10% of cases) rated their health as satisfactory than male labor migrants from Kyrgyzstan (in 19% of cases) or from Uzbekistan (in 20% of cases). Among women labor migrants, women labor migrants from Uzbekistan were healthier: only 25% of them rated their health as satisfactory versus 33% of women labor migrants from Tajikistan, and 34% from Kyrgyzstan.

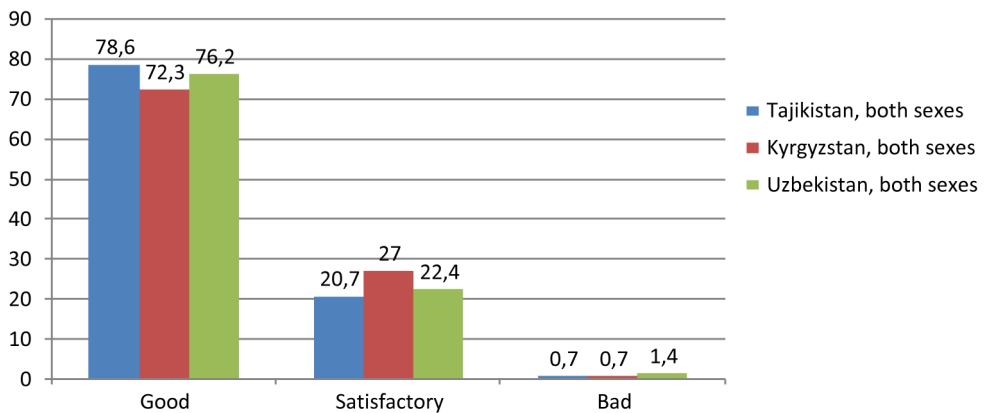


Figure 8. Distribution of labor migrants from Tajikistan, Kyrgyzstan and Uzbekistan by health status (by country), 2020, both sexes, %. *Source:* author's calculations based on the 2020 survey data.

11% of labor migrants from Tajikistan, 15% from Kyrgyzstan and 12% from Uzbekistan mentioned deterioration of their health over the past year (Fig. 9). Among labor migrants, women labor migrants from Tajikistan (14% versus 8% in men) and Kyrgyzstan (16% versus 13% in men) more often reported deteriorated health. Among labor migrants from Uzbekistan, on the contrary, men were more likely to talk about deterioration of health than women (16% versus 8% in women).

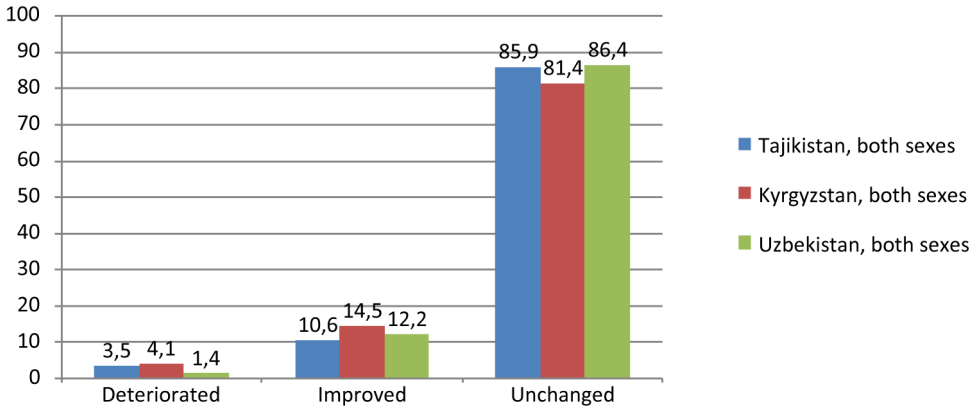


Figure 9. Distribution of labor migrants from Tajikistan, Kyrgyzstan and Uzbekistan by change in health status over the past year (by country), 2020, both sexes, %. *Source:* author’s calculations based on the 2020 survey data.

HIV and TB prevention. 56% of labor migrants from Tajikistan and 55% of labor migrants from Uzbekistan and only 32% of labor migrants from Kyrgyzstan (Fig. 10) have undergone a last fluorography in the year when the study was conducted (2020). In the year prior to the study, 33% of labor migrants from Tajikistan and 32% of labor migrants from Uzbekistan and only 19% of labor migrants from Kyrgyzstan underwent fluorography. More than a year before the study fluorography was done by 11% of labor migrants from Tajikistan and 10% of labor migrants from Uzbekistan, and 41% (!) of labor migrants from Kyrgyzstan.

Analysis by country group and gender shows that male labor migrants from Kyrgyzstan are less likely to undergo a fluorography than female labor migrants from Kyrgyzstan: half (!) (48%) of male labor migrants from Kyrgyzstan had a fluorography more than a year before the study, while every third among female labor migrants from Kyrgyzstan (33%) undergo a fluorography so rarely.

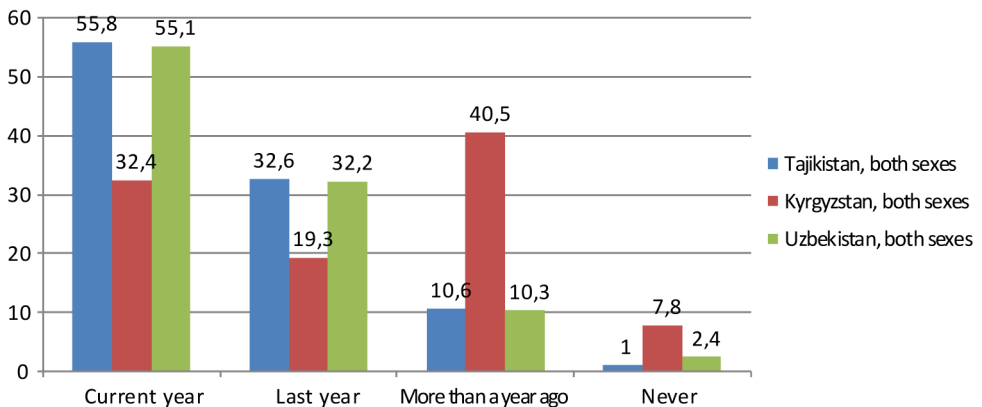


Figure 10. Distribution of labor migrants from Tajikistan, Kyrgyzstan and Uzbekistan by the year of fluorography in Russia (by country), 2020, both sexes, %. *Source:* author’s calculations based on the 2020 survey data.

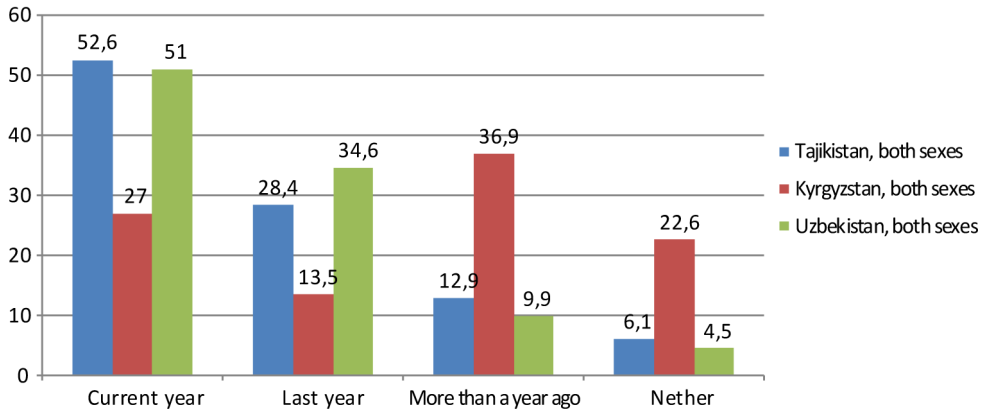


Figure 11. Distribution of labor migrants from Tajikistan, Kyrgyzstan and Uzbekistan by the year of HIV testing in Russia (by country), 2020, both sexes, %. *Source:* author's calculations based on the 2020 survey data.

The situation with HIV testing among labor migrants from Tajikistan, Kyrgyzstan and Uzbekistan is also far from being favorable (Fig. 11).

27% of labor migrants from Kyrgyzstan, 53% of labor migrants from Tajikistan and 51% of labor migrants from Uzbekistan were tested for HIV during the year of the study (2020). 14% of labor migrants from Kyrgyzstan 28% of labor migrants from Tajikistan and 35% of labor migrants from Uzbekistan were tested for HIV during the year before the study (in 2019). 37% of labor migrants from Kyrgyzstan, 13% of labor migrants from Tajikistan and 10% of labor migrants from Uzbekistan were tested for HIV more a year before the study. 23% of labor migrants from Kyrgyzstan, 6% of labor migrants from Tajikistan and 5% of labor migrants from Uzbekistan have never been tested for HIV.

Male labor migrants from Kyrgyzstan are less likely to be tested for HIV than female labor migrants from Kyrgyzstan: 28% of male labor migrants from Kyrgyzstan have never been tested for HIV, and 18% of female labor migrants from Kyrgyzstan have never tested for HIV.

Discussion

With the beginning of the COVID-19 pandemic, in general, the Russian socio-economic situation has deteriorated (When will... 2020), and foreign labor migrants have also found themselves in a difficult situation: they lost their job, had limited resources, and conditions of their residence and work in Russia with limited opportunities to return to their homeland made them extremely vulnerable. The study made it possible to specify the scope of such vulnerability and showed that, in general, the situation in most families of labor migrants from Tajikistan, Kyrgyzstan and Uzbekistan has worsened due to the COVID-19 pandemic.

Labor migrants from Central Asia found themselves in a more difficult situation than Russians. According to sample studies, from September 2020 to January 2021, the share of Russians experiencing negative effects of the COVID-19 pandemic on their income almost doubled adding up to 53% (exceeding the global average of 46%), and the share of those being economical equaled to almost 70% (Shchurenkov, Kostyrev 2021).

Like labor migrants, Russians had faced serious financial problems by the end of 2020. Sample surveys showed that by July 2020, every fifth Russian respondent had experienced a significant reduction in income following the COVID-19 pandemic spread in Russia, and every tenth had completely lost earnings (RBC 2020a). By October 2020, 20% of Russians had overdue obligations on loans, taxes, housing and communal services and to individuals (Vinogradova 2020).

In the context of the COVID-19 pandemic, vulnerability of labor migrants has increased, and the risks of their overexploitation have increased. These risks have been realized, which is confirmed, for example, by strikes (Strogov 2020), including repeated ones (RBC 2020b) which used to be a rare, even unique case. It was not characteristic of labor migrants in Russia to defend their labor rights, but during the pandemic their situation became so unbearable and exploitation in such areas as, for example, food delivery and transport services increased so that some labor migrants changed their usual behavioral patterns and began to fight for respect for their labor rights.

Usually, the most important information (about employment opportunities, rent, etc.) circulates among labor migrants within their informal social networks, the so-called “word of mouth” (Poletaev, Zlobina 2018). But the pandemic has changed the usual pattern of their behavior in this area as well. For example, in terms of employment, the Internet, as a source of information used to slowly gain significance with the strategy of employment “through relatives, friends, etc.” prevailing (Poletaev, Zlobina 2018), in conditions of acute shortage of vital information about COVID-19, the growth in popularity of the Internet was abrupt, becoming practically the most popular source of information for labor migrants with no alternative.

During the pandemic, it is important to use the full range of available protective gear and measures, but labor migrants had a limited set of protective tools, because of their position on the labor market and living conditions in Russia.

A limited number of protective measures used by labor migrants from Tajikistan, Kyrgyzstan and Uzbekistan during the pandemic were accounted for by specifics of their employment and living conditions in Russia: sectors of their employment rarely implied an opportunity for remote work from home or decreased contacts with other people, as they are mainly related to the provision of services, and social distancing is also difficult due to overcrowded accommodation.

The study showed that in the choice of protective measures against COVID-19, as in many other spheres of life, labor migrants are in a vulnerable position, since not all measures are available for use. Nevertheless, labor migrants from Central Asia more often than Russians used face masks and antiseptics for hand treatment to protect themselves from COVID-19. According to samplings of public opinion on Russians (OTR 2021) in January 2021 (N=4000) the majority of the respondents (57%) preferred to wash their hands frequently and use antiseptic agents, 51% used medical masks at workplace, and 29% tried to follow social distancing, 14% used gloves, while 13% did not use any protective measures.

Studies on migrants in the EU show that their living conditions affect their health status (WHO 2010b). Our 2020 study showed that living conditions of the majority of the surveyed labor migrants from Central Asia were hardly comfortable (Fig. 5), which can serve as a risk factor and negatively affect their health, especially in the context of the COVID-19 pandemic.

Overcrowding has previously been a risk factor for the spread of infectious diseases among labor migrants from Central Asia (Poletaev, Florinskaya 2015), and the pandemic only increases the risks.

Strategies aimed at maintaining health of labor migrants from Central Asia in Russia are hardly proactive. Health is a resource that labor migrants often spend without much regard for the future, but can we be sure that this happens only because of their personal carelessness? According to the World Health Organization (WHO) (WHO 2013), the most important factor jeopardizing health of migrants is their social exclusion, as well as their unfavorable social status. Our 2020 study confirms this statement. In Russia, labor migrants assess their health as deteriorating, and this is due to their vulnerable position on the labor market, widespread dependence on the employer in choosing work schedule and working conditions, and frequent employment in the Russian shadow economy (IOM Russia 2021b).

However, the attitude of labor migrants to their health is also influenced by generally accepted attitudes of the former USSR countries, where health promotion is not a priority and less than 4% of the state budget is spent on it (CIS Interstate... 2020), whereas countries of the Organization for Economic Cooperation and Development (OECD) on average spend 6.5% of their budgets (Bulletin 2020), 14.3% in the United States of America (U.S.), 9.5% in Germany and 7.4% in the UK – 7.4% (Sokolov 2020). Research shows that Russians are also reluctant to maintain health and prevent diseases (NAFI 2021): 53% of Russians undergo medical examination less than once a year, 48% work on irregular schedule, eat irregularly or stick to an unhealthy diet. More than one third of Russians are under constant stress (39%), and follow bad habits and neglect sports (37% each).

Challenges and risks related to medical care delivery to migrants from Central Asia should be considered separately for two categories of countries: countries of the EAEU and countries outside EAEU.

Labor migrants from Kyrgyzstan, a country of the EAEU, in case of a legal employment, have the right to officially receive a CHI certificate and be served by the Russian state health care facilities, which is great benefit for them, compared with migrants from non-EAEU countries (in our study, these are Tajikistan and Uzbekistan). But, unfortunately, not all labor migrants from Kyrgyzstan are legally employed, and therefore not all of them can get an CHI certificate.

According to our study, about half of labor migrants from Kyrgyzstan (48%) are legally employed, and among labor migrants from Tajikistan and Uzbekistan who must receive patents for employment (since these countries are not members of the EAEU), 38% and 39% were fully legally employed in 2020, respectively. Despite the fact that, unlike labor migrants from non-EAEU countries, labor migrants from Kyrgyzstan don't have to receive a patent, they only have to conclude an employment contract, and employers are more eager to hire them because of their simplified access to the Russian labor market, it is clear that in reality their level of legal employment is not high. Among Russians, the level of legal employment in 2020 was much higher adding up to 80% (VCIOM 2020b).

With a minimum cost of medical insurance, the range of medical services that labor migrants can receive is very limited. Such health insurance is mainly purchased to receive a patent rather than medical services. In this regard, it is necessary to mention low access of labor migrants from Tajikistan, Kyrgyzstan and Uzbekistan to medical services, and the fact that this problem even in the EAEU, with better opportunities for labor migrants from the EAEU countries, does not have a comprehensive approach and is solved on a limited scale. For all of difficulties Russians have with access to high-quality medical care, this is the fundamental difference between Russians and labor migrants from Central Asia.

There are more labor migrants from Kyrgyzstan who rated their health as satisfactory than migrants from Uzbekistan and Tajikistan. This may be due to the fact that labor mi-

grants from Kyrgyzstan are less likely to engage in heavy work than other labor migrants from Central Asia (for example, construction), and are more often employed in the service sector (Nasritdinov et al. 2016; Poletaev, Zlobina 2018; IOM Russia, 2021b), where health requirements are not so strict.

The author is privileged to assess dynamics in health status of Kyrgyz labor migrants based on research data for 2016, 2017 and 2020. (Table 1)

Table 1. Distribution of labor migrants from Kyrgyzstan by self-assessment of health, 2016, 2017, 2020, %

	Good	Satisfactory	Bad
Both sexes, 2020	72.3	27	0.7
Males, 2020	80	19.3	0.7
Females, 2020	64.9	34.4	0.7
Both sexes, 2017	75.4	22.6	2
Males, 2017	77.6	21.5	0.8
Females, 2017	73.1	23.8	3.2
Both sexes, 2016	83.5	16.1	0.4
Males, 2016	87.3	12.4	0.3
Females, 2016	76	23.4	0.6

Source: author's data.

In 2016, the overwhelming majority – more than four fifths of the surveyed labor migrants from Kyrgyzstan (84%) rated their health as good, 16% – as satisfactory and less than 1% as – bad. In 2017, most of the surveyed labor migrants from Kyrgyzstan rated their health as good (75%) as well. 23% of the respondents rated it satisfactory, and about 2% – as bad. There are hardly any differences in gender and legality of employment, with the exception of those who rated their health as bad: there are more female labor migrants (3.2% versus 0.8% in men) and legally employed (3.2%) out of them than those working without documents (1.4%). In 2020, 72% rated their health as good and 27% – as satisfactory.

It can be seen that from 2016 to 2020, labor migrants from Kyrgyzstan noted deterioration of their health. This, of course, is due to the fact that labor migrants, having been in migration for many years, work hard, live in poor housing conditions, and have insufficient nutrition. However, an important factor can also be gradual differentiation of the employment spheres, which reduces high health requirements for labor migrants, when workplace conditions allow people with certain health problems to work. It is also true, of course, that labor migrants do not have a wide choice of life strategies: low wages and unemployment coupled with poor socio-economic situation at home make them join labor migration, even if their health is not good.

Comparisons of health of labor migrants from Tajikistan, Kyrgyzstan and Uzbekistan with health of Russians show that Russians are less likely to rate their health as good than labor migrants from Central Asia. 39% of Russians rated their health as good in 2020, and 51% of Russians – as satisfactory (VCIOM 2020a). So, in general, the surveyed labor migrants from Tajikistan, Kyrgyzstan and Uzbekistan are characterized by better health than Russians.

Due to the fact that since 2015 labor migrants from Kyrgyzstan do not need a patent for employment in Russia, medical examination, including fluorography for signs of TB and HIV testing became nonmandatory. Studies show (Nasritdinov et al. 2016) that this has already affected coverage with HIV testing and fluorography of labor migrants from Kyrgyzstan in the Russian Federation, which naturally indicates the need to strengthen medical control over health of labor migrants from Kyrgyzstan.

The level of awareness about health status among labor migrants from Kyrgyzstan, who are not required to undergo a mandatory medical examination, is much lower than labor migrants from Tajikistan and Uzbekistan, for whom examination is mandatory.

The situation with HIV in labor migrants in Russia has its own specifics. Foreign citizens who arrive in the Russian Federation under the procedure that does not require receiving a visa (Federal Law 2020), within thirty calendar days from the entry date in the Russian Federation are to submit a package of documents that includes a certificate that they are not HIV-infected to territorial body of the federal executive on internal affairs in order to obtain a patent. The certificate must be issued by a Russian medical organization, and lack of this certificate is the basis for refusal to accept documents for patent registration.

According to the United Nations (UN) (The UN calls... 2019), the current system of restrictions and decisions on undesirable stay in the country in Russia violates rights of labor migrants. In addition, according to Russian experts (Vyatchina et al. 2021), this system has limited effectiveness: there is no single registration system and there are concurrent “Registry of the Ministry of Health” and registry of the Federal Scientific and Methodological Center (FSMC) for prevention and control of Acquired Immune Deficiency Syndrome (AIDS), different data sources are used and there is a large amount of bureaucracy.

Research and practice of working with labor migrants show that HIV-positive labor migrants often drop from the radar (Gavrilova, Klementyeva 2020; Kostarnova 2021): they work in the shadow economy, stay in the Russian Federation without proper registration, hide information about their illness for fear of deportation. All this leads to a situation when such labor migrants jeopardize both their lives and health, and put everyone around at risk of infection. In addition, the current legislation of the Russian Federation so far contradicts the State Strategy to counter HIV until 2030 (State Strategy... 2020), according to which Russia intends to assist HIV-positive foreigners in their medical care seeking, as well as to provide social support to certain categories of vulnerable groups of the population in relation to HIV infection.

It is also important to note that Russia is currently seeing an HIV epidemic (Poletaev, 2020) and special vulnerability of migrants in this regard is a destructive factor in Russia's fight against this dangerous disease.

Conclusion and prospects of work

The 2020 study showed that the COVID-19 pandemic has worsened situation in families of the majority of labor migrants from Central Asia in Russia. This was stated by three-quarters of labor migrants from Tajikistan and two-thirds of labor migrants from Kyrgyzstan and Uzbekistan. Female labor migrants from Tajikistan, Kyrgyzstan and Uzbekistan turned out to be in a more difficult situation than male labor migrants from these countries. This is due to the fact that up to one third of female labor migrants from Tajikistan, Kyrgyzstan and Uzbekistan are the main breadwinner in the family, and their earnings are generally lower

than those of male labor migrants from these countries, as well as the fact that Central Asian female labor migrants are more likely to be employed in the service sector, which has been heavily affected by COVID-19 male compared to labor migrants from Central Asia.

Access to medical services for labor migrants from Tajikistan, Kyrgyzstan and Uzbekistan during the COVID-19 pandemic has slightly decreased, however, it was reduction in wages and psychological stress (especially for female labor migrants) that turned out to be most significant challenges.

In the context of the pandemic, the main sources of information about COVID-19 for labor migrants from Tajikistan, Kyrgyzstan and Uzbekistan were the Internet and online social networks, in contrast to the pre-COVID situation with the main source of information being “word of mouth” – information from relatives, fellow countrymen and compatriots in Russia or at home.

The study showed the possibilities of and even the need to modernize mechanisms of public information of labor migrants from Central Asia, both in emergency situations like the COVID-19 pandemic, and in everyday life, including through digital environment and social networks. One of the ways to increase efficiency of digital environment is further integration of digital services and knowledge on the basis of the existing government resources (such as “Public Services”, smartphone application “My Documents”, etc.). Russia already has a sufficient number of Internet resources for labor migrants from Central Asia (IOM Russia 2021a), but their potential is yet to be used in full for operational information and information campaigns.

Due to the limited availability of COVID-19 protection measures for labor migrants from Tajikistan, Kyrgyzstan and Uzbekistan, such as remote work or social distancing (due to widespread employment in the service sector, work in teams and with people, as well as overcrowded accommodation), they even more often than Russians used such available protective gear as individual masks and hand antiseptics. Labor migrants from Tajikistan used measures of protection and protective gear against COVID-19 more often than labor migrants from Uzbekistan and Kyrgyzstan, while, in general, female labor migrants from Tajikistan, Kyrgyzstan and Uzbekistan in Russia turned out to be more responsible in terms of health protection than male labor migrants from these countries during the COVID pandemic.

However, the study also shows that even during the pandemic, most of labor migrants from Central Asia in Russia did not pay enough attention to health protection and disease prevention and visited doctors only in case of emergency. The analysis revealed that less than half of labor migrants among labor migrants from Kyrgyzstan who are legally employed with the right to use compulsory health insurance certificate realized this right in reality.

The study showed that in situation with overcrowded accommodation, when a labor migrant from Tajikistan, Kyrgyzstan and Uzbekistan share a room with at least 2-3 people, labor migrants from Kyrgyzstan lived with higher comfort than labor migrants from Tajikistan and Uzbekistan: the number of those who rent accommodation for personal residence or share it with relatives is higher while the number of those who live at workplace is lower. Among migrant from all countries under study, labor migrants from Uzbekistan have the worst housing conditions; there is a higher number of female labor migrants from Tajikistan, Kyrgyzstan and Uzbekistan who rent accommodation for personal residence or share it with relatives than male labor migrants from these countries.

During the pandemic, according to health self-assessment, people from Tajikistan are characterized by better health among male labor migrants from Central Asia. As to female labor migrants, the highest number of female labor migrants who rate their health as good were from

Uzbekistan. Male labor migrants from Tajikistan, Kyrgyzstan and Uzbekistan were more likely to report good health during the pandemic than female labor migrants from these countries.

Both during the pandemic and prior to the pandemic (Poletaev, Florinskaya 2015) labor migrants from Kyrgyzstan (especially men) were much less likely to undergo fluorographic examinations and HIV testing than labor migrants from Tajikistan and Uzbekistan, which is due to the fact that labor migrants from Kyrgyzstan do not need to obtain patents for employment in the Russian Federation, that require mandatory medical examination (including fluorography and HIV testing).

In general, according to health self-assessment, labor migrants from Tajikistan, Kyrgyzstan and Uzbekistan had better health during the COVID-19 pandemic than Russians, however, they had lower access to medical services and worse living conditions, and over time their health assessment has worsened suggesting that they have overextended themselves in migration in Russia neglecting their health, however, this was also registered in the pre-pandemic period.

Despite the fact that there are significant differences in socio-economic status between migrants from Uzbekistan, Tajikistan and Kyrgyzstan in in Russia, the study confirmed that they have a lot in common in terms of housing conditions and attitude towards health and disease prevention. This makes it possible to combine labor migrants from Central Asia in Russia into one category of migrants who share a similar range of strategies for preserving their health and behavior in the conditions of the COVID-19 pandemic.

During the COVID-19 pandemic, health problems among labor migrants, who are a vulnerable category of population in Russia by their status, have emerged or exuberated, including due to their social (self)isolation and unfavorable social status of most of them in Russia. Therefore, solving health problems of labor migrants, both from the EAEU countries and non-EAEU countries, both during the pandemic and in the post-COVID era, should be linked to measures aimed at decreasing their social exclusion, improving their inclusion into the Russian society, eliminating those “glass walls” that separate migrants from Russians (Poletaev, 2019) and addressing issues related to access to and quality of health and social services that can be provided to them (WHO 2013).

To implement such measures, it is advisable to actively engage Russian non-governmental organizations that already provide assistance to labor migrants from Central Asia, provide them with funding on a competitive basis and invite their partnership with state medical and information services for migrants.

The study conducted by the author showed that management system of migration processes, upon which living conditions and opportunities for health protection of migrants depend, is especially vulnerable in case of force majeure, such as the COVID-19 pandemic. In this regard, it seems promising to monitor how the new experience of migration management in Russia in the context of the pandemic will affect future changes in migration policy and how this will affect living conditions and health status of labor migrants from Central Asia in Russia.

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