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Living on the margins : illness and healthcare among Peruvian migrants in Chile

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Introduction

In the year 2000, a group of Chilean shopkeepers reacted strongly against the growing Peruvian community who had for the last decade settled in the Plaza de Armas, the main square in Santiago, using the area as their main gathering point. The shopkeepers argued that the Peruvians left the Plaza dirty, used the place for illegal trading and Chileans did not feel free to circulate in the area any longer. They demanded to see the Plaza returned to the way it was prior to the arrival of the Peruvian migrants and called upon the police to control the changed ‘human geography’ of the Plaza.

The police prohibited the Peruvians from sitting along the sides of the Cathedral; however, the Peruvians at the Plaza were kept under control for a very brief period. The Plaza had become a meaningful space for Peruvian migrants because it represents, for them as well as for many other Latino-American people, a familiar postcolonial landscape.¹

Today, the Plaza de Armas functions significantly as a centre particularly utilised by Santiago’s Peruvian migrant population and it is now commonly called “Little Lima”. Organisations who seek to address this migrant community often come to the Plaza to spread their messages. One such example is that of a group of healthcare professionals from a public primary healthcare clinic, who after having observed an increase in cases of tuberculosis (TB) among their Peruvian patients, planned to implement a preventive measure in the Plaza and to take free blood samples to test for TB among the Peruvian citizens. This initiative was fortunately not implemented, as if it had, it would probably have reinforced generally held perceptions of Peruvian migrants as being prone to infectious diseases.

In the events described contradictory images of the Plaza emerge. The Plaza is at the centre of the polis, generally regarded as a place for the exercise of citizenship; where citizens meet and their voices are heard. But this Plaza has also become a space for the marginalised, a place where stereotypical views Chileans hold about migrants are enacted and reinforced for example, through public health concerns. Yet, equally important it has become a space where migrants are silently affirming neglected cultural differences and a lack of rights – a space for resistance. To some extent the Plaza acts as a metaphor of the place migrants have in Chilean society.

The Problem

Migration is a growing worldwide phenomenon. Despite the ever-tightening barriers imposed in developed countries to citizens from third world countries, the number of people who leave their homes to seek ‘greener pastures’ outside national boundaries

¹ The structure of the Plaza is part of the Spanish legacy, around which all the colonial cities in Hispano-America were founded. Today Plazas act as a geographical and symbolic reference to a common historical identity in Latin America. This ‘transnationalised sense of place’ should be understood as a geographic point of reference providing multiple communities with a sense of belonging to a postcolonial-cultural environment, as well as to a broken but significant past.

continues to increase. Illegal migration is becoming an issue of concern for receiver countries.

While most migrants continue to come from third world countries, countries of destination are growing in a variety of regions in the South. Factors such as interregional differentiation explain why countries in the South are being chosen as a destination by an increasing number of people. Countries in the South are, however often not prepared to adequately respond to the influx of newcomers.

Mechanisms of social protection in most of these countries are either nonexistent or very limited. Moreover, cultural similarities shared by populations of neighbouring countries often do not protect migrants from being marginalised and confronted with discrimination and xenophobic attitudes. In countries such as Argentina discrimination manifests itself against migrants from Bolivia and Peru, in Costa Rica against Salvadoran and Nicaraguan refugees, and more recently in Ecuador discrimination is directed towards Colombian migrants. These are just a few examples of the existent hostile climate towards migrants that seems to increase along with the same intraregional migration in Latin America.

Migrants in the South often confront violence, adversity and illness, which in the context of migration become a crucial event. The literature often stresses 'the healthy migrant effect', in reference to an observed trend where those who migrate tend to be healthier. While that may be true, once in the host country, maintenance of health is not always possible for migrants.

Most of the time migrants find themselves in deteriorated living and working conditions. Their vulnerability also increases when, as a result of illness, migrants are impeded to perform their work activities. In view of the lack of support mechanisms and social protection, illness jeopardises the very endeavour of migration and its whole economic purpose. Barriers to accessing healthcare for migrants are multiple; lack of rights, resources and information, which is not always accessible to them.

Various factors contribute to increase migrants' vulnerability in the new society; this is especially true if we consider migrant's lack of resources to recover health. Uprooteness and lack of social support often add to the difficulties migrants face to recover health and maintain their wellbeing. When people fall ill they attempt to recover their health using frames of reference and resources that are familiar and accessible to them. A familiar social milieu provides the sufferer with the resources and knowledge of how to address the illness, all of which contributes to diminishing the anxiety surrounding the experience of illness. For a growing number of migrants around the world this support disappears.

This study explores how people experience illness in foreign environments where they lack social support and suffer exclusion and discrimination. It addresses the question of how migrants perceive, interpret and deal with illness and what they do to keep themselves healthy in contexts of vulnerability, were resources to overcome illness are not always available. Framed within this context, this study focuses more generally on the social production of illness as well as on the State responses to migrants' need for healthcare. This last dimension reveals existent institutional – although non-formalised – policies towards migrants.

Indeed, when studying migration and healthcare, it is important to attend to how, through the provision of healthcare, attempts are made to transform migrants into disciplined subjects. Beyond the health of bodies, healthcare practitioners relate to migrants in reference to their cultural identity – to their right to reside in the country and entitlement to public healthcare. Through the provision of healthcare in public institutions, migrants may be subjected to State control and to the disciplining imposed over them. I will study the various dimensions of the relation between migration and health from the perspective of Peruvian migrants who have come to work in Chile since the 90's.

In general there is a lack of systematic knowledge about migrants' living and working conditions in Chile. There is also a lack of comprehensive policies aimed at protecting and promoting migrants' well-being and their integration into Chilean society.

Knowledge is required to disclose the various mechanisms which produce discrimination and exclusion of migrants as well as other minorities and how that conflictive experiences ultimately impact on migrants' health. A perspective towards the integration of migrants into various societies of destiny needs to pose questions regarding structural limitations which block migrants from accessing better housing and job opportunities in the labour market as well as how these limitations are affecting migrants' well-being. The study of illness in turn can shed light on what it ultimately means for migrants to live in conditions of displacement, as well as to work and live in hostile environments. If the experiences of those migrant men and women who have left their homes and families to work in Chile are not systematically studied, adequate policies cannot be implemented.

The Chilean experience is in this regard, a case in point. After more than ten years of migrants constantly flowing into Chile from Peru, migrants' cultural differences and their greater social vulnerability have only recently begun to be addressed. These initiatives as well as the extent and the way in which they are reaching migrants, need to be critically examined.

The Chilean State recently implemented an initiative which aims to assure access to healthcare to pregnant migrant women and their children up to six years old. However the vast majority of migrants still have great difficulty in accessing basic healthcare. In fact until recently it was estimated that half of the migrant population were of irregular legal status and, therefore, had not been covered by the health system. In order to provide a general – although transitory – solution to the problem of illegality and in this way target various vulnerabilities associated to that condition, current irregular migrants were given amnesty in 2007. While this is a very positive step, it does not necessarily solve the problem of access to healthcare for migrants. Indeed, in other instances, even when migrants are legal, they are not in possession of a work contract which limits their access to healthcare. Without such documentation, they are not covered by health insurance and as such, are not entitled to use the Chilean public healthcare system. Nevertheless, in the long term, access to legal status may involve an increase in migrant's demand for healthcare. Whether or not the Chilean public healthcare system is prepared to face such a challenge is at this stage, an imperative question.

There are certain areas of healthcare such as the existing asynchrony of perspectives on health and illness between Chilean caregivers and the migrant community that have not yet been sufficiently addressed by the State. Furthermore, the public responsibility to define needs and priorities for migrants' health relies on individual caregivers. This individual approach is insufficient when it lacks a socio-cultural perspective to migrants' social and economic conditions. Without this more integral perspective, there is a risk to medicalise² problems derived from migrants' social situation, which could be prevented by proper State policies.

In fact, the current lack of comprehensive State policies towards migrants in the area of healthcare, affords caregivers some degree of autonomy in delivering care, as well as in the quality of this care, to migrants.³ Thus, healthcare workers act in part as independent agents, in response to medical ethical obligations or guided by their own subjectivity. Indeed, these health workers are influenced by general ideas and attitudes toward migrants. Competing frames of reference come into play, often influencing practitioners' attitudes towards migrants when dealing with them as patients.

Women and men find themselves in different places when they relate to the healthcare system. Reproductive needs place women in a more vulnerable position, particularly during pregnancy. It is then when ideas about gender, maternity, sexuality, family, health, hygiene and ethnicity, most manifest. Also, it is during pregnancy when most migrant women interact with healthcare providers. Cultural elements, without a doubt, play a central role in these encounters.

While the policies in place show a concern with the question of the State's appropriate role regarding migrant's well-being in Chile, a lack of general societal concern regarding migrants' vulnerable position is still visible; the existing project of law against discrimination that would protect migrants' in Chile was presented to the parliament in 2003 but has not yet been discussed. The UN International Convention of Protection of Migrant workers and their families, was signed by Chile in 2004 but it too, has not yet been implemented. It is expected this study will contribute to make visible migrants' predicaments and pose arguments to develop culturally sensitive initiatives to protect migrants' rights and well-being.

Research Objectives

This study aims to investigate the relationship between migration and health. Specifically, the study investigates the relationship between the exclusion and discrimination that Peruvian migrants are likely to encounter in Chile and how these conditions affect their health.

Two specific objectives are linked to this general objective:

² "This process entails the absorption of ever-widening social arenas and behaviours into the jurisdiction of biomedical treatment through a constant extension of pathological terminology to cover new conditions and behaviours" (Baer *et al* 1997:57).

³ Although migrants might not be entitled to public healthcare in Chile, under pressing circumstances (such as emergencies or pregnancy), migrants do receive healthcare. The provision of such a care often relies on the discretion of healthcare providers.

1. To explore, through the use of an ethnographic approach, the linkages between social, economic and cultural determinations of migrants' health, and their collective and personal experience of illness.
2. To contribute to Chilean State policies that are culturally sensitive and take the needs of migrants into account, including healthcare policies.

Given that Peruvian migrants interact with the public health system in varying degrees and that many of them attend to their healthcare needs outside the public health system, this study purposely distinguishes between migrants' interactions with Chilean society inside and outside the public health system. This distinction also responds to a primary interest in exploring the various dimensions of the relationship between migration, exclusion, discrimination and health. Thus, the decision to explore illness and health practices outside the healthcare system, among the community of migrants, is grounded in the need to specifically grasp the consequences upon health for migrants who have a marginal status in Chilean society.

The distinction between inside and outside the healthcare service also crosscuts the two health areas selected in this research: mental and reproductive health.

As observed, a relatively high demand for healthcare occurs in the area of reproductive health and comes mainly from women. On the other hand, in the area of mental health, the demand for care of men and women migrants is almost nonexistent. Therefore – although not exclusively – these two sets of goals run in parallel with the two health areas selected in this study. Thus, for the analysis of the relation between migration and illness experiences, I mainly focus on migrants' mental health. Whereas, for the analysis of health practices, access, interaction and use of the Chilean healthcare system by Peruvian migrants, I focus on the area of reproductive health.

Interactions between migrants and Chilean society, outside the public health system

Explaining the existing relationship between migration and health in contexts of exclusion and discrimination, involves the analysis of migrant's illness experiences as they arise in effect of the material living and working conditions they find themselves in, in the new country. The relationship between illness and migration can be also highlighted through an analysis of the experiences of Peruvians in their own country as compared to their illness experiences as migrants in Chile. Furthermore various aspects of migrants' identity ought to be taken into consideration when studying the relationship between migration and illness experiences. These aspects are gender, national/ethnic identity and class.

Interactions between migrants and the Chilean society, inside the public health system

As part of my general objective of studying the relationship between migration and health, I will study migrants' access to the official medical system. Studying of migrants' access and interactions with the public healthcare system in turn, allows examining the role the Chilean State plays in the cultural exclusion and discrimination of Peruvian migrants. This analysis should therefore attend to the re-negotiations of migrants' cultural identity that takes place when Peruvian migrants and healthcare workers meet and interact. Furthermore an analysis of the process involved in such

interaction also allows for identification of the forms discrimination may take inside the healthcare system.

Research questions

In order to achieve the objective proposed, leading questions are formulated to orientate the direction of this research. A central question of my study is how illness and suffering is socially produced, collectively interpreted and individually experienced. Linked to this question is the extent in which the State, through the provision of healthcare, contributes to modify or to reproduce the social roots of illness, and how in this process migrants' differences are dealt with. To address these general questions my study will inquire into three interrelated areas.

Questions about exclusion, discrimination and health

Firstly, the phenomenon of Peruvian migration to Chile is relatively new. Studies about this community are incipient and available information is scant. An initial area of my study addresses the characteristics of the migrant community living in Santiago. I assert that living and working conditions of migrants in Chile are the result and manifestation of social and economic exclusion and that such a condition has a gradual impact upon migrants' health.

Experiences of discrimination – an accompanying dimension of exclusion are a central concern of this study. Thus, a question to be raised is: whether discrimination is experienced by migrants (and, if so, how)?

My inquiry also delves into the strategies and resources of those migrants in coping with adversity, illness and discrimination as I look at migrants' agency in dealing with the constraints their circumstances impose upon them. Therefore, I also investigate: what those resources are that migrants use and how effective they are.

Questions about illness experiences and idioms of distress

Secondly, as we have seen, migrants' access to healthcare in Chile is restricted. This is particularly true in cases of mental health where, as observed, migrants' demand of care in this area is almost nonexistent.

My inquiry focuses on the ongoing process of change in illness experiences taking place along with this migration. I specifically look at the way in which oppressive social relations not only trigger but also transform migrants' experiences of emotional distress as well as the language they use to communicate this distress. Questions to be asked are: What uses do migrants make of idioms of distress? What common experiences among the migrant community residing in Chile are articulated and conveyed through these idioms of distress? Are the new terminologies of distress being incorporated by migrants into their account of feelings and experiences relevant to gain understanding in Chilean society?

It is also important to know how these idioms change in the process of migration to and settlement in Chile. Is there a relation between changes in experiences of emotional distress and changes in idioms of distress used by migrants? Is discrimination reflected in migrants' experiences of emotional distress?

Questions about access to healthcare in reproductive health

Thirdly, the economic and social exclusion of migrants is clearly displayed by the limitations they face getting medical care when care is needed. Specifically, I inquire into cases of migrant women requiring reproductive healthcare; what the nature of the existing barriers limiting migrant women in accessing family planning programs is. To what extent are these barriers affecting these women's reproductive health?

Despite the lack of consistent studies of the relationship between migrants and Chile's healthcare institutions, the scant available data on the subject suggest that Peruvian clients and Chilean healthcare providers have divergent goals and expectations. For instance, Chilean caregivers have a deeply rooted belief in the utility of preventive and public health measures. This belief clashes with migrants' possibilities to gain from these measures, as they need to maintain anonymity because their legal status may be of an irregular nature.

Cultural exclusion is also manifest in those aspects of migrants' illness experiences that are neglected in the medical consultation. In addition, the denial of migrants' cultural identity can also be expressed in the existent assumptions made by the healthcare practitioner during the doctor-patient interaction. Particularly crucial are those assumptions made on women's sexuality when reproductive healthcare is provided to them. Is there a mismatch between perceptions and explanations healthcare providers have on migrants and migrants' expectations and needs? Are the perceptions of migrant women held by healthcare providers, shaping the services provided to migrants?

Finally, it is important to explore, the existence and nature of experiences of discrimination Peruvian migrants are exposed to when making use of the Chilean healthcare system. How do migrants' general experiences of discrimination in Chile influence their interaction with the healthcare system?

In order to answer the research questions posed, information was gathered from illness narratives. This included data on cultural specificities in Peruvian's perceptions of illness and health, as well as the relationship of Peruvians with healthcare institutions in their own country. In this way, relevant differences and similarities between both countries could be established. The comparison assisted us to determine whether or not continuities in experiences of exclusion and discrimination could be found in changing contexts.

Structure and content

This thesis is structured into four parts and eleven chapters:

Part I: Displacement, Discrimination and Distress

Part I contains the theoretical approach and methodology used in this study. Chapters one and two discuss the theoretical framework and are divided into two main conceptual areas and chapter three deals with the methodology of the study.

Chapter One begins by discussing theories of migration with special attention to the cultural dynamics involved in the phenomenon of transnational migration and its effects on health. It also discusses various approaches to study the relationship between discrimination and health as well as some of the methodological challenges in measuring this relation. This discussion frames the approach of this study to the problem. Finally, this chapter provides some background to understanding the roots of the conflictive interactions between the Chilean society and Peruvian migrants.

Chapter Two discusses the theoretical approaches in medical anthropology framing the problem of the study. It discusses four main theoretical approaches; the interpretative approach; the political economy of health approach; the critical approach and the social suffering approach. The linkages between these various approaches are explored, creating a middle ground perspective of analysis. In this perspective, societal forces and individual's experiences are brought into analytical focus.

Chapter Three presents the methodology used in the fieldwork. It begins with a reference to ethnography as the main methodological strategy. It describes the process of implementation and the development of the ethnographic work and explains the logic and the stages involved in doing so. This chapter also explains the use of various complementary methods to gather information on migrants' mental and reproductive health.

Part II: Migration and its Discontents

Part two consists of an ethnographic account of the daily life of a community of migrants living in downtown Santiago. It characterizes the migrant community by giving details of their living conditions as well as their social and cultural world. The aim of the ethnography is to achieve a better understanding of their illness experiences and the resources migrants utilise to face illness and adversity. This section also explores the nature of their relationship with the Peruvian society as well as with the broader Chilean Society.

Chapter Four provides a profile of the socio-demographic characteristics and health status of a migrant community living in downtown Santiago. The chapter also explains the nature of the migratory movements of Peruvians to Chile and the character of their relation with the major society.

Chapter Five discusses various dimensions of life in the migrant community. It gives a detailed account of migrants' living conditions and portrays the cultural fabric and social relations around which their migrant lives are organised in Chile. The chapter looks at how migrants create a sense of community and support; a sense of purpose that allows them to share resources and resist the adversity of their lives as migrants in Chile.

Chapter Six looks closer into more subjective elements of migrant identity stemming from their community life. It explores the dynamics of trans-national families as part of the identity shared by migrants. In addition it discusses how elements of migrants' national identity are channelled through practices around food. It also looks at changes and continuities in gender practices and identities. It addresses existing differences among migrants themselves and with the broader Chilean society through discussion on changes in migrants' status in Chile and their experiences of discrimination.

Part III: Migrants' Mental Health Status in Chile: Old and new illness experiences, idioms of distress and coping mechanisms in a hostile Context

Part three explores migrants' mental health and in particular experiences of emotional distress as connected with their lives as migrants in Chile. Migrants' emotional distress is analysed in relation to experiences of displacement, exclusion and discrimination. It also looks at the coping mechanisms put in place by migrants to deal with illness and distress.

Chapter Seven links the rise of migrants' emotional distress with the position they occupy in the social and economic structure. It begins with a characterisation of their mental health status based on a medically validated mental health test. Subsequently, and based on the illness narratives of a smaller group of migrants, the chapter explores the symptoms of distress migrants experience and how these emerge in different spheres of migrants' lives and in their social interactions in various local contexts; the work environment, migrants' trans-national families and their love relationships.

Chapter Eight focuses on the continuities and changes observed in migrants' experiences of emotional distress in Chile, among the community and in interaction with various local agents and contexts. It also looks at the process of change resulting from migrants' interactions with different local agents which is manifest in the various languages migrants use to communicate their distress.

Chapter Nine explores coping mechanisms and resources migrants put into motion when dealing with their emotional distress in Chile. The chapter discusses the responses migrants get from the Chilean medical system; the incipient process of medicalisation of migrants' emotional distress and the resistance migrants put into this process.

Part IV: Migrants' Reproductive Health and the Chilean Healthcare System

Part four inquires into the role of the State in caring for migrants' well-being and migrants' access to public healthcare. Specifically, I look at migrant women in family planning programs as well as in antenatal care and explore barriers to their access of reproductive healthcare.

Chapter Ten deals with various forms of exclusion which are manifested in i) the barriers to access of reproductive healthcare services, ii) the existent offer of contraceptive methods which is discordant with the specific needs of migrant women and iii) the lack of acknowledgement of migrants' cultural specificity by the healthcare

providers, particularly cultural beliefs regarding reproduction and birth held by women which are not addressed, ignored or neglected by the healthcare providers. This chapter also deals with the forms in which women resist the use of the contraceptive methods available to them and the difficulties they face in adapting to the existent offer.

Chapter Eleven examines the situation of migrant women as patients of family planning services within the public healthcare system. It discusses the mismatch between the demands and offer of services in family planning programs and the (lack of) responses of the public healthcare system to the specific reproductive needs of migrant women.

The Conclusion presents a summary and a discussion of the main results. The discussion focuses on the relationship between illness as a social and cultural experience in relation to migration, in contexts of displacement, and discrimination.