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THE HEALTH ISSUES AND PROBLEMS FACED BY RETURNEES FROM GULF COUNTRIES IN KERALA

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Abstract:

While considering employment migration around the world, the role of India cannot be unforgettable. Among the states in India, Kerala stands first in employment migration. Owing to the high literacy rate, migration from Kerala has become a natural phenomenon. Among those migrating to foreign countries in search of better employment and income, migration to the Gulf countries is more convenient and accessible to the general public. The migration does not necessarily have to be in favor of the immigrants at all times. They have to often work in adverse conditions and survive in crisis situations. Such adverse situations and crises lead the expatriates to ill health. This study seeks to analyse the health of expatriates who have returned to Kerala after a long stay in the Gulf. Using the multi-stage sampling technique, a comparative study was done to find the health condition between the return migrants and non-migrants in the homeland. The study found that expatriates, who had spent more years in exile, were more likely to have health problems when compared to non-migrants.

Keywords:

Labor migration, Health Status, Gulf nations, Return migrants, Disease

JEL Classification: I19, J61

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1. INTRODUCTION

Labour migration is a process that takes place in all countries around the world. The migration for employment may be permanent immigration with a permanent residence permit in the immigrant countries or temporary immigration on a contract basis for a specified period. (Simon 2015). Kerala plays an important role in the history of migration in India. It has become a natural process today to migrate abroad for employment from Kerala, which has one of the highest standards of education. It is the Gulf States that are becoming the refuge of the common man in the ongoing migration process that began in the 1970s and continues to this day. The health condition of the migrants to Gulf countries is as important as their socio-economic state. Migration can be defined as a phenomenon in which an individual or family moves temporarily or permanently from one country to another or from one state to another, in search of better conditions. A large percentage of those who migrate to foreign countries in search of better employment and income from Kerala, immigrate up to Middle East countries. Most of the expatriates migrate, aiming for a comprehensive growth and financial security of the family, but all of them do not obtain a continuous financial security or job security. Thus, the blend of favourable and unfavourable circumstances underwent by those who have migrated to Gulf countries for employment and its result is experienced by expatriates as well as their families (Khoja et al 2017).

The health sector of Kerala, the state which lies at the southernmost tip of the Indian subcontinent, not only excels in India but also has developed in proportionate to the developed countries of the world. The best example for this is the low child death rate (7 per 1000 live births) and high longevity in the state (74.9 -72.0 for males and 77.8 for females) which is considered as the best health indicator in India (Kerala model 2021). Kerala tops not only in health, but also in educational and cultural sectors. In accordance to the increase in the educational progress, the state also tops in the number of employment migrants to other countries. As per the Kerala Migration Survey, there are 24 lakhs of Keralites living abroad and the figures also clarify that 12.9 lakh of Keralites have return back to their homeland (Zachariah & Rajan 2018). Remittances send by migrants from foreign countries play a major role in Kerala's total revenue. In short, the health, education and economic sector of Kerala are linked to the migrants of the state.

Migration may not be always favourable for a migrant. Most often, they are forced to work in adverse conditions by outliving obstacles. Thus, these unfavourable conditions and hindrances leads an expatriate to ill health. Compared to homeland, when living in exile in the Gulf, adverse conditions in the employment sector, lifestyle, climatic change, food habits and many other complex factors often lead to disease over time. The symptoms of the various health problems caused at the Gulf country is often reflected in some during the expatriation or after return migrating to the native land. Majority of the expatriates who work in foreign countries do not treat their small health issues and toil for their family in spite of ill health. This will lead the expatriates to serious health issues in the future.

As the migration to Gulf countries is not as permanent as that in developed European nations, the expatriates return to homeland after a particular period of time. The expatriates who return to their homeland due to loss of a job or ill health, attempt for a job in native land that suits their work experience and educational qualification, in order to meet the needs of their family. Majority of the migrants returned from Gulf countries are ordinary employees. Most of them

do not have any savings deposited for their life after they have returned from Gulf. The active labour force among the return migrants who have not attained financial security and those among the financially secured have wish to get a continuous income, so they try to find a job or start up a self-employment at homeland. However, a healthy mind and a healthy body is a must for an employee to obtain a job. The physical and mental health is the biggest wealth of an individual. The World Health Organisation defines health as (WHO 1948) “an individual’s state of complete physical and mental well-being”. To check how good is the physical health of a person or how healthy the person is, it is important to make their past and present circumstances a subject of study. In a previous study, the return migrants are found to be facing various health issues when compared to the natives. It was identified that a deep study in this sector is the need of the hour. Thus an attempt was made to study the health problems of returnees from Gulf nations and analyses the reasons that led them to diseases are taken as the subject of the study.

2. REVIEW OF LITERATURE

While considering the health of a person, their age, gender, their lifestyle, job circumstances, social, financial, environmental backgrounds, family history etc. are factors that influence their health (Anitha et al 2006). The process of migration is never a threat to health. However, the conditions connected to the process of migration increases the possibility of ill health (IOM 2008; Claphan & Robinson 2009). It depends on the country they reach, the environment there, the employment condition they are involved in, lifestyle, legal status, and their income (Galon et al 2014). Though employment migration is encouraged because of several reasons like best job, income, good quality of life et cetera, the literature of the history of migration portrays plenty of negative impacts of employment migration amongst the employees internationally. One among them is the health problems of the employees. Many historians of migration have recorded about it in different eras. In a study about the international migrants from Bangladesh by Kuhn et al (2020) it is said that that depending on the climate and lifestyle of the other country, migrants may have a number of health problems over time. Moreover, they are seen to be disturbed by various health problems after their return to homeland.

Joshi et al (2011) conducted a study about the health conditions of Nepali citizens in 3 Gulf Co-operation countries (GCC) of the Middle East. In the study, many unskilled employees in the Gulf countries are found to be troubled by various health problems. The main reason he points out for this is the lack of suitable treatment while suffering from ill-health. He specifies that the lack of medical leave during the time of ill health and the inefficiency of the ordinary employees in meeting the huge medical expenses in the foreign nations are found to be a hurdle in the utilization of health services.

The law related to the health care of the country they migrate for jobs is related to their health condition. In capitalized countries like the United States of America, health protection is monopolized by insurance companies (Ahonen et al 2009). The health care of employees of any kind in such countries depends on the insurance policies they avail. However, in countries like Canada and in European countries like France and UK, the government sector ensures fair and equal insurance policies to the citizens and the migrants, without any discrimination in employment or income status (Meardi, Martin and Riera 2012; Ronda et al 2013). While considering the six important countries in the Gulf region- Saudi Arabia, Kuwait, Oman, Qatar, UAE, Bahrain, as aforesaid, they have different laws in the health care sector. Immigrants in

Kuwait until 2017 were entitled to the equivalent to that of the natives, but after 2018 immigrants have been bearing the cost of their own health care by themselves (Alhuwail et al, 2018). Such laws affect the ordinary workers who migrate for employment. As the low-paid employees cannot afford the expenditure of their health care in the country they have migrated to, they wait to return to their homeland for treatment. Knowingly or unknowingly, this obviously leads them to serious health problems.

With the discovery of oil exploration in the early 1970s, the wealth of the Middle East nations rose to new highs. As a part of the rise in development in all sectors, these countries also spent massive financial capital in the health care sector. After immigrating to the Middle East nations for employment, the expatriates delay their treatment or go back to their homeland for better health care as they often do not receive adequate and satisfactory treatment when they face serious health problems during their exile. Immigrants with serious health problems have to wait for months to receive treatment at the government level by specialist doctors in the Gulf. Although there are qualified doctors in all sectors of healthcare in GCC, the lack of specialists who can demonstrate treatment expertise in diagnosis is noteworthy. Though the gulf countries have the best infrastructure facilities in the medical sector, due to the lack of specialized doctors for expert treatment, the native citizens in the Gulf countries are forced to go to Asian countries like India or the western countries like America, UK, and Canada. A survey report in the article published by Tafiq et al (2017) also confirms this. According to the statistics given in the report, among the GCC countries, 39% of UAE citizens, 47% of Bahrain citizens, 43 % of Oman and Qatar citizens are found to be interested in going to other countries for medical treatment.

The majority of the people living in the GCC countries lead a messed-up lifestyle. Due to this many health problems are seen in both the citizens and the expatriates here. The 7th edition of the International Diabetics Federation linked to the health sector testifies the same. According to this, when 10 countries with the most number of diabetic patients are identified, 6 among them are the GCC in the Middle East. The lifestyle diseases like diabetics, cholesterol, cardiovascular problems, morbid obesity, etc. that exist as an element of risk among the citizens and expatriates of the GCC must be considered seriously (IDF 2017).

In all the phases of migration, the migrants have to go through various experiences that affect their health. In the context of Gulf countries, while expatriates' health problems are compared to the citizens' health problems, equality in the public health sector cannot be assured in between them. A problem faced by labourer's in the Gulf region while depending on the public health sector is communication gap or language problem. As most of the doctors in the Gulf region are citizens of Arab countries, the migrants find it difficult to communicate about their health problems accurately. This becomes a barrier to getting proper treatment. Moreover, the hurdle in communication about their ill health clearly makes them hesitant in going for health care. Due to the aforesaid condition, a minor health problem of migrants will develop into a complicated health issue in the future.

Apart from these, the expatriates are forced to take up self-medication due to the pressure of some adverse circumstances. Here self-medication means that the person who is afflicted with the disease will rely on medical stores instead of ensuring health care by consult with the doctors and will buy and use the medicine on their own for their external symptoms. The majority of such self-medication often becomes the reason that leads them to wrong medical diagnosis. Delay of treatment due to the fear in the financial obligation of health care, non-

receipt of medical leave from the workplaces, or lack of accurate treatment leads the patients to more serious illness. Moreover, such self-medication leads to chronic diseases as well as there are more chances of side effects (Rviz, Maria 2010).

In the Kerala Migration Survey conducted by the Centre for Development Studies, it is found that one among the 5 expatriates, especially return migrants, returned from Gulf countries are subject to some diseases or accidents. Those employed in shops or construction sectors are found to have suffered from job-related diseases like back pain, body pain et cetera. According to this study, 12.4% have revealed that they have met accidents in the construction sectors and other employment sectors in foreign countries (KMS 2018). Thus many such studies on the various health problems faced by the expatriates and their impacts can be seen in the history of migration.

3. METHODOLOGY

The state of Kerala has been selected for the study, which is divided into three zones: South, Central, and North Zone. Two districts with the highest number of return migrants from each zone were selected. Thus a total of 6 districts were selected and a taluk with the highest number of return migrants was selected from each district. With the help of the Multi-Stage Random Sampling technique, 384 return migrants from 6 taluks are chosen as samples of the survey. Apart from this survey, it was understood that a comparative study was essential to know about the graph of the health condition of the expatriated. So a comparative study of the health condition between 384 return migrants and 372 indigenous citizens in the homeland with approximately the same age group was conducted. Moreover, as part of the study visited four Gulf countries- UAE, Kuwait, Oman, and Qatar by giving more prominence to the health of the expatriates in Gulf countries, met and interviewed emigrants, health experts, media professionals, social workers et cetera. This helped to study more about various health issues among the expatriates in Gulf and the reasons that led them to disease.

During the visit to Kuwait, the researcher got a chance to participate in the annual Labour Medical Camp. It is a joint venture of the Kuwait Muslim Cultural Association (KMCA), and the Government Doctors Forum in the country. In the camp, where 1200 labourers suffering from various diseases and 18 doctors specialized in various medical fields were attended. The medical camp provided an opportunity to learn about changes in the lifestyles of workers in the Gulf countries which are very different from their home countries, and diseases caused by adverse weather conditions in the Gulf region due to occupational conditions or other causes that lead to disease. Tools like the Chi-square test, t-test, bar diagram, and percentiles were used to check the authenticity of the results of the survey and an effective result was found out from them.

3.1 OBJECTIVES

• To evaluate the circumstances that led the return migrants to various diseases in the backdrop of the Gulf.

• To find out the effects of the diseases on their subsequent lives after return back to their homeland.

• To conduct a comparative study of the health status of returnees from the gulf region and the health status of indigenous workers.

• To find out the diseases among the return emigrants and indigenous workers in native land.

4. RESULTS AND DISCUSSION

Giving importance to the health condition of the migrants, who have worked in Gulf countries for long years and after a comparative study between them and the indigenous people, the health condition of expatriates is being further studied here. The expatriates who have return migrated after employment migration to the six GCC countries of the Middle East- UAE, Kuwait, Qatar, Oman, Saudi Arabia, and Bahrain- are included in the survey. Thus among the 370 males and 14 females amongst the 384 return migrants who participated in the survey, 156 males and 5 women respectively are found to have ill health. Whereas, among the 359 males and 13 females amongst the 372 indigenous workers, 98 males and 6 females are found to be treating for various diseases.

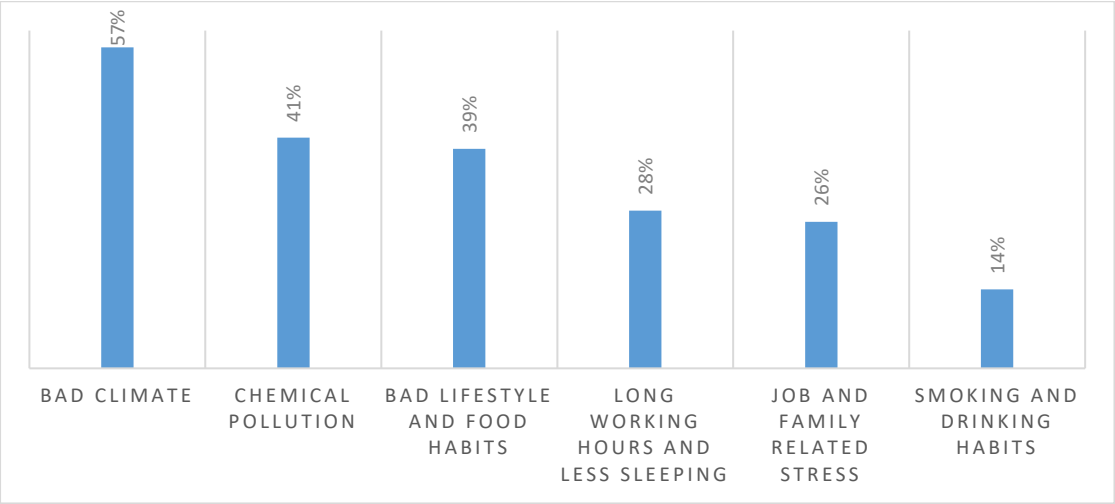
Table 1: Survey Characteristics

Characteristics	**Return migrant (%)**	**Non migrant (%)**
Subjects	*384*	*372*
Male	370 (96.4)	359 (96.5)
Female	14 (3.6)	13 (3.5)
Mean Age (SD)	50.3 (12.9)	49.8 (12.7)
Age and Prevalence of Diseases		
<25	4 (0)	3 (0)
25-35	45 (7)	47 (4)
35-45	87 (19)	86 (14)
45-55	88 (30)	92 (25)
55-65	95 (69)	86 (39)
>65	65 (36)	58 (22)
Total	384 (161)	372 (104)

While the health status of the migrants and non-migrants are made the subject of comparative study, it is found that the diseases increase according to the increase in their age level. However, when the return migrants from Gulf countries are compared to the non-migrants, they are found to have more intensity of health problems according to the increase in age level. Thus, it is clear from the aforesaid that the migrants who live abroad for more than a fixed period of time are lead to various health problems.

The survey, which included some questions that could potentially assess the health status of returnees from the Gulf countries, found that the return migrants are suffering from minor and major diseases during their expatriation and after return migration. From the interviews with the health experts during the study tour to Middle East countries like UAE, Kuwait, Qatar, and Oman it is understood that the working environment of the Middle East countries, is much different from that of Kerala. In their opine, many adverse conditions in Gulf lead the workers to various diseases. For example, the health experts opine that those working in the chemical sectors of the oil and gas field for a long period are subjected to many diseases like cancer and the lifestyle and diet lead to diseases like heart diseases. The dust wind and other weather conditions of the Gulf countries also lead to diseases like asthma and allergies. On the basis of the survey analysis, statistics related to the diseases caused by the conditions in the Gulf countries are given below.

Figure 1: Percentage of diseased persons due to the circumstances in Gulf



The medical experts also point out that it is not only during their work abroad in adverse conditions but also the consequences of working in such conditions would lead them to morbidity after they return migrate to their homeland. According to the chart given above, the bad climate in the Gulf countries has led the majority of expatriates to diseases. The diseases caused by the bad climate are neither severe nor long-lasting. For example, the heatstroke caused by the scorching heat and the fever, cough, sneezing et cetera caused by harsh winter, is not long-lasting as cancer and heart diseases. The main economic source of the Gulf nations depends on the oil and gas field. So as a major fraction of the employment sector is linked to oil, gas, and chemical fields the employees working there regularly or partially are seen to be leading to the side effects of chemical pollutions.

Another important factor that leads the expatriates to severe disease in the Gulf countries is a wrong lifestyle, and excessive consumption of junk food and soft drinks like cola. All these lead the expatriates to several diseases later. Compared to the homeland, the employees in the exile world have to work for long hours and this leads them to numerous ill health conditions like back pain, joint pain, and varicose pain.

4.1The consequence of diseases in the life of return migration

The migrants returning from the Gulf countries are forced to face various consequences due to health problems in their continuing life. On the basis of the information available from the survey, the researcher found that there are three categories of return migrants who are suffering from various health issues. The first category i.e. group A consists of 27 persons who are leading a life in adverse conditions as they are unable to work and they are in financial crisis. The expatriates who suffered serious diseases, but do not have any difficulty in being active in their job belongs to group B. The third category consists of 50 persons who lead a normal life though they have some health problems.

Table 2: Table showing the data of diseased groups

Diseased Groups	***No. of Persons***	***Percentage***
Group A	27	17
Group B	84	52
Group C	50	31
Total	161	100

A group of return migrants who are not improving financially, delaying treatment as fears of financial liability when they had health problems and were later found to have led to serious health problems. A return migrant with serious heart disease is found in the survey. He delayed his surgery due to financial difficulties and later suffered serious health problems. Among the 161 ill-health return migrants who participated in the survey, most of them are common citizens and they work as casual laborers (daily wage earners) for continuing income. According to them, though they have serious health problems, they are forced to ignore their ill health and do such jobs for continuing their life.

Some expatriates spent long year's abroad working hard to support their families. However, when they return back after suffering from serious health issues they face bitter experiences of ignorance from their kith and kin, and this causes them mental depression. The lack of habit of saving money for the future while they had a regular income during the exile period, has pushed the common expatriates into a further crisis of ill-health.

4.2 Comparison of the health levels between return migrants and the indigenous workers

The researcher has used various statistical tools to do a comparative study between the information about the health status of the return migrants from Gulf countries and the health status of the non-migrant employees of the same age group. Chi-square test is done to examine the relationship between the health status of the migrants and the indigenous non-migrants of the homeland. Moreover, a T-test is used to find the category of those who are in better health condition amongst the two groups. While the information of the 384 return migrants and 372 indigenous non-migrants of the homeland is considered for the comparative study, 161 return migrants are found to be treated for several major and minor diseases. However, only 101 among the non-migrant employees are being treated for various diseases. In order to find out whether there is any significant difference between the health status of return migrants and non-migrants, a chi-square test has been applied.

Table 3: Health Status of Return Migrants and Non-Migrants

Health Status	*Return migrant*	*Non-migrant*	*Total*
Good Health	186	252	438
Still under Medication	161	104	265
Completely Cured	37	16	53
Total	**384**	**372**	**756**

Ho: There is homogeneity in the health status of return migrants and non-migrants

Table 4: Calculations for Chi-square test

Cell	O	E	(O-E)	$(O-E)^2$	$\frac{(O-E)2}{E}$
R_1C_1	186	222.47	-36.47	1330.06	5.98
R_1C_2	252	215.52	36.48	4419.59	20.51
R_2C_1	161	134.60	26.40	696.96	5.18
R_2C_2	104	130.39	-26.39	696.43	5.34
R_3C_1	37	26.92	10.08	101.60	3.77

R_3C_2	16	26.07	-10.07	101.40	3.89
				TOTAL	44.66

Chi – square test = $\frac{(O-E)^2}{E}$

O = Observed frequency

E = Expected frequency

Degree of freedom = (R-1) (C-1)
= (3-1) (2-1)
= 2 x 1 =2

Level of significance = 5%

Calculated Value = 44.66

Table value at 5% = 5.991

Since the calculated value of chi-square χ2 is greater than the table value, we can reject the null hypothesis that there is homogeneity in health status. Hence there is a difference in the health status of return migrants and non-migrant.

In order to check which group's health status is far better than another group, the one-tailed t-test is applied.

n = Sample Size

$\bar{x}$ = Sample mean

S = Sample Standard deviation

M = Population Mean

Non- migrant	**Return migrant**
$n_1 = 372$	$n_2 = 384$
$\bar{x}_1 = 1.37$	$\bar{x}_2 = 1.61$
$S_1 = 0.565$	$S_2 = 0.657$

Ho: $\mu_1 = \mu_2$ There is no significant difference in population mean.

H1: $\mu_1 > \mu_2$

$$t = \frac{\bar{x}_1 - \bar{x}_2}{SE}$$

$$= \frac{\bar{x}_1 - \bar{x}_2}{\sqrt{\frac{S_1^2}{n_1} + \frac{S_2^2}{n_2}}}$$

$$= \frac{1.37 - 1.61}{\sqrt{\frac{0.565^2}{372} + \frac{0.657^2}{384}}} = \frac{1.37 - 1.61}{\sqrt{\frac{0.319225}{372} + \frac{0.431649}{384}}}$$

$$= \frac{^{-}0.24}{\sqrt{.0085 + .001}} = ^{-}2.575$$

Table value of t at 5% level of significance is 1.645. Here the calculated value is -2.575 which is numerically greater than the table value. Therefore we can reject the null hypothesis that group means are equal, and accept the alternative hypotheses. Hence, the health status of non-migrants is better than that of return migrants.

Thus, compared to the non-migrants, the expatriates are more prone to certain diseases. While studied about the health of the expatriates in Gulf countries as a part of the research, the adverse conditions in the Gulf regions are found to be reasons for ill health in the expatriates and the return migrants. The differences among the diseases caused in the return migrants and the indigenous people in the homeland in the last 10 years are more clearly given on the basis of the statistics.

Table 5: Diseases among the return emigrants and non-migrants

Diseases	Return migrant	Percent	Non- migrant	Percent
Heart Disease	11	6.83	4	3.85
Cancer	4	2.48	1	0.96
Kidney Problem	6	3.73	4	3.85
Stroke	1	0.62	0	0
Asthma	9	5.60	3	2.88
Diabetics	18	11.18	10	9.62
Cholesterol	22	13.66	15	14.42
Blood Pressure	38	23.60	23	22.12
Gastric	54	33.54	12	11.54
Arthritis	11	6.83	2	1.92
Others	51	31.68	26	28.84

Among the return migrants who have participated in the survey, 4 of them are found to be cancer patients. 2 among them affected with intestine cancer, one of them diagnosed with liver cancer and the other with lung cancer. While discussed their life in Gulf countries, many factors at the backdrop of the Gulf are found to be cancer triggering. Here four of them with three various cancers testified themselves as smokers. Those diseased with colon cancer and liver cancer were used to eat plenty of red meat and spicy food, and drink cola products. Also, a colon cancer patient who worked in Kuwait, where alcohol is banned, testified that he regularly consumed illegal alcohol. The lung cancer patient not only had smoking habits but also forced to work in an oil and chemical company demanded to work for a long duration in polluted atmospheric conditions. All these factors lead him to lung cancer. Among the 11 heart patients, most of them pointed out excessive consumption of oily food. Moreover, most of them said that they experienced excessive stress in their employment sector apart from staying away from their family, while in a foreign country. Besides the aforesaid, 11 of them said they were diabetic, 8 of them were treated for blood pressure, and 4 for cholesterol. While only 4 indigenous workers faced heart-related diseases. The 6 return migrants from various countries that participated in the survey are found to have kidney problems. A category of employees in the Gulf region worked in an open area, especially in sectors like construction. Among the 6 who have reported kidney diseases, 4 of them worked in an open area and the other 2 in the rig. The impact of the hot weather, dehydration, and scorching heat on the employees lead them to renal diseases. The excessive increase of uric acid that triggers kidney diseases, the sodium and potassium imbalance, and a wrong diet also grow into kidney

disease. According to health experts, though climate change and adverse employment conditions in Gulf are reasons for a rise in kidney patients while drinking enough water and maintaining a balanced diet can keep the disease at bay. The ‘others’ in the table above signifies the diseases like allergy, chest pain, hernia, back pain, knee pain, piles et cetera.

Thus a comparative study done by considering the health status between the return migrants and the non-migrants, it is found that certain conditions in the Gulf countries are found to be leading the expatriates to more ill-health. Though the job abroad provides the expatriates an economic progress than the non-migrants, the reality is that most of the migrants who return after long years of their employment in Gulf countries are subjected to a sacrifice of their life for their family’s wellbeing.

5. CONCLUSION

Most of the expatriates migrating from Kerala to foreign countries aim for an improvement in some extents of their life. Even after achieving their primary targets, the expatriates and their families have to face many problems and needs one after the other. As a result, though the expatriates in Gulf have a desire to return back to homeland in few years, it has become a phenomenon for them to stick on to their life there for years together.

While the migrants transplant their life from home land to Gulf region, a change in the lifestyle, mentality towards their job and their dietary conditions is inevitable. Most of the expatriates have to work for their family after forgetting their health issues and in adverse conditions for long years. Thus, according to the documented account, there is a rise in the minor and major diseases in proportion to the years of their relocation to Gulf. Many ailments are also commonly caused among those who work for long work duration daily. It is also proved that all the illness found in those who work for more than 12 hours without proper rest and sleep are also found in expatriates. As most of the expatriates in Gulf region are commoners, they have to find a job as a source of income to make their both ends meet. However, the study shows that the category of return migrants in the group A is unable to any job due to their major health problems and they are finding it tough to eke out a living. Though the expatriates could help themselves improve their living conditions, while comparing them to the employees in homeland, they are found to have sacrificed their health, the most precious, and a life together with family for the well-being of the family.

The migrants who wish to return migrate to their native land after a short term of migration are forced to continue to stay abroad for long years due to demands of their circumstances. The information available from the studies similar to this done in the previous years also confirms the same. In the scientific evaluation of the comparative study between the migrants and the non-migrants in Kerala using various statistical tools, it is clarified that the health status of the migrants working for long years abroad tend to leap to more health complications later than the non-migrants.

6. SUGGESTIONS

Though the main aim of expatriates migrating for employment is financial gain, health is an important concern of an individual. Given below are some suggestions that can help the expatriates cope up with the problems related to health:

- Those migrating to places with adverse weather conditions, like Gulf, may migrate back to their homeland without living there for long, after saving money for their future needs.
- If the expatriates can save an amount monthly as a reserve capital for the future, it will help them for treating the diseases after return migration.
- The expatriates must try to eat balanced food in proportion to their income and they must give more importance to physical exercises.
- When a disease is affected, the expatriates must leave the tendency to treat themselves and consult an expert doctor before the consumption of medicines.
- Most of the migrants who return back to their homelands after long years of stay abroad suffer from various diseases and financial difficulties, the governments of such countries, where the migrants return migrate, should implement various financial schemes to support them.

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