

COMMON HEALTH PROBLEMS OF WOMEN OVERSEAS FILIPINO WORKERS (OFWs)

*IMPLICATIONS TO PREVENTION
& HEALTH SERVICES*

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**Over 12 million
Filipinos are in more
than 200 destinations
all over the world,
with the biggest
number in the
Middle East, Asia and
Europe.**



Anyone not certified “FIT TO WORK”
cannot pursue work overseas.

Before their overseas
employment, Filipinos
go through medical
examination:

Physical examination,
Chest x-ray, Stool exam,
Urine exam, Optical
exam, Dental exam,
Psychological exam,
HIV/AIDS, Hepatitis,
Venereal Diseases.



**AND YET, there is a big number of MEDICAL
BENEFIT claims by OFWs in the Middle East, Asia
and Europe that are made through the OWWA &
PhilHealth.**

Distribution of women OFWs by place of work

(April to Sept 2018)

OFW TOTAL 2,299,000

Women 1,284,000

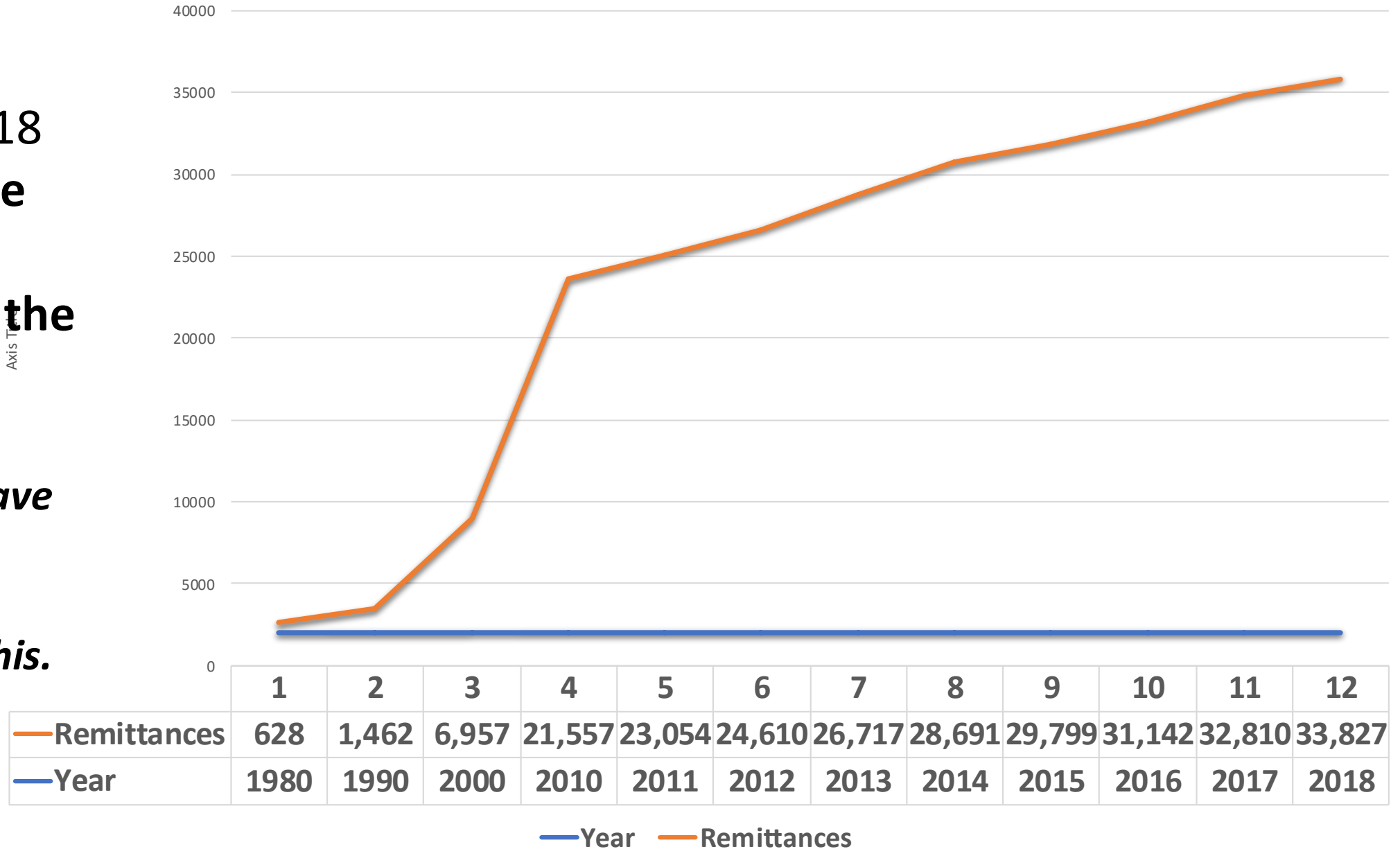
East Asia (HK, Japan, Chinese Taipei, China, S. Korea, etc.)	90.4%
Southeast & South Central Asia (Malaysia, Singapore, Brunei Darussalam, Cambodia, Indonesia, etc.)	10.7
Western Asia	59.8
(Kuwait, Qatar, KSA, UAE, Bahrain, Israel, Lebanon, Jordan, etc.)	
Australia	.8
Europe	5.0
North & South America	3.3

Source: Philippine Statistics Authority Sept 2019

Remittances:
US\$ 28 B 2017
US\$ 33.8 B 2018
benefited more
than 24%
households in the
Philippines.

Women OFWs have
undoubtedly,
contributed
significantly to this.

Remittances to the Philippines 1980-2018 in US\$B



Health problems in countries of destination

Global Disease Outbreaks: *MERS-CoV in Saudi Arabia, UAE, Oman, Lebanon, Qatar; Avian influenza A(H7N9) virus (China), Zika virus infection (India), Ebola (Congo), (SARS), Acute hepatitis E, Cholera, etc.*

Middle East: *44% increase in Ischemic heart disease, 58% increase in major depressive disorder*

Singapore five health issues: *myopia, colorectal cancer, nose cancer, type 2 diabetes and thalassaemia.*

Hong Kong, China: *One in six suffer from diagnosable mental health illness*
London. *One in four is diagnosable mental health condition.*

Canada common diseases: *cancer, heart disease, stroke, Chronic Lower Respiratory Diseases and Diabetes*

Sub-Saharan Africa and globally. *HIV, Sexually Transmitted Infections (STI): chlamydia, gonorrhoea, syphilis, trichomoniasis, and genital herpes.*
Psychological well-being



This study investigated the common health problems among women OFWs & their implications to prevention and health services.

Objectives:

- (1) Describe the work and living condition of land-based OFWs;**
- (2) Identify the common health problems of OFWs in general, and women OFWs, in particular;**
- (3) Determine the existing public-private programs and initiatives that address their health needs;**
- (4) Identify ways that can promote good health of women OFWs in the workplace; and**
- (5) Propose health-related preventive measures and initiatives that can be undertaken by policy-makers, business leaders or other stakeholders.**



Ramirez (2017) Survey of 701 OFWs

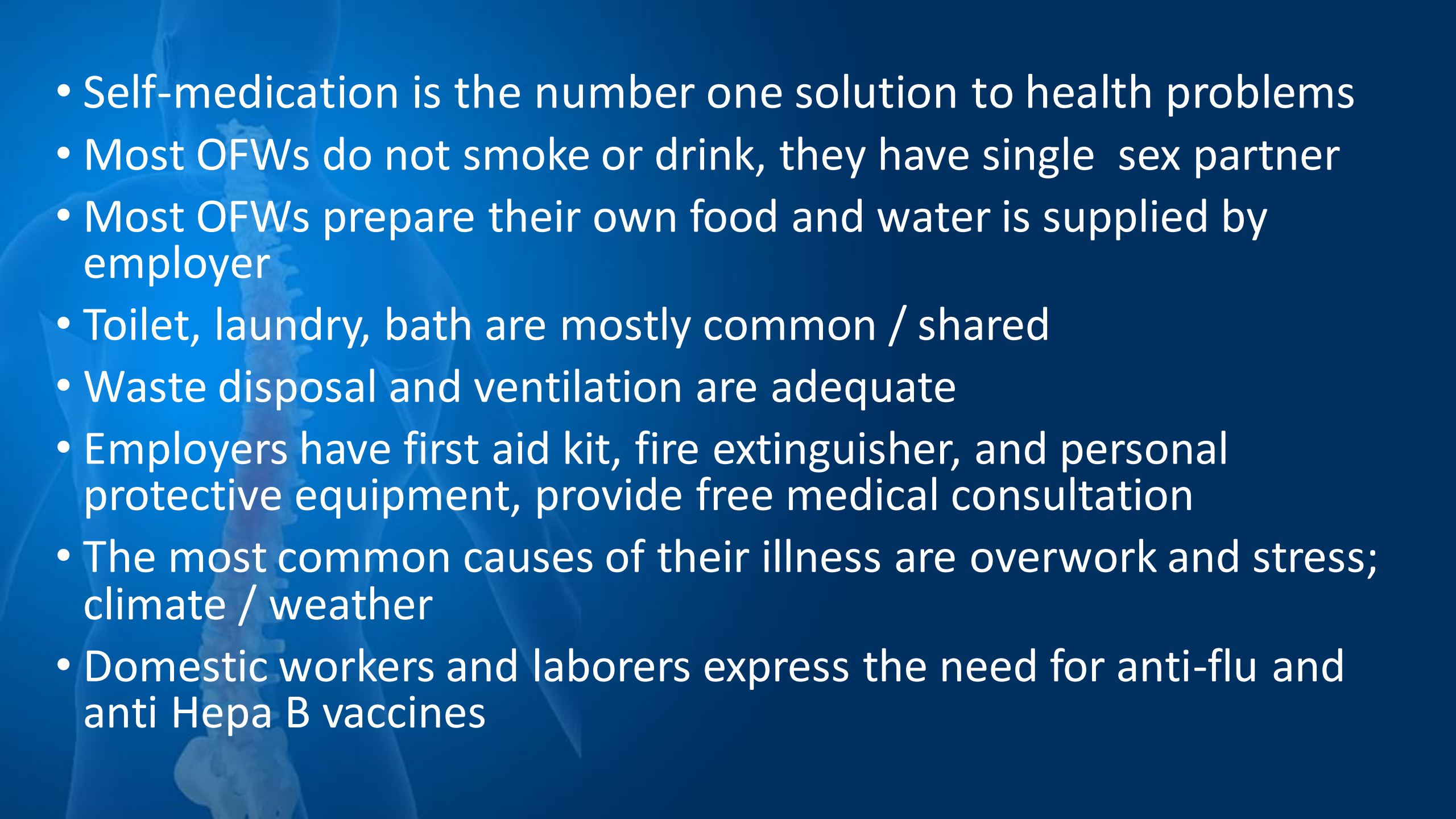
349 from 6 Phil. Regions; 352 from the Middle East, Asia, and Europe

Data gathered through

- Local: OWWA Regional Offices in NCR, Regions 1, 3, 4A, 6 and 10, electronically: Monkey Survey, email & facebook messenger
- International: Middle East (240), Asia (284), Europe (145), Americas (26), and others (6). The survey of OFWs and Focus Group Discussion of Family Left Behind were conducted in two phases: from August 2016 to June 26, 2017 and from June 27 to October 2017.
- Medical benefit claims with OWWA and PhilHealth.

Work and living condition of land-based OFWs

- In the Middle East, many domestic workers work an average of 10 hours without weekly day off, and for many, their services are shared with family of employers
- Many have comfortable accommodations but some lack decent accommodations (balcony, living room, kitchen, storage room, hallway or room shared with children of the employer)
- In Europe, many OFWs take on 2 to 3 jobs, some have 1 or 2 hours part-time jobs in different places
- OFWs in Italy; Hong Kong, China; Singapore and the Middle East send remittances regularly
- Most of them do not tell their Family Left Behind when they are sick. They only inform them when they are very ill

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- Self-medication is the number one solution to health problems
 - Most OFWs do not smoke or drink, they have single sex partner
 - Most OFWs prepare their own food and water is supplied by employer
 - Toilet, laundry, bath are mostly common / shared
 - Waste disposal and ventilation are adequate
 - Employers have first aid kit, fire extinguisher, and personal protective equipment, provide free medical consultation
 - The most common causes of their illness are overwork and stress; climate / weather
 - Domestic workers and laborers express the need for anti-flu and anti Hepa B vaccines

What are the common health problems of women OFWs?

- Women OFW medical benefit claims with OWWA and PhilHealth are mostly from the occupational groups of Domestic Workers, drivers, kitchen crew, and technicians.
- The common diseases of women OFWs are related to Reproductive, Urinary / Excretory, Digestive, Endocrine, Cardiovascular, Respiratory and Nervous Systems.
- The reproductive health-related problems experienced by women are dysmenorrhea, irregular menstrual period, and pain during urination.

Top Diseases by Body System in Regions based on OFW OWWA Medical Benefit May - Oct 2017 689 Landbased OFWs

RANK	Middle East	Asia	Europe
1	Cardiovascular	Reproductive	Endocrine
2	Urinary / Excretory	Digestive	Reproductive
3	Reproductive	Cardiovascular	Urinary / Excretory
4	Neurological	Urinary / Excretory	
5	Endocrine		
6	Digestive		
7	Respiratory		
8	Immune and Lymphatic		

Table 18. Body System of Common health problems based on OWWA health benefit claims of Land-based women OFWs from May to October 2017

Body System	No.	%
Reproductive System (genitals, vas deferens, prostate, ovaries, uterus, vagina, mammary glands)	83	31
Urinary / Excretory System (kidneys, urinary bladder, urethra, ureters)	33	12
Digestive System (mouth, esophagus, stomach, intestines, rectum, liver)	30	11
Endocrine System (pituitary gland, pineal gland, thymus, thyroid gland, pancreas)	29	11
Cardiovascular System (heart, blood vessels, blood)	27	10
Respiratory System (lungs, nose, trachea, bronchi)	22	8
Nervous System (brain, spinal cord, nerves)	22	4
Sensory System (eyes, ears, nose, tongue, skin)	11	4
Musculo-skeletal System (muscles, bones, joints, ligaments, tendons, cartilage)	10	1
Immune and Lymphatic System (lymph vessels, lymph nodes, thymus, spleen, tonsils, appendix)	4	
Total	271	

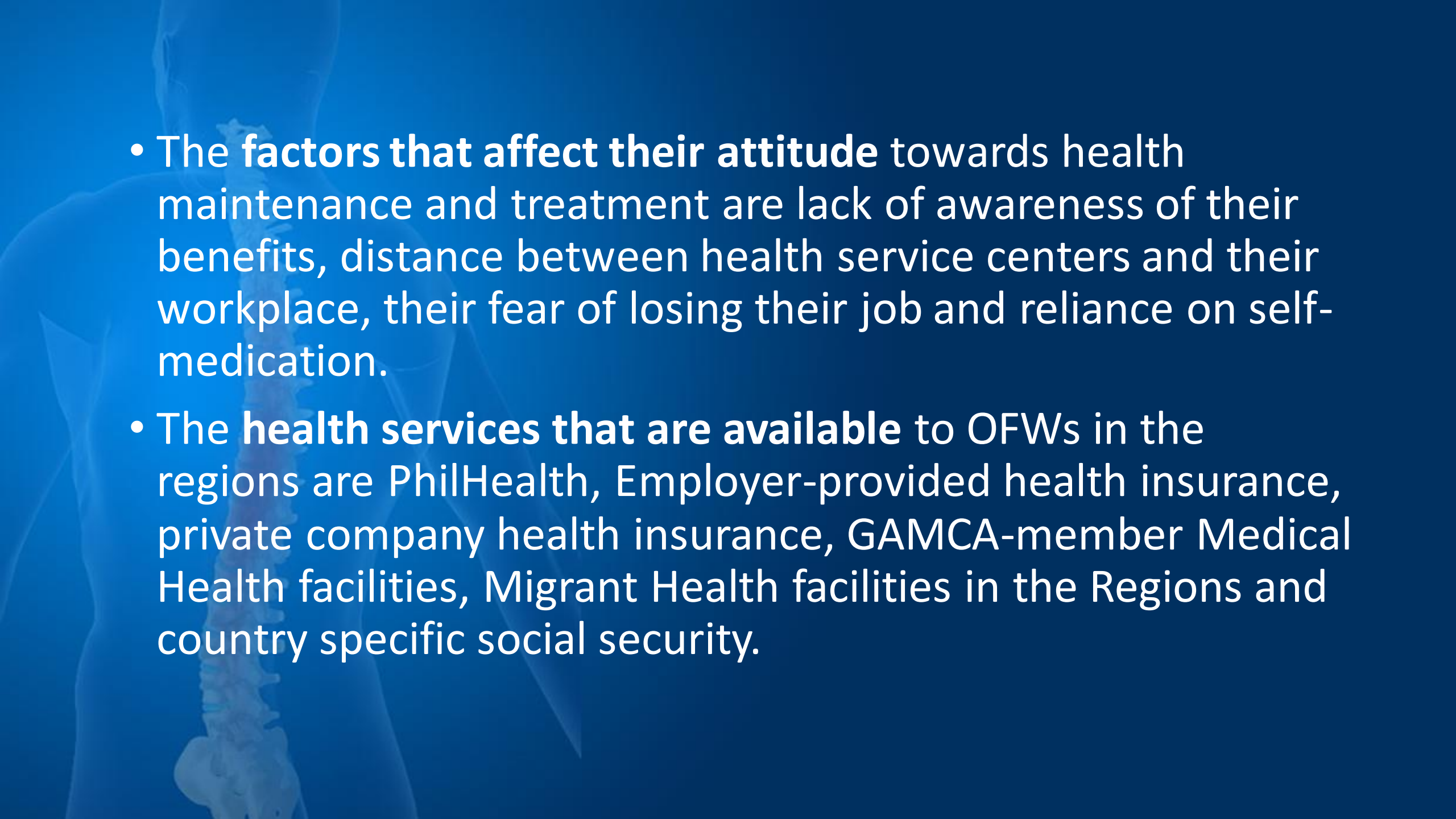
The study found that there is strong positive correlation between Household Service Domestic Work and diseases related to the digestive, immune and lymphatic, musculoskeletal and reproductive systems.

ELEMENTARY OCCUPATIONS such Household Service / Domestic Work, prevalent were Cardiovascular, Digestive, Endocrine Diseases, Reproductive and Urinary / Endocrine Diseases.

SERVICE WORK, the common health problem of Drivers are Cardiovascular and Urinary / Excretory Diseases while for Kitchen Crew, these are Cardiovascular and Digestive Diseases.

TECHNICIAN / ASSOCIATE PROFESSIONAL SERVICE, Technicians suffer from Cardiovascular and Neurological Diseases while Electricians suffer from cardiovascular and Urinary / Excretory Diseases.

PLANT AND MACHINE OPERATION, Operators suffer from Endocrine, Cardiovascular and Urinary / Excretory Diseases. The rest of the occupations have no correlation to their diseases.

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- The **factors that affect their attitude** towards health maintenance and treatment are lack of awareness of their benefits, distance between health service centers and their workplace, their fear of losing their job and reliance on self-medication.
 - The **health services that are available** to OFWs in the regions are PhilHealth, Employer-provided health insurance, private company health insurance, GAMCA-member Medical Health facilities, Migrant Health facilities in the Regions and country specific social security.

The **health-related preventive measures** and initiatives that can be undertaken for the benefit the OFWs can include

- Health awareness programs for common OFW diseases needs to be incorporated in the PDOS
- Formulation and implementation of policies that directly respond to health needs of OFWs. eg: Portability of health insurance.
- Wellness Program for OFWs can be designed for specific occupational groups.



Policy Recommendations and Target Recipients / Agencies

1. Since Pre-employment Medical Examination reports that there is high number of medical cases of HIV, TB, STD, Hepatitis and Non-Communicable Diseases among overseas work applicants, the Department of Health should provide treatment and monitor these cases to prevent them from posing health risk to their own community and from pursuing employment overseas through illegal means.
2. Since the common health problems of land-based women OFWs have already been identified, the medical information and campaign to promote good health among OFWs can be strengthened in their countries of work, with the specific body system related diseases in mind. Likewise, needed vaccines, such as Anti-flu, Hepa B can be provided to OFWs before deployment.
3. Health services for women OFWs should be increased in countries where these are not fully extended to migrant workers.
4. APEC migrant receiving countries can forge agreements for health protection to enable women to join, thrive and rise in the workforce, thus contributing to their development.

How can good health of women OFWs be promoted?

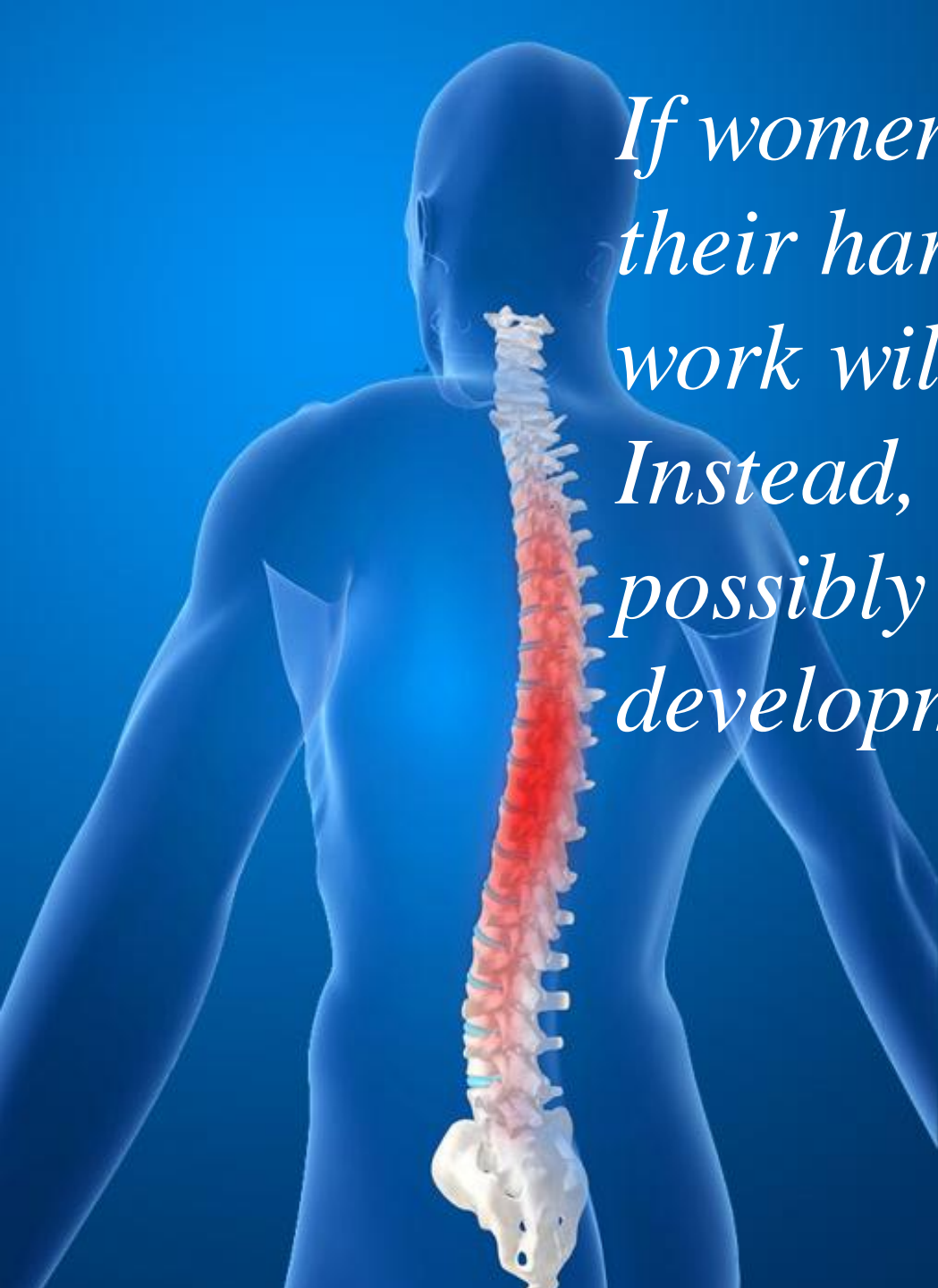
Pre-Departure Orientation Seminar (PDOS) should include health tips like:

- eating right (balanced and varied diet in the right amount in an unhurried manner),
- exercising regularly and moving frequently, and
- getting enough sleep at night and rest throughout the day will go a long way in preventing most diseases
- practicing good personal hygiene habits like proper handwashing and respiratory etiquette and
- being appropriately immunized or vaccinated will greatly reduce the incidence of infectious diseases.

Women OFWs need to be constantly reminded of the healthy lifestyle habits they need to adopt wherever they may be both here and abroad.

Since the study found that work and living conditions of OFWs cannot fully promote their welfare and wellness, **Wellness program for OFWs**, can be designed for specific occupational groups which can be designed to include:

- Awareness sessions on health prevention and services in the country of work
- Occupational ergonomics
- Occupational safety and health
- Work and leisure balance
- Healthy Psycho-social work environment
- Emotional intelligence and anger management
- Spirituality



*If women OFWs can come home healthy,
their hard-earned money from overseas
work will not be spent on health problems.
Instead, it can support family needs and
possibly contribute to community
development .*

Thank You!

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