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Seeking Health Care for Themselves and Their Children During Labour Migration Interviews with Women Who Returned to Uzbekistan

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A B S T R A C T

This study examines how women from Uzbekistan responded when they or their children became ill during periods of employment abroad, which health services they used, and what shaped their access to care. We draw on online and face-to-face interviews with 56 women who returned to Uzbekistan after working in various countries. Participants were recruited through snowball sampling, with initial interviewees referring other women to the study. The analysis traces what women did between noticing symptoms and obtaining care, whom they approached, and how they explained their decisions. For episodes involving a child, we distinguish between two living arrangements. Where children lived abroad with their mothers, we examine how they obtained care in the destination country. Where children remained in Uzbekistan, we consider how mothers helped arrange care and treatment from abroad.

1. INTRODUCTION

When a woman working abroad feels unwell, where and when she consults a doctor may depend on her working conditions, her family responsibilities, and her familiarity with local health services. When her child falls ill, two further questions arise. Who takes the child to the doctor, and who decides on treatment? Understanding the health of mothers and children during labour migration requires tracing what happens between the moment a family recognises a need for care and the point at which it obtains help.

In a qualitative study of Central Asian women who had worked in Russia, participants described how financial hardship made it difficult to set aside time or money for their own health. Their experiences also depended on whether they knew where to seek care, could communicate with a provider in a shared language, and trusted that provider. These accounts raise a practical question. Once a woman recognised that she needed care, what options were open to her?

For children, an important consideration is where and with whom they lived at the time of illness. A UNICEF study in four regions of Uzbekistan found that close relatives often cared for children who remained in the country when one or both parents went abroad for work. A mother whose child lived with her abroad may describe how she found a paediatrician, attended an appointment, or arranged treatment. For a child who stayed in Uzbekistan, the relevant questions are how the mother learned of the illness, how she and the caregiver reached decisions, and what part she played in the child's treatment.

This study examines how women who returned to Uzbekistan after working in different countries sought care for themselves and their children. It draws on online and face-to-face interviews with 56 women. The analysis centres on accounts of specific episodes. Whom did women approach first when they or their children fell ill? What help did they receive? How did working conditions and the involvement of family members shape their decisions? These questions place health service use in the context of women's daily lives and caregiving responsibilities during labour migration.

2. LITERATURE REVIEW

An account of access to health care begins with what a woman does when symptoms first appear. Levesque and colleagues (2013) describe access in terms of a person's ability to recognise a need for care, identify where to seek it, reach a provider, pay for services, and participate in treatment. For women working abroad, difficulties can arise at any of these stages. A woman may know exactly which clinic to visit yet postpone a consultation because its opening hours coincide with her shift or its fees exceed what her family can afford.

Seeking care for oneself. King, Dudina, and Dubrovskaya (2020) interviewed Central Asian women working in Russia and professionals who provided services to them. In discussing decisions about seeking care, women described financial difficulties, uncertainty about where to obtain reliable information, communication with doctors, and experiences of

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discrimination. A study in Türkiye involving 41 women from 18 countries also highlighted the role of family responsibilities. Participants sought doctors for themselves while also taking responsibility for finding care for children, spouses, or parents. Understanding women's encounters with health services therefore requires attention to whom they sought care for, under what circumstances, and with whose support.

When children live abroad with their mothers. Even parents who know how to obtain treatment for themselves may encounter unfamiliar requirements when seeking paediatric care. An International Organization for Migration study of Central Asia documented such difficulties in Kazakhstan. Families struggled to obtain care if a child had not been issued a personal identification number, if parents did not know which facility to approach, or if they could not afford a consultation fee. To understand a family's decision when a child falls ill, it is necessary to establish which services the family could actually use at the time.

When children remain in Uzbekistan. In a UNICEF study in Uzbekistan (2019), 76 of the 174 children who reported being ill in the preceding three months (44%) had consulted a doctor. Thirty-two per cent reported asking a family member for advice, and 20% reported obtaining medicine from a pharmacy. The study found no statistically significant association between parental migration and a deterioration in child health. Research by B. Rabiev (2026) on migrant mothers from Uzbekistan suggests that a family's ability to pay for care and its capacity to provide day-to-day care may change in different ways. A mother's remittances may cover a consultation fee. Recognising symptoms promptly, taking the child to a doctor, and following up on treatment also depend on the time and resources available to the person living with the child.

Drawing on interviews with 56 women who returned to Uzbekistan, this study brings together two experiences discussed in the literature, namely seeking care for oneself and arranging it for a child. Each episode raises a set of questions. Who noticed the symptoms? Whom did the family first consult? Who decided whether to seek an examination or begin treatment, and what care did the family ultimately receive? Interpreting the mother's role in those decisions requires knowing whether the child was living with her abroad or with relatives in Uzbekistan.

3. ANALYSIS AND FINDINGS

Online and face-to-face interviews were conducted with 56 women who had returned to Uzbekistan after working in various countries. Participants described the help they received when they became ill and their experiences of caring for children who accompanied them abroad or remained in Uzbekistan.

Women's accounts of access to health care and caregiving arrangements during employment abroad

Experience reported	**Participants (N = 56)**
Unable to see a doctor when ill abroad and bought medication on the advice of a pharmacy worker	Approximately 80%
Had a child aged 3–15 living with her abroad	23 (41.1%)
Had a child who remained in Uzbekistan in the care of grandparents	40 (71.4%)

Note. *The first percentage is rounded in the interview summary. The two groups relating to children overlap because children from the same family could live in different countries during their mother's migration*.

Women's access to care for themselves. Participants attributed difficulties seeing a doctor to language barriers and social barriers they encountered locally. When unwell, they turned to pharmacies for advice and medication. As examples of occasions when they did see a doctor, women mentioned appendicitis and fractures of an arm or leg. In the serious cases they described, local friends from work took them to a health facility.

Children living abroad with their mothers. Mothers reported that their children aged 3–15 received health examinations at the preschools or schools they attended. These examinations gave children an opportunity to see a health professional through their educational institution. The interview summary provides no separate account of how families obtained paediatric consultations or treatment when a child fell ill.

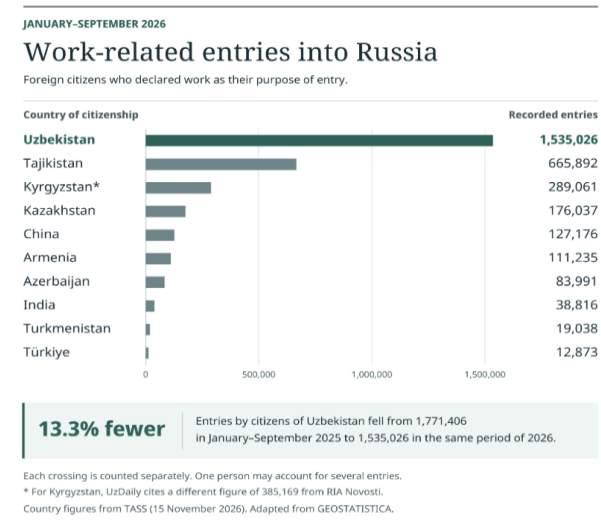
Children who remained in Uzbekistan. In some families with two or three children, the older children stayed with their grandparents in Uzbekistan. Some mothers described occasions when relatives did not tell them that a child was seriously ill while they were working abroad. The mothers understood this as an attempt to spare them worry. In these cases, grandparents provided day-to-day care while the mother remained unaware of the child's condition during the illness. The number of families reporting this experience was not recorded separately.

4. DISCUSSION

Two questions capture different aspects of migrant families' access to health services. Did the person see a doctor? Did they receive the help they felt they needed? In the UNICEF study in Uzbekistan, 76 of 174 children who reported illness in the preceding three months (44%) had consulted a doctor. In response to a separate question, eight of the 702 children surveyed reported having been unable to obtain help when they felt they needed it. The first measure describes physician consultations. The second captures unmet need as perceived by the child. In interpreting mothers' interviews, it is therefore important to examine their own reasons for each occasion when they did not see a doctor.

In their study of Central Asian women migrant workers, King and colleagues (2020) found that care-seeking was shaped by financial resources, knowledge of available services, the ability to communicate with a doctor in a shared language, and trust in the doctor. Their findings provide a point of comparison for the interviews with women from Uzbekistan. For example, being unable to pay a consultation fee and being unsure which facility to visit may both delay an examination. A family facing the first difficulty may need financial assistance, while one facing the second needs information it can understand and use.

Russia illustrates the scale of one route for labour migration from Uzbekistan. Between January and September 2026, foreign nationals declared work as their purpose of entry into Russia on more than 3.2 million occasions. Citizens of Uzbekistan accounted for 1,535,026 of these entries. The figures count border crossings and provide no breakdown of the proportion attributable to women or information on health service use. They serve here to indicate the scale of migration. The evidence on how women obtained care comes from interviews with returnees who had worked in several countries. Given the use of snowball sampling, the findings are interpreted within the scope of the experiences described by the women interviewed.



Work-related entries into Russia by country of citizenship, January–September 2026. Counts represent border crossings by foreign citizens who declared work as their purpose of entry. An individual may be counted more than once.

Between January and September 2026, citizens of Uzbekistan accounted for 1,535,026 work-related entries into Russia, down 13.3% from 1,771,406 in the same period of 2025. These figures illustrate the scale of labour migration from Uzbekistan to one major destination. They provide no breakdown by sex, parental status, or use of health services. The present study draws on interviews with 56 women who returned to Uzbekistan after working in several countries to examine a question that border statistics cannot answer: when mothers or their children became ill during labour migration, how did families obtain care? The interviews distinguish between mothers seeking treatment for themselves, arranging care for children who lived with them abroad, and participating from a distance in decisions about children who remained in Uzbekistan.

5. CONCLUSION

Interviews with 56 women who returned to Uzbekistan after working abroad illustrate how language and support from local contacts shaped access to a doctor. Approximately 80% of participants said that, when ill, they had been unable to see a doctor and had instead purchased medication on the advice of a pharmacy worker. Women attributed these difficulties to language and social barriers in the destination country. In the serious cases they described, local friends from work took them to a health facility.

Children's care arrangements depended on where and with whom they lived. Twenty-three mothers reported that their children aged 3–15 who lived with them abroad received health examinations at preschool or school. For 40 participants, grandparents cared for children who remained in Uzbekistan. Some mothers said that relatives had withheld news of a child's serious illness to spare them worry. In these circumstances, whether a mother could take part in treatment decisions in time depended in part on when she learned of the illness.

Two practical implications follow from these accounts. Women working abroad need information, in a language they understand, about where to see a doctor and how to arrange a consultation. When a child remains in Uzbekistan, the mother and the relatives caring for the child could agree in advance on circumstances that require immediate contact. These conclusions reflect the experiences reported by the 56 women recruited through snowball sampling.

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