

MIGRANT WORKERS FROM CENTRAL ASIAN COUNTRIES ON THE RUSSIAN LABOR MARKET: LIVING CONDITIONS AND SELF-PRESERVING BEHAVIOR

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ABSTRACT

Work migrants fall into the category of vulnerable groups in the host society, a fact that is stipulated by a wide range of risk factors, on the one side, and obstacles in obtaining medical and social assistance, on the other. Thus, the danger of spreading public health hazards within migrant groups in host societies is growing, which may, according to certain experts, pose a problem to the society as a whole. The goal of this research is to determine the tenability of concerns regarding the substantial threat of spreading public health hazards among Central Asian work migrants in Russia. 498 work migrants, citizens of Central

Asian states, were polled in Moscow. The social and demographic makeup of the respondents largely coincides with that of similar groups examined by other authors, which allows us to consider our results on the health status and self-preserving behavior representative of this population group in major Russian cities. The results attest to the fact that the main health risks, aside from professional ones, lie with the work migrants' living conditions and the nature of their diet, which is characterized by a high intake of low-quality meat products, and a low intake of dairy products, fruits and vegetables. The nature of the diet is directly

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linked to provoking diabetes mellitus and cardiovascular disease, the risk of which is increased by family anamnesis and the lack of information on risk prevention. While the frequency of sexual contacts is relatively high, only under 50% of the respondents use any means of protection. Over one third of the men and over one half of the women with more than one sexual partner practice unprotected sex, which may lead to the

spread of sexually transmitted diseases. Meanwhile, work migrants intend to seek medical aid in case of an illness, particularly if they possess Mandatory Medical Insurance, and, regardless of the motives that prioritize a visit to a medical institution over other methods of "fighting the disease," these results are significant in improving the epidemiological situation in the regions that actively attract work migrants from Central Asia.

KEYWORDS: *work migrants, health, risk factors, self-preserving behavior, seeking medical aid.*

Introduction

Work migrants are considered one of the vulnerable groups in the host society due to a wide range of risk factors (poverty, poor living conditions and nutrition, heavy non-regulated labor with adverse factors, racial and ethnic discrimination), on the one side, and obstacles to receiving medical and social assistance (language barrier, cultural differences, subjective perception of health and illness, etc.), on the other¹. The overlap of poor socioeconomic conditions with political, administrative and cultural factors leads to the deterioration of migrants' health indicators and a loss of working capacity. From this perspective, international organizations emphasize the risks of work migration for both countries of origin and host societies. For the former, the risk is linked to an increase in the number of work migrants with "ruined" health, who return to their communities for treatment and rehabilitation. In the host societies, the danger of spreading public health hazards that develop due to

¹ See: I.V. Zhuravleva, L.Iu. Ivanova, "Migranty: sotsialno-ekonomicheskie usloviia zhizni, vliiaushchie na zdorovie, i obrashchaemost v rossiiskie meditsinskie uchrezhdeniia (rezultaty oprosa v Sankt-Peterburge)," *Sotsialnye aspekty zdorovia naseleniia. Elektronnyi nauchnyi zhurnal*, Vol. 43, No. 3, 2015; L.Iu. Ivanova, "Sotsialnye riski dlia zdorovia trudovykh migrantov," *Vestnik Instituta sotsiologii*, No. 1 (6), 2013, pp. 130-145; G.A. Ivakhnenko, "Zdorovie migrantov: sotsiologicheskii analiz," in: *Sotsiologiya meditsiny: nauka i praktika. Sbornik statei po materialam nauchno-prakticheskoi konferentsii s mezhdunarodnym uchastiem*, ed. by A.V. Reshetnikov, Moscow, No. 2, 2012, pp. 267-270; idem, "Zdorovie trudovykh migrantov v Rossii," *Sotsiologiya meditsiny*, No. 2 (23), 2013, pp. 48-51; N.F. Izmerov, N.I. Izmerova, I.V. Bukhtiiarov, M. Khodzhev, "Osobennosti adaptatsionnykh reaktivnykh u zhenshchin-migrantok i riski narusheniia zdorovia pri razlichnoi dlitelnosti prebyvaniia na territorii moskovskogo regiona," *Analiz riska zdoroviu*, No. 2, 2017, pp. 119-127; I. Kuznetsova, L. Mukharamova, "Trudovye migranty v sisteme meditsinskikh uslug: formalnye i neformalnye strategii," *Zhurnal issledovaniia sotsialnoi politiki*, Vol. 12, No. 1, 2014, pp. 7-20; I.B. Kuznetsova, L.M. Mukharamova, G.G. Vafina, "Zdorovie migrantov kak sotsialnaia problema," *Kazanskii meditsinskii zhurnal*, Vol. 94, No. 3, 2013, pp. 367-372; L.M. Mukharamova, I.B. Kuznetsova, G.G. Vafina, "Bolnoi, patsient, client: pozitsii trudovogo migranta v rossiiskoi sisteme zdravookhraneniia (na primere respublik Tatarstan)," *Vestnik sovremennoi klinicheskoi meditsiny*, Vol. 7, No. 1, 2014, pp. 43-49; S.V. Riazantsev, Sh.Iu. Akramov, "Vliianie trudovoi migratsii na zdorovie migrantov v Rossii i ikh suprugov v Tadjikistane," *Vestnik Tadjikskogo gosudarstvennogo universiteta prava, biznesa i politiki*, Social Sciences Series, No. 5 (61), 2014, pp. 189-197; V.G. Khramtsov, V.V. Khramtsov, "Zdorovie trudovykh migrantov—zdorovie rossian," *Meditsinskii aliats*, No. 1, 2015, p. 79; P.S. Iuriev, "Zdorovie trudovykh migrantov, kak faktor, zatrudniaiushchii ikh sotsialnuiu adaptatsiiu v Rossii," in: *Obshchestvo i zdorovie: sovremennoe sostoiianie i tendentsii razvitiia, Sbornik materialov Vserossiiskoi nauchno-prakticheskoi konferentsii s mezhdunarodnym uchastiem*, Moscow, 2013, pp. 1485-1497.

lowered immune function, poor nutrition, unsanitary living conditions, cultural shock and social exclusion, emerges.

Russia is one of the world leaders in terms of the scale of migration. A substantial proportion of all work migrants arriving in Russia hail from Central Asian states. Temporary work migration became an essential resource for Russian economy in the 1990s, as labor resource-related problems exacerbated. The number of work migrants in Russia has reached its peak in the 2000s. Currently, the Russian labor market appeals to able-bodied populations from Central Asia, Transcaucasia, certain Asian and Eastern European countries². The official statistics on the number of work migrants in the Russian Federation is based on the number of authorization documents issued by the Federal Migration Service. In 2014, 3.69 million such documents were issued, including 2.387 million patents and 1.303 million work permits. However, the latest financial and economic crisis has once again cut down the number of work authorization documents issued in Russia, and in 2016 their number declined to a total of 1.887 million, including 1.71 million work patents, and 177,000 work permits³.

An unfavorable epidemiological situation in most of Central Asian states and considerable health risks that await work migrants in Russia are, according to the experts,⁴ what determines the emerging threat of spreading public health hazards not only within the work migrant community, but also within the Russian population.

Methods and Materials

The goal of this research was to determine the feasibility of concerns related to the significant threat of spreading public health hazards among work migrants from Central Asia in Russia.

In the course of our research 498 work migrants, citizens of Central Asian countries, were polled in Moscow. Two thirds of them (68.6%) were citizens of Uzbekistan, a quarter (25.9%)—of Tajikistan, the remainder was comprised of Kyrgyzstan citizens. Dominant ethnic groups were prevalent in the national makeup of the migrants, comprising from 84% among Kyrgyzstan citizens to 95.3% among Tajikistan citizens. The national makeup of Uzbekistan citizens is the most diverse—besides 87.8% of Uzbeks, there also Tajiks (3.9%), Tatars (4.2%). Koreans (1.8%), Russians (1.5%), along with persons of Kyrgyz, Karakalpaks and other nationalities.

Work migrants are mostly male, with three times more men in the sample than women. Moreover, the men are generally younger—the average age for males is 32.4±0.6 years, for women — 37.9±0.7 years. Among those under 25, there are 13 men per 1 woman, while there are 2 men per 1 woman in the 45-54 age group.

Work migrants from Central Asian countries are fairly educated: two thirds (65% of men and 61.7% of women) have completed secondary education or secondary vocational training, while one quarter (26.9% of men and 29.6% of women) received post-secondary education, including incomplete higher education. Only slightly over 8% of the respondents have not completed secondary edu-

² See: Ryazantsev S. "Russia Needs a New Migration Policy," *Russian Politics and Law*, Vol. 51, No. 3, 2013, pp. 80-88. DOI: 10.2753/RUP1061-1940510305.

³ See: E. Pismennaya, S. Ryazantsev, V. Bozhenko, "Central Asian Diasporas in the Russian Federation: Migration Channels and their Contribution to the Socioeconomic Development of Sending Communities," *Central Asia and the Caucasus*, Vol. 17, Issue 4, 2016, pp. 87-94; S. Ryazantsev, I. Bogdanov, V. Dobrokhleb, A. Lukyanets, "Migration from Central Asian Countries to Russia and Kazakhstan in the Context of Integration Processes in the Eurasian Economic Union Format," *Central Asia and the Caucasus*, Vol. 18, Issue 1, 2017, pp. 39-49.

⁴ See: L.Iu. Ivanova, "Trudovye migranty: infektsionnye zabolevaniia, kontrol za zdoroviem pri v'ezde i meditsinskaia pomoshch v RF," in: *Obschestvo i zdorovie: sovremennoe sostoianie i tendentsii razvitiia*, pp. 503-515; I.B. Kuznetsova, L.M. Mukhamarionova, G.G. Vafina, op. cit.; V.G. Khrantsov, V.V. Khrantsov, op. cit.

education. The education status depends significantly on the respondent's original place of residence: approximately one half of the respondents from capital cities have a higher degree (56% of men and 47.4% of women), while the numbers are significantly lower for rural population—18.4% and 15.8%, respectively.

The social and demographic makeup of the polled work migrants from Central Asian countries generally coincides with that of similar groups examined by other authors⁵. This allows us to consider the results obtained regarding the health status and self-preserving behavior as representative for this population group in major Russian cities.

Results

Our research has demonstrated that male work migrants are most frequently engaged in the following labor spheres: construction (26.6%), sales (20.5%), food industry (13.7%), transportation (13.1%), housing and utilities sector (11.7%), services, including remodeling and repairs, hotel and tourist services, security, etc. (6.7%). Among females the distribution is as follows: food industry (29.6%), sales (24.1%), service industry (13.6%), house-making and housing and utilities services (10.5% each). Only in rare cases the migrants are employed in health care, educational, cultural, advertising or financial spheres.

The sector of employment depends to a certain extent on the education received. Men and women with a higher education level are more frequently employed in the food industry and sales, while the less educated migrants work in the housing and utilities sphere and house-making. As for the service industry, it employs a greater number of less-educated men along with better-educated women, which is due to the differences in their specific occupations. Meanwhile, the share of men employed in construction and transportation sectors does not depend on their education level. For females, this correlation is non-existent due to their low level of engagement in these types of labor.

Work conditions, earnings and place of habitat are partly determined by the sector of employment, which, in turn, configures the health predictors.

More than a half of work migrants (53.9%) live in an apartment or a room rented jointly by several people; another quarter of the respondents (23.9%) rent an apartment or a room for themselves or their families. A little less than one tenth of the respondents (8.2%) live in dormitory-type housing. Living on the work site (office, basement, trailer, attic, house to be demolished, garage, etc.) is considered the option that is most detrimental to health, and it was selected by 10.4% of the respondents. Living at the employer's home was the least common (3.6%).

In addition, the place of habitat depends significantly on the nature of employment. For example, two thirds of those engaged in house-making live on their work site, which includes 44.1% of the respondents who live at their employers' homes. The largest percent of workers who rent an apartment for themselves and their families was discovered among those employed in sales (31.0%). The majority of workers employed in the service and food industries live in housing rented jointly by several people (70.4% and 69.4%, respectively). The share of workers living in dormitory housing is

⁵ See: I.V. Zhuravleva, L.Iu. Ivanova, op. cit.; L.Iu. Ivanova, "Sotsialnye riski dlia zdorovia trudovykh migrantov"; G.A. Ivakhnenko, op. cit.; E.Iu. Tiavokina, A.G. Sofronov, A.E. Dobrovolskaia, A.P. Saveliev, "Opyt primeneniia metoda ankietirovaniia pri izuchenii riskovannogo povedeniia kak znachimogo faktora rasprostraneniia VICH-infektsii sredi trudovykh migrantov," in: *XVI s'ezd psikiatrov Rossii. Tezisy Vserossiiskoi nauchno-prakticheskoi konferentsii s mezhdunarodnym uchastiem "Psihiatriia na etapakh reform: problemy i perspektivy,"* ed. by N.G. Neznanov, St. Petersburg, 2015, p. 338; P.S. Iuriev, op. cit.

greater among those employed in transportation (13.9%), the housing and utilities sector (12.8%) and construction (13.1%).

There were no persons with self-assessed poor health among the respondents. Two thirds of the men deemed their health excellent or good, and one third stated that it was satisfactory. Among females the good and satisfactory ratings were distributed uniformly. A large share of satisfactory evaluations is related to the higher average age of female work migrants in comparison with their male counterparts, as the subjective perception of health becomes more negative with age. Meanwhile, the proportion of good and satisfactory health self-assessments among men and women of the same age did not differ significantly (see Table 1).

Table 1

Health Self-Assessment of Work Migrants from Central Asia, %

| Age | Men | | Women | |
|--------------|--------------------------|---------------------|--------------------------|---------------------|
| | Excellent or Good Health | Satisfactory Health | Excellent or Good Health | Satisfactory Health |
| Under 25 | 84.4 | 15.6 | 75.0 | 25.0 |
| 25-39 | 68.9 | 31.1 | 63.9 | 36.1 |
| 40 and older | 48.7 | 51.3 | 38.2 | 61.8 |
| Total | 65.2 | 34.8 | 53.0 | 47.0 |

Health self-assessment is practically unrelated to the presence of chronic diseases, the incidence of which is relatively low among work migrants for apparent reasons. Only very few respondents (1.8% of the men and 6.0% of the women) reported being aware of suffering from a chronic health condition. Both men and women reported diabetes mellitus as the prevalent condition, along with tuberculosis and hepatitis. Meanwhile, there are grounds to believe that the incidence of chronic health conditions among work migrants is, in fact, higher, and they may not suspect the presence of serious conditions at early stages. Burdened medical history and wide propagation of risk factors attest to that possibility.

For example, the respondents' closest relatives, including parents, brothers and sisters present with a relatively wide range and high incidence of chronic conditions. Approximately one half of the respondents (44.9% of the men and 45.2% of the women) have pointed out that their parent families present with serious chronic conditions, the most common of which are diabetes mellitus, myocardial infarction, stroke, as well as alcoholism, hepatitis and tuberculosis.

Health-related behavior can also hardly be considered self-preserving, although the situation in regard to the leading risk factors is relatively favorable.

On the average, over one half of the men (54.3%) and 9/10 of the women (89.2%) do not smoke. Among those who do smoke, there are no heavy smokers—most respondents smoke up to 10 cigarettes daily. Furthermore, there's a clear correlation: 63.2% of the men who consider their health excellent or good do not smoke, whereas only 37.6% do not smoke among those who consider their health satisfactory. There's no such correlation for women due to the low number of smoking women.

29.3% of the men and 63.4% of the women do not consume alcohol. Meanwhile, 7.5% of the men consume alcohol daily, although the consumption is predominantly limited to low-alcohol drinks, such as beer and unfortified wine. Just as in regard to smoking, healthier behavior is characteristic of people who consider their health excellent or good—36.2% of them don't consume alcohol

at all, and only 5.6% do so daily. At the same time, only 16.6% of the respondents who assess their health as satisfactory do not consume alcohol, while daily consumption is characteristic of 11%.

The frequency of food intake, as well as its structure, are important factors in health preservation. According to the poll data, the majority of the respondents eat three times a day, while a greater number of meals per day is characteristic of both respondents with excessive body weight, and those with a body mass deficit. The obtained results contradict the conventional patterns, and are probably explained in the former case (obesity) by excessive consumption of high-calorie food, and in the latter case (body mass deficit)—by a disorder of the digestive system, wherein significant intervals between meals provoke pain symptoms (see Table 2).

Table 2

**Frequency of Food Intake among Central Asian Work Migrants,
Relative to Body Mass, %**

| | Typical Number of Meals Per Day | | | | Total |
|----------------------|---------------------------------|------|-------|------------|-------|
| | One | Two | Three | Over Three | |
| Deficit of body mass | — | 18.2 | 54.5 | 27.3 | 100.0 |
| Excessive body mass | 0.5 | 23.0 | 59.0 | 17.6 | 100.0 |
| Normal body mass | 0.5 | 13.5 | 67.6 | 18.4 | 100.0 |
| Obesity | — | 13.8 | 48.3 | 37.9 | 100.0 |
| Total | 0.5 | 17.0 | 63.3 | 19.3 | 100.0 |

Meat products take up a significant place in the structure of nutrition: over one half of the respondents (54.8%) reported eating meat daily. In addition, one third of the respondents (31.7%) reported consuming meat only several times per month, and 5% claimed that they do not eat meat products at all. The frequency of meat product consumption is linked closely to body mass: almost 70% of obese respondents eat meat daily, and only one third of those with a body mass deficit report daily meat consumption. Furthermore, 8.3% of the respondents with body mass deficit do not eat meat at all, while this type of eating behavior is not encountered among the obese respondents (see Table 3).

Table 3

**Frequency of Meat Product Consumption by Central Asian Work Migrants,
Relative to Body Mass, %**

| | Daily | Several Times Per Day | Several Times Per Month | Do Not Consume | Total |
|---------------------|-------|-----------------------|-------------------------|----------------|-------|
| Body mass deficit | 33.3 | 20.8 | 37.5 | 8.3 | 100.0 |
| Excessive body mass | 58.0 | 8.5 | 29.5 | 4.0 | 100.0 |
| Normal body mass | 53.1 | 7.6 | 33.5 | 5.7 | 100.0 |
| Obesity | 69.0 | 10.3 | 20.7 | — | 100.0 |
| Total | 54.8 | 8.5 | 31.7 | 5.0 | 100.0 |

Consumption of fruits and vegetables is a significant indicator of healthy nutrition. At first it seems that the situation is favorable in that respect: almost two thirds (61.6%) of the respondents reported eating fruits and vegetables daily, however, a quarter of the respondents (26.1%) stated that they only consume fruits and vegetables several times a month. The correlation of fruit and vegetable consumption with body mass corresponds to familiar patterns—minimal frequency of consumption is characteristic for respondents with obesity (48.3%—daily and 41.4%—several times a month), and maximum frequency—for respondents with normal body mass (66.2%—daily, 22.6%—several times a month) (see Table 4).

Table 4

Frequency of Fruit and Vegetable Consumption by Central Asian Work Migrants, Relative to Body Mass, %

| | Daily | Several Times Per Day | Several Times Per Month | Do Not Consume | Total |
|----------------------------|-------|-----------------------|-------------------------|----------------|-------|
| Body mass deficit | 58.3 | 4.2 | 37.5 | — | 100.0 |
| Excessive body mass | 60.7 | 9.4 | 21.4 | 8.5 | 100.0 |
| Normal body mass | 59.1 | 8.4 | 29.4 | 3.0 | 100.0 |
| Obesity | 48.3 | 3.4 | 31.0 | 17.2 | 100.0 |
| Total | 59.2 | 8.4 | 27.0 | 5.4 | 100.0 |

Thus, as we sum up the analysis of health risk factors, it should be noted that the main risks, aside from professional risks, lie with the living conditions and the nature of the diet. The latter is directly related to the provocation of diabetes mellitus and cardiovascular diseases, the risk of which is increased with regard to work migrants' family anamnesis.

Judging by the research results⁶, the practice of unprotected sex, which leads to the spread of infections, is an important risk factor in the work migrants' health.

Based on the poll results, occasional irregular sexual relations are characteristic of most respondents (64.9% of men and 58.9% of the women), while another quarter of the men (26.7%) and approximately a third of the women (31.1%) claimed having sexual contacts several times a week. Among women the maximum frequency of sexual contacts is typical of those under 25 (57.1%—several times a week, 28.6%—daily), and among men—of those between 25 and 39 years of age (27.8%—several times a week, 12.5%—daily). In all age groups the frequency of sexual contacts is greater among women, although for men and women over 40 these indicators converge (see Table 5).

Despite the relatively high frequency of sexual relations, the respondents use means of protection in less than one half of the cases—42.0% of the men, and 46.0% of the women. Approximately one fifth of the men and a quarter of the women never practice protected sex (18.9% and 26.0%, respectively). The means of protection were least frequently used in daily sexual relations, and most frequently—in occasional and irregular contacts (see Table 6).

⁶ See: L.Iu. Ivanova, "Trudovye migranty: infektsionnye zabollevaniia, kontrol za zdoroviem pri v'ezde i meditsinskaia pomoshch v RF," pp. 503-515; G.A. Ivakhnenko, op. cit.; E.Iu. Tiavokina, A.G. Sofronov, A.E. Dobrovolskaia, A.P. Saveliev, op. cit.; V.G. Khramtsov, V.V. Khramtsov, op. cit.

Table 5

Frequency of Sexual Contacts among Polled Central Asian Work Migrants, %

| Age | Frequency of Sexual Contacts | | | |
|--------------|------------------------------|------------------------|-----------------------|-------|
| | Daily | Several Times Per Week | Irregular, Occasional | Total |
| Men | | | | |
| Under 25 | 3.0 | 14.9 | 82.1 | 100.0 |
| 25-39 | 12.5 | 27.8 | 59.7 | 100.0 |
| 40 and older | 3.4 | 29.9 | 66.7 | 100.0 |
| | 8.4 | 26.7 | 64.9 | 100.0 |
| Women | | | | |
| Under 25 | 28.6 | 57.1 | 14.3 | 100.0 |
| 25-39 | 12.5 | 30.0 | 57.5 | 100.0 |
| 40 and older | 4.7 | 29.7 | 65.6 | 100.0 |
| | 9.9 | 31.1 | 58.9 | 100.0 |

Table 6

Using Means of Protection in Sexual Contacts by Central Asian Work Migrants, Relative to Frequency of Contacts, %

| Frequency of Sexual Contacts | Using Means of Protection | | | | Total |
|------------------------------|---------------------------|--------------------------------|-----------------------------------|-----------|-------|
| | Yes, Always | Use Frequently, But Not Always | Use Sometimes, But Not Frequently | Never Use | |
| Men | | | | | |
| Daily | 31.7 | 17.1 | 12.2 | 39.0 | 100.0 |
| Several times per week | 38.0 | 21.7 | 23.3 | 17.1 | 100.0 |
| Irregular, occasional | 45.7 | 19.6 | 19.2 | 15.5 | 100.0 |
| Total | 42.0 | 19.7 | 19.5 | 18.9 | 100.0 |
| Women | | | | | |
| Daily | 20.0 | 6.7 | 6.7 | 66.7 | 100.0 |
| Several times per week | 34.8 | 21.7 | 17.4 | 26.1 | 100.0 |
| Irregular, occasional | 56.2 | 7.9 | 16.9 | 19.1 | 100.0 |
| Total | 46.0 | 12.0 | 16.0 | 26.0 | 100.0 |

It was expected that daily or periodic (several times per week) sexual contacts imply a regular partner, which would lower the risk of sexually transmitted diseases. However, as the poll had demonstrated, the share of men and women who always use protection is greatest among those with a single partner—47.9% among men and 47.2% among women, as opposed to 37.5% and 33.3%, respectively, among those with several partners. Meanwhile, over a third of the men and over a half of the women with several sexual partners do not use any means of protection (more often than not or never).

If the respondents' answers regarding their sexual behavior are regarded as authentic, then the responses related to sexually transmitted diseases in the preceding six months should be recognized as misleading. For example, only 2.2% of the men reported contracting sexually transmitted diseases in the preceding six months, with a uniform distribution among those who have claimed using means of protection and those who have neglected protected sex. According to the women's responses, there weren't any cases of sexually transmitted diseases among them in the preceding six months. Such results can probably be attributed to an attempt to conceal the presence of a disease, as well as to the existing symptoms being misjudged as irrelevant to a disease.

Conclusion

The socio-demographic makeup of the polled work migrants from Central Asian states generally corresponds to that of the groups examined by other authors, which allows us to assess the obtained results related to the health status and self-preserving behavior as representative for this population group in major Russian cities. Work migrants from Central Asia are represented by persons of working age: mostly young men and middle-age women, predominantly urban residents (from large and mid-size towns), fairly educated (predominantly with secondary education or secondary vocational training), capable of understanding and speaking the Russian language in social interactions.

The sector of employment partially determines the work conditions, earnings and place of residence, which, in turn, form the predictors of the work migrants' health. The most frequent spheres of work for men are construction, sales, food industry, transportation, housing and utilities sector. The women mostly work in food industry, sales, service industry, house-making and housing and utilities sector. Over one half of work migrants live in an apartment or a room rented jointly by several people. Living at the workplace (office, basement, trailer, attic, house to be demolished, garage, etc.) is the most detrimental to health, and was the option indicated by one tenth of the respondents.

There were no persons with self-assessed bad health among the respondents. That said, there are grounds to believe that chronic conditions are more frequent among work migrants than it is reported, and they may not be aware of the early stages of their chronic diseases. Burdened anamnesis (chronic conditions in the parental family) and widespread distribution of risk factors may attest to this fact.

Aside from professional risks, the main risks lie with the living conditions and the nature of work migrants' diet, which is characterized by high consumption of low-quality meat products, and low consumption of dairy products, fruits and vegetables. The nature of the diet is linked directly to provoking diabetes mellitus and cardiovascular diseases, the risk of which is increased in light of the family anamnesis.

Respondents with a high risk of chronic pathology lack information on risk management, since the majority of them does not possess the data on their blood pressure, cholesterol level or even body mass index. With due regard for the categories who have not indicated the time or reason for the last medical treatment sought, as well as those who have sought such treatment over a year prior to enter-

ing Russia, it can be stated that over one third of work migrants have arrived without up-to-date information regarding their health status.

While reported sexual contacts are relatively frequent, the respondents use means of protection in less than one half of the cases. Over one third of the men and over one half of the women with several sexual partners practice unprotected sex. If the respondents' answers are to be considered authentic, then it should be recognized that the responses related to sexually transmitted diseases in the preceding six months (2.2% of the men, and none of the women) are not true to reality. Such results can probably be attributed to an attempt to conceal the presence of a disease, as well as to the existing symptoms being erroneously assessed as irrelevant to a disease.
