



## The Impact of Medical Illness Repatriation to Filipino Seafarers

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### **Abstract**

Medical illness among Filipino seafarers has resulted to repatriation cases. Thus, this study narratively captured the experiences of the eight (8) medically repatriated participants to understand the impact of repatriation on them. Using a validated interview guide, this study determined the common categories of the participants' illness, the factors that led to their repatriation, the impact on their life, career, and finances, as well as their coping mechanisms. It was revealed that gastrointestinal, cardiovascular, genitourinary, and musculoskeletal disorders have been the most common illness of the participants wherein personal characteristics, management style, and physical environment are found to be the perceived causes of their health condition. Moreover, findings show that their repatriation due to medical illness has significant impact to their lives, careers, and finances. However, their resilience and ability to adapt helped them overcome these problems, through diversification of income sources, skill enhancement and career transition, as well as prioritizing their physical health and well-being. Out of the eight participants, seven were declared fit to work after treatment and were given a chance to be re-hired again by their last manning agency. Highly focused recommendations were also provided for the seafarers, the Philippine government, and manning agencies. Among them are healthy living choices, strict implementation of ILO MLC 2006 regulation on hours of work and rest, free HMO provisions from manning agencies, as well as resilience and financial literacy training.

**Keywords:** *Repatriation; Medical Illness; Filipino Seafarers; Health and Well-being; Manning Agency; Resilience; Career*

### **Introduction**

The total number of seafarers serving aboard international trading merchant ships is about 1,892,720, with 857,540 serving as officers and 1,035,180 as ratings. The Philippines, the Russian Federation, Indonesia, China, and India are the top providers of ratings and officers (International Chamber of Shipping, 2021). Out of these five main supply countries, the Philippines is regarded as the

top source and most sought-after quality seafarers in the worldwide shipping industry, both in terms of ratings and officers. Philippine President Ferdinand “Bongbong” Marcos Jr. stated that the Department of Migrant Workers have deployed 385,239 Filipino seafarers in 2022 bringing a total of 6.71 billion US dollars of remittances (Galvez, 2023).

Filipino seafarers are globally known to be technically competent and hard-working. Hence, their physical well-being also plays an essential part in seafarer’s life. Its value must be weighed equally with the knowledge and skills required to cope with the demanding work at sea (The Nautical Institute, 2015).

According to the MLC 2006 and the STCW Convention 1978 as amended, seafarers are required to undergo medical examinations prior to joining and must hold a valid medical certificate (Ghebreyesus, Lim, & Ryder, 2020). This is to ensure the safe operation of the ship, lessen the risk, and protect the health and safety of the seafarers. In compliance, the Philippines requires a basic DOH Pre-Employment Medical Examination (PEME) for overseas workers, which includes a comprehensive physical examination (Department of Health, 2016). Despite of this requirement, the maritime industry in the country has raised alarm over the increasing number of Filipino seafarers onboard being repatriated due to medical illness. In fact, according to the record from Arbo International Manila Inc. (2023), one of the Protection & Indemnity Insurance (P&I) companies in the Philippines, a total of 75 repatriated Filipino seafarers was noted in 2018, followed by a modest declining trend from 2019 to 2020 (71 and 74), which increased in 2021 and 2022 (Arbo International Manila Inc., 2023).

In the 10-year period study of Huerte, et.al. (2023), they identified the top categories of medical illnesses leading to the repatriation of Filipino seafarers employed at OSM as musculoskeletal (18.40%), gastrointestinal (16.56%), cardiovascular (8.77%), infectious disease (6.82%), and genitourinary (5.30%), totaling 924 cases.

Repatriation of Filipino seafarers can trigger a domino effect. When deemed unfit for sea duty, their contracts are terminated immediately, potentially causing financial devastation to their families as monthly compensation stops. Similarly, shipowners bear financial burdens, including crew-related expenses like repatriation, which are part of operating costs (Faurby M. D., Jensen, Hjarnoe, & Andrioti, 2017). These expenses include transportation, food and accommodation during transit, salaries, and medical care during repatriation and illness. Moreover, according to the Maritime Labour Convention 2006 as amended, Regulation 2.5, seafarers have the right to be repatriated at no cost when they are no longer able to carry out their duties under the employment agreement.

Medical illness is a serious health concern that should be clearly discussed to all Filipino seafarers. In the study of Li, Zhou, and Yuen (2022), factors such as the natural environment, physical working environment, social environment, personal characteristics, management style, industry-specific characteristics, and health crises can all impact the health of seafarers.

Given the limited existing research on the repatriation of seafarers due to medical illness, this study identified the common causes of medical illness among repatriated Filipino seafarers, the circumstances leading to their repatriation, its effects on their lives, careers, and finances, as well as their coping mechanisms.

Consequently, Filipino seafarers could benefit from guidance on improving their lifestyles, manning agencies could gain deeper insights into the situation of repatriated seafarers to develop health programs, and the Philippine government could use this study as a basis for formulating more appropriate policies to protect and enhance the health of Filipino seafarers.

## ***Literature Review***

## Repatriation of Seafarers in the Philippines

The process of returning a seafarer to his or her home country is known as repatriation. According to Maritime Labour Convention 2006 as amended, Regulation 2.5, each member state or shipowner is required to ensure that seafarers are entitled for repatriation under several circumstances. One such circumstance is when seafarers are no longer able to fulfill their duties under their employment agreement or cannot reasonably be expected to do so in certain situations. This process must be completed within a reasonable timeframe and includes provisions such as air travel expenses, food, accommodation from the time of departure from the ship until arrival home, necessary medical care, transport of personal belongings, and any other reasonable costs resulting from the repatriation (MLC, 2006).

The Philippines plays an essential role in the maritime industry, being the leading provider of seafarers for the longest time. In fact, according to Philippine President Ferdinand “Bongbong” Marcos Jr., Filipino seafarers brought to the country a total of 6.7 billion US dollars of remittances in 2022 (Galvez, 2023). This underscores the skills and competency of Filipino seafarers. However, alongside the skills and competency highlighted by Anish (2024), the physical well-being of seafarers also holds significant importance. Therefore, its value must be considered equally alongside the knowledge and skills required to handle the demanding tasks at sea (The Nautical Institute, 2015).

Knowing that the cost of repatriation is not cheap and easy to arrange, shipowners always wanted to make sure that their seafarers are physically fit for sea duty prior joining the vessel for them to complete their contract. According to the MLC 2006, and the STCW Convention 1978 as amended, seafarers are required to undergo medical examinations prior joining and must hold a valid medical certificate (Ghebreyesus, Lim, & Ryder, 2020).

In compliance, the Philippines requires a basic DOH Pre-Employment Medical Examination (PEME) for overseas workers, which includes a comprehensive physical examination such as physical examination, dental, visual acuity, color perception, audiometry, chest x-ray, ECG, blood typing, STD/Syphilis test, urinalysis, pregnancy test, stool, and psychological assessment (Department of Health, 2016). However, PEME package may be customized depending on the needs and requirements of the manning agencies, principals, and other foreign flags. The primary objective of establishing PEME standards is to ensure that all seafarers are medically fit to perform their duties before embarking on their vessel assignment. If any health issues are identified, they should be addressed and treated before the seafarer resumes work at sea. If treatment is not feasible, an assessment should be conducted to determine the seafarer's capabilities based on their duties, with recommendations provided on what tasks they can perform and whether reasonable adjustments can enable effective performance (ILO, 2013).

Although shipowners may accept seafarers with declared health issues, they typically establish a maximum number of medical incidents or treatments. If a seafarer exceeds this limit, they may be deemed ineligible for rehire by the company. Seafarers with potentially life-threatening medical conditions may be permitted to work at sea under the guidelines on the medical examinations of seafarers, as long as they have a documented form that they can show to any authorities who might have doubts about the medication's presence on board (ILO, 2013).

Based on the research conducted at Arbo International Manila (AIM) Inc., 2023, there was a gradual increase on the number of repatriated Filipino seafarers due to medical illness from 2018 to 2022. Year 2022 got the highest number of repatriated Filipino seafarers due to medical illness while the lowest in the five-year record was in 2019. Further, the study shows that the number of repatriated Filipino seafarers increased from 2019. In 2018, AIM recorded a total of 11 officers and 64 ratings. The numbers shifted in 2019, with 17 officers and 54 ratings marking the highest count from 2018 to 2022. In 2020, only five officers were recorded while 69 for the ratings. Perhaps, one reason why they got the least

number of repatriated cases is that only few Filipino seafarers were deployed this year owing to the rise of COVID-19 pandemic where restrictions were imposed by the Department of Health. The trend continued in 2021, with 10 officers and 71 ratings repatriated due to medical illnesses, while in 2022, AIM recorded 12 officers and 70 ratings. Additionally, AIM documented the medical conditions leading to the repatriation of the seafarers. Based on the type of medical illness listed, it was concluded that musculoskeletal, gastrointestinal, cardiovascular, genitourinary, and otological illnesses were the common category of medical illness of the repatriated Filipino seafarers being accommodated by AIM.

Similarly, according to the study of Huerte, et. al. (2023), the top categories of medical illnesses on why Filipino seafarers employed by OSM Shipping Phils., Inc. OSM were repatriated are: Musculoskeletal with 18.40%, gastrointestinal with 16.56%, third is the cardiovascular which got 8.77%, infectious disease of 6.82%, and the fifth one was genitourinary with 5.30% of the total accounted cases of 924 Filipino seafarers. The research covers a 10-year period from 2013-2022.

According to Dilipan Thomas (2019), there are seven (7) deadly diseases/disorders that seafarers must be aware of. The first is Hand Arm Vibration Syndrome (HAVS), which occurs as a result of extended exposure to power instruments such as hand-held grinders, chipping machines, and needle guns and can result in chronic impairment if untreated. The second is Cardiovascular Disease, which is extremely frequent in the maritime population. The third type is Musculoskeletal, which is a significant condition affecting the body's muscular and skeletal structures. Fourth is Cancer; in addition to smoking, UV radiation exposure, and lack of sleep, seafarers are exposed to toxins. The fifth category is Sexually Transmitted Disease (STD); seafarers are particularly vulnerable to hazardous sexual behaviors, which can lead to lethal infections such as HIV/AIDS. Hypertension is sixth on the list, and it, like any other illness or condition, has common causes such as excessive stress, weariness, loneliness, alcohol consumption, smoking, and a lack of exercise. The seventh and last category is Pandemic/Epidemic Diseases because seafarers are required to call at numerous ports across the world, they may be exposed to diseases such as malaria, yellow fever, cholera, tuberculosis, and so on.

The three most significant components in the shipping business were the ship, the seafarers, and the cargo. The "risk" connected with seafarers transporting cargo on a ship is the only factor that is directly related to all three, and the most precious asset onboard is human life. It might be compromised due to disease, accident, or even death from risks. Lack of knowledge of seafarers on maintaining the health and well-being makes them generally unprepared to meet other health problems (Slade, 2022). Although seafarers are insured by Protection & Indemnity Club P&I, a non-governmental club that provides compensation in the form of insurance cover in case of illness, accident, or death claims from the crew or passengers, medical illness is a critical health problem that should be clearly discussed with every Filipino seafarer (Anish, 2019). If not prevented, its impact could lead to the downfall of the maritime industry in the Philippines, as well as affect the life, career, and finances of the Filipino seafarers.

## **Factors Influencing Seafarer's Health**

Several factors have been identified to have caused or influenced the health condition of seafarers – natural environment, physical working environment, social environment, personal characteristics, management style, industry-specific characteristics, and health crisis (Li, Zhou, & Yuen, 2022).

Figure 1 presents the summary of the factors that influence the health condition of seafa.

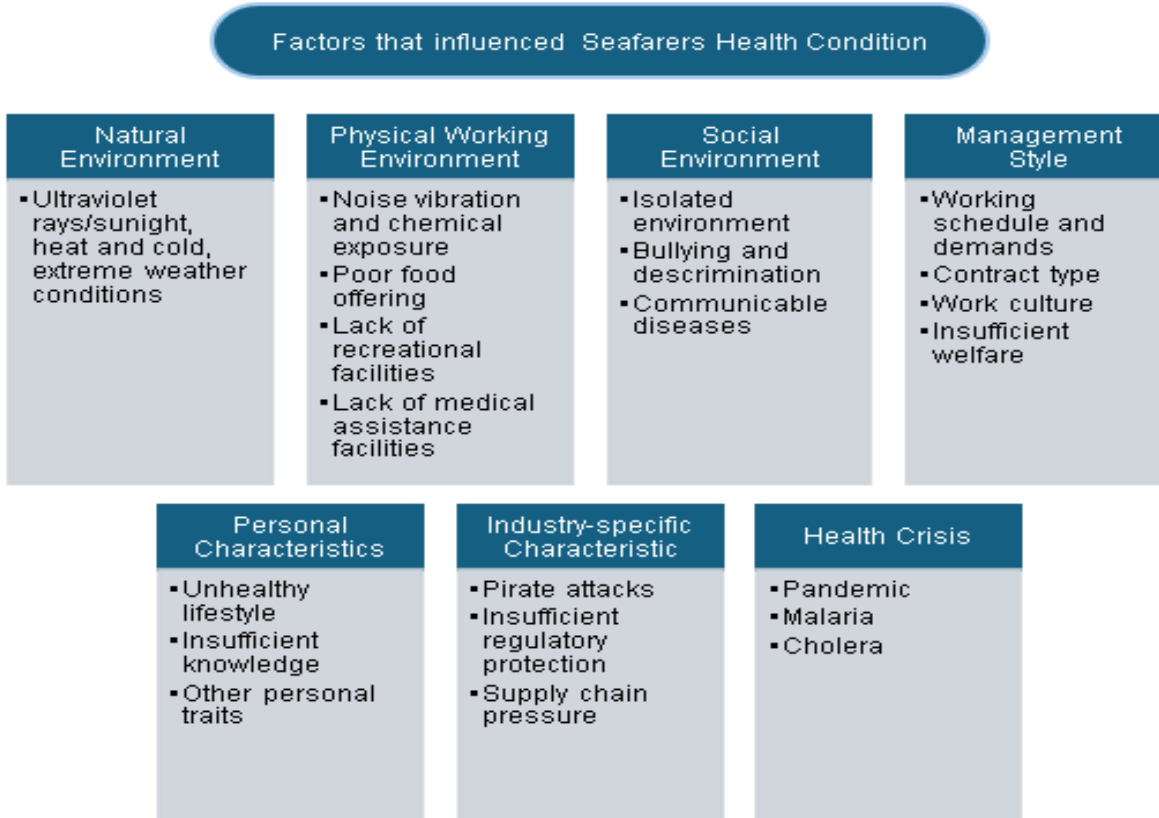


Figure 1. Factors that Influenced Seafarers Health Condition

## Impact of Medical Repatriation to Seafarers

Strict physical fitness is essential because any type of shipping profession is physically demanding, and the difficulties that one typically encounters cannot be overcome without a near-perfect health condition. Poor physical health can impair job efficiency and have long-term implications for seafarer's well-being that could further deteriorate their living conditions (Sampson & Ellis, 2020).

As contractual, seafarers have no job security and are dependent on manning agencies or shipping companies (Magcuro, n.d). A medical incident's cost, repercussions, or influence are extremely difficult to forecast. The impact of medical repatriation might vary widely. Medical repatriation may impede seafarer's job and career growth, imposing major financial and emotional costs especially since most of them are breadwinners who regularly send money to their families. It is also necessary to examine the physical, psychological, and economical consequences of medical repatriation for seafarers.

The next consideration is psychological impact: medically repatriated seafarers will experience a variety of emotions that must all be handled to improve their recuperation process. This may include physical discomfort, psychological discomfort due to the uncertainty of their career, and self-blame for their illness. They are also concerned about their future employment and financial security.

Lastly, there are financial consequences for the seafarer. While the company covers the costs of medical treatment, as provided in the Maritime Labour Convention 2006, there may still be financial implications for the seafarer. These could include loss of promotion opportunities after their illness and loss of job and income (Rogge, 2022).

## ***Methodology***

### **Research Design**

This study utilized qualitative descriptive research through narrative inquiry. A one-on-one interview with the participants was conducted to gather in-depth qualitative data. The use of this design provided further understanding of the individual experiences as a seafarer who was repatriated due to medical illness.

### **Respondents of the Study**

The participants were Filipino seafarers who were repatriated because of medical illness. A total of eight (8) Filipino seafarers participated in the interview. The participants were chosen based on the following criteria: a natural-born Filipino citizen, a seafarer sailing international sea-going merchant vessels, an officer or rating, and has been repatriated due to medical illness.

### **Instrumentation**

In this study, a self-made structured interview guide was prepared. Participants were asked the same seven (7) main questions about their medical illness, the perceived causes, impact in terms of life, career, and finances, their coping mechanisms, lessons learned from their experience, as well as recommendations in addressing the issue. The researcher utilized an open-ended type of question which allowed the participants to answer freely, without time limit.

### **Validation of Instrument**

The interview guide was subjected to face validation. These research experts were asked to validate the instruments through a formal letter written by the researcher. Upon their confirmation, a validation sheet was sent together with the interview guide.

### **Data Gathering Procedure**

The researcher made two (2) options for the one-on-one interview, face-to-face or online interview, wherein mostly opted for online interview. Participants were provided with an informed consent form to signify their voluntary participation and that all information disclosed during the interview is in good faith. Participants were interviewed separately according to their availability and convenience. They were also asked of their preferred language – Tagalog or English, to fully convey the answers. The researcher used the video recorder option in the Zoom Meeting application, saved it in one file format and forwarded it to a research transcriptionist who converted it into texts.

### **Data Analysis**

The researcher applied the John Creswell's six (6) steps data analysis process (Creswell, 2009).

- Step 1. The researcher organized and prepared the data for analysis by examining all video recorded files and converted it into MS Word document transcripts.
- Step 2. The researcher made a run-through of the data for familiarization and profound comprehension of the material and concepts expressed by the participants. A comprehensive analysis of the transcripts was conducted.
- Step 3. The researcher divided the contents into segments by collecting the text data and classifying sentences into groups, a thematic categorization was used to analyze the patterns and to highlight the saturation point.
- Step 4. The researcher used the coding process which created a clear description of the participants and manning agencies.

Step 5. The researcher braided the themes and descriptions into narrative passages to convey the analysis of the findings based on the answers of the participants.

Step 6. The researcher made her own interpretation and understanding of what was learned from the narratives of the participants.

## Results

### Profile of the Participants

The profile of the participants in the study includes their positions, experiences, and affiliations (Table 1). All the participants, without exception, indicated a preference for conducting interviews online and have requested to keep their names anonymous. This led to the utilization of a code in order to achieve uniformity, similar to the name of their Manning Agency (MA). The participants came from several manning agencies (MA) that are in charge of managing merchant vessels that sail worldwide. These vessels are mainly cargo ships, specifically crude oil tankers and bulk carriers, with MA5 being the sole agency responsible for managing passenger vessels.

Participant 1 (P1) has acquired seven (7) years of sea-going experience as a wiper on various crude oil tanker vessels. He was repatriated in September 2023 while under contract with a Greek company, manned by Manning Agency 1 (MA1).

Table 1: Profile of the Participants

Participant	Rank	Years of Sea-going Experience	Type of Vessel Where Repatriated	Manning Agency
P1	Wiper	7 years	Crude Oil Tanker	MA1
P2	Electro-Technical Officer	10 years	Bulk Carrier	MA2
P3	Messman	2.5 years	Crude Oil Tanker	MA3
P4	Chief Cook	12 years	Crude Oil Tanker	MA4
P5	4 <sup>th</sup> Engr.	12 years	Crude Oil Tanker	MA1
P6	Commis de Cuisine	10 years	Cruise Ship	MA5
P7	Deck Cadet	3 months	Bulk Carrier	MA6
P8	Able-Bodied Seaman	11 years	Crude Oil Tanker	MA1

Participant 2 (P2) has served as an Electro-Technical Officer for ten (10) years and underwent repatriation in January 2023 from a bulk carrier vessel managed by Manning Agency 2 (MA2).

Participant 3 (P3) served as a Messman for two and a half (2 ½) years on different crude oil tankers under the management of Manning Agency 3 (MA3) before being repatriated in August 2023.

Participant 4 (P4) has held the position of Chief Cook since 2012 and was repatriated in August 2023 to Houston, Texas, USA, while under contract on a crude oil tanker vessel managed by Manning Agency 4 (MA4).

Participant 5 (P5) has been a Fourth Engineer for two (2) years, accumulating a total sea-going experience of approximately 12 years across various tanker vessels. His repatriation in January 2024, due to medical illness, occurred while their vessel, managed by MA1 was at Cape Town, South Africa.

Participant 6 (P6) is a female seafarer who served as a Commis de Cuisine or Assistant Cook for ten (10) years on a passenger vessel under the management of Manning Agency 5 (MA5). She was repatriated in August 2023.

Participant 7 (P7) is a new seafarer from Manning Agency 6 (MA6) who underwent repatriation in August 2023 after serving as a deck cadet for three months on a bulk carrier vessel.

Similar to P1 and P5, Participant 8 (P8) also shares a connection to vessels managed by Manning Agency 1 (MA1). With 11 years of sea service as an Able-Bodied Seaman. P8 experienced repatriation at the Nigeria port during his fifth month.

### **Medical Illnesses Leading to Repatriation of Participants**

In an interview, P1 was diagnosed with full abdominal pain while P2's initial diagnosis onboard was acid reflux. However, upon further examination and comprehensive medical evaluations conducted upon repatriation to the Philippines, a more serious underlying condition was unveiled. Despite the initial diagnosis, P2 continued to experience distressing symptoms, including shortness of breath, while aboard the vessel.

Subsequent investigations revealed that P2 was suffering from coronary artery disease, a condition that rendered him unfit for further sea duty. This significant diagnosis led to P2 being assigned a disability grade of 7, indicating the severity of his condition and its impact on his prospects in maritime employment.

On the other hand, P3's repatriation due to hemorrhoids highlights the physical strain and discomfort experienced while onboard, exacerbated by the demanding nature of duties as Messman, such as carrying heavy food provisions. P4 was diagnosed with kidney failure. P5 was found out with groin pain and P6 has carpal tunnel syndrome, while P7 had a heat stroke. Lastly, P8 had Esophagitis LA Grade B – a typical sign of Gastroesophageal reflux disease (GERD). The Los Angeles Classification divides esophagitis severity into four (4) grades: A, B, C, and D where LA Grade B is described as having one or more mucosal breaks longer than five millimeters, but without continuity across mucosal folds (Azer, Hashmi, & Reddivari, 2024).

Among the eight (8) participants who were interviewed, it was identified that the common category of illness that led to their repatriation are due to gastrointestinal, cardiovascular, genitourinary, and musculoskeletal.

### **Causes of Participants' Medical Illness**

There were seven (7) indicators included in the identification of the participants' causes of medical illness, as follows: natural environment, physical working environment, social environment, personal characteristics, management style, industry-specific characteristics, and health crisis (Li, Zhou, & Yuen, 2022).

However, in line with the identification of the medical conditions leading to the repatriation of the participants, it was revealed in the results across all participants that personal characteristics, management style and physical working environment provided substantial influence on their health status. The limited access to nutritious food options, coupled with the physically demanding nature of their work, also significantly impacted their overall health.

### **Personal Characteristics**

The testimonies of three participants provided valuable insights into the significant influence of unhealthy lifestyle choices on their health outcomes and subsequent repatriation. P2's case stands out, as coronary artery disease. His acknowledgment of the impact of an imbalanced diet and unhealthy eating habits underscores the correlation between dietary patterns and the development of P2's serious medical condition. This suggests that poor nutrition can exacerbate existing health issues and increase the risk of more severe illness. Similarly, P5's attribution of his groin pains to excessive consumption of soft drinks and noodles highlights the adverse effects of unhealthy dietary preferences. Regular intake of sugary beverages and processed foods without sufficient nutritional value can contribute to inflammation and



other health complications, particularly when balanced nutrition is lacking. In addition, P6's confession of being a coffee addict raises concerns about the potential health risks associated with excessive caffeine intake.

### **Management Style**

All participants demonstrate an obvious relationship between their current medical issues and the schedules and working situations they experienced while on board ships. They claim that the challenging nature of their responsibilities (P1, P2, P3, P7, and P8), which involve working long hours and doing physically demanding jobs, has negatively impacted their overall health and well-being.

In the interview, although P1's comprehensive medical assessments, including full abdomen examinations, ultrasound, and various lab tests, yielded no abnormalities, he attributes his condition to a deficiency in rest and adequate sleep, stemming from extended work shifts exceeding the standard eight-hour limit in a 24-hour period.

Furthermore, P2's experience underscores the detrimental impact of prolonged and intense work demands on physical health. Despite exhibiting symptoms such as shortness of breath, P2 was compelled to continue working for about 20 consecutive days due to job orders from senior officers, exacerbating his health condition.

Similarly, P3 highlights the physical strain he experienced as a Messman, where tasks involving lifting heavy materials and food provisions contributed to his illness. These accounts underscore the urgent need for improved work conditions and adherence to regulations to mitigate the risks associated with excessive physical exertion.

P7's case of suffering from heat stroke while onboard emphasizes the vulnerability of seafarers to environmental hazards, exacerbated by the demanding nature of his duty as seafarer and inadequate sleep. Despite living an active and healthy lifestyle, P7's experience highlights the importance of comprehensive safety measures and protocols to prevent heat-related illnesses and ensure the well-being of seafarers working in challenging conditions.

Lastly, P8's unexpected diagnosis of esophagitis LA Grade B despite passing all medical examinations raises concerns about the cumulative effects of prolonged exposure to physically demanding work environments. With his company implementing a zero-alcohol policy onboard, P8 attributes his illness primarily to the physical nature of his work. The short voyages undertaken by P8's vessel, coupled with the need for continuous maintenance and inspections even at sea, further compound the challenges of obtaining adequate rest and sleep.

### **Physical Working Environment**

P3 attributed his illness, in part, to excessive meat consumption during his time at sea, along with the physically demanding nature of his work.

Conversely, P4 identified inadequate access to fresh produce and reliance on frozen foods as contributing factors to his development of kidney stones. They speculated that his kidney stone condition may have been aggravated by the necessity to drink from potentially unsafe water sources due to inadequate water supply management by the ship's captain, compromising the availability of safe and potable water for the crew.

In addition, P2, who received a disability grade of 7 following an initial diagnosis of acid reflux, attributes his current health condition to several contributing factors. These include an imbalanced and unhealthy diet, compounded by strenuous and demanding work conditions requiring heightened physical

exertion. Additionally, P2 recounted a specific instance where he was compelled to work continuously for approximately 20 days due to directives from senior officers, despite experiencing symptoms such as shortness of breath. He also recalled another incident during a port stop in Brazil where insufficient food provisions resulted in a prolonged period of consuming predominantly meat-based meals.

Similarly, P3, whose previous medical assessments yielded no abnormalities, attributed his repatriation due to hemorrhoids to the lifting of heavy materials and a diet characterized by excessive meat consumption while at sea.

In the case of P6, whose repatriation stemmed from carpal tunnel syndrome, the condition is believed to be influenced by both occupational duties and personal habits.

### **The Impact of the Participants' Medical Condition**

#### **In Terms of Life (Personal and Family)**

The narratives given by the participants highlight the complex connection between medical illnesses and many aspects of their lives. For example, when P1's promising career in seafaring ended unexpectedly because of abdominal issues, it caused a deep feeling of disappointment. Nevertheless, he found comfort in the close relationships with family members in Lipa, Batangas, which helped to alleviate some of the emotional consequences. However, the burden of financial strain was clearly felt, especially as P1 was the main breadwinner, which required his wife to take on the responsibility of caring for the family.

Similarly, P2's heart condition not only caused worry to his spouse but also worsened concerns about the loss of their financial savings after he returned to his home country, thereby increasing the effect on the well-being of their family.

On the other hand, P3's quick recovery from hemorrhoids had a limited impact on both their personal and family lives, as he was soon expected to return to work.

Nevertheless, there were distinct experiences that emerged, as demonstrated by P4, whose renal difficulties resulted in a significant financial strain due to a lack of resources, coupled with additional expenses related to hospital visits.

On the other hand, when P5 returned home to their family, he felt relieved because his employer assured him that all his medical expenses would be fully covered, which helped alleviate his financial worries.

Furthermore, the difficulties faced by P6 in dealing with carpal tunnel syndrome had a negative impact on her mental health, which was worsened by her family's concerns about the uncertain direction of her career. However, the financial support supplied by her company offered a sense of comfort in the middle of the chaos.

Similarly, P7's recovery from heat stroke had no impact on family relationships, mainly because of the combined support of relatives and the employer's goodwill in covering medical costs that helped reduce financial worries.

On the other hand, the unexpected repatriation of P8 caused concerns about future job opportunities and how his situation would affect the financial stability of the family.

#### **In Terms of Career**

The participants' employment paths were significantly influenced by the emergence of their

individual medical issues, with each narrative presenting specific challenges and uncertainty.

P1's narrative showcased the disruptive impact of an unforeseen medical problem, which abruptly interrupted his career at sea—a painful interruption that completely disrupted P1's professional goals.

Similarly, P2's career was interrupted owing to repatriation caused by health problems, resulting in reservations about the possibility of resuming work in the maritime industry.

On the other hand, P3's rapid recovery was a source of optimism, making it easier for him to smoothly resume his career path with very little disruption.

Conversely, the temporary interruption of P4's career progression owing to medical incapacitation has created concern about the future possibilities as seafarer, leading him to consider other options.

P5's career, although suspended due to illness, was supported by the guarantee of his employer's promise to reinstatement after recuperation, providing a sense of security amid uncertainty.

P6 faced the challenge of an unknown job future, which was made worse by health issues, which led her to consider different employment options in order to deal with the uncertainty.

Similarly, P7 experienced a temporary job interruption due to a health setback. This prompted him to explore returning to work after recovering, which demonstrates his ability to adapt and bounce back in the face of adversity.

Finally, the narrative of P8 emphasized the widespread uncertainty caused by sudden repatriation, leading to concerns about his career prospects and future job paths in the maritime industry.

## **In Terms of Finances**

The financial consequences resulting from the medical conditions of the participants varied significantly, with each narrative demonstrating a distinct combination of difficulties and factors that helped alleviate the situation.

P1's seafaring career came to a sudden stop owing to a medical problem, which not only hampered his professional aspirations but also put the family's financial stability at risk. Being the only one responsible for earning money and depending on savings during the recovery phase caused a significant burden, intensifying the seriousness of his condition.

Similarly, P2 experienced heightened financial concerns after being repatriated, which led to the request for government aid to reduce the growing financial burden.

In contrast, P3's encounter was characterized by minor financial consequences, which may be linked to the employer's provision of medical expenditure coverage and his immediate recuperation.

Unfortunately, P4 experienced a situation of financial hardship due to substantial medical bills and diminishing resources, which was further intensified by additional family obligations.

On the contrary, P5 experienced a certain ease as his financial concerns were also alleviated by the company's assurance to cover medical costs, providing a level of stability during the recovery time.

Likewise, the company provided consistent manning agency support to P6, reducing her financial hardship by bearing all expenses during treatment, thus reducing the impact on their personal money.

Similarly, P7's worries were alleviated by both the support of his family and the company's coverage of medical bills, which provided a sense of financial stability during the health setback.

However, for P8, although there were significant concerns about the effect on family finances and future employment opportunities, the assistance provided by MA1 served as a support to their family financial stability.

Essentially, these narratives of financial hardship highlight the complex connection between health emergencies and financial security, as everyone faces his or her own distinct difficulties, as well as strategies in dealing with them. The significant impact of workplace support, familial aid, and external interventions in reducing financial burdens emphasizes the crucial significance of comprehensive support networks in reducing the negative consequences of medical problems on individuals and their families.

### Coping on the Impact of the Participants' Medical Condition

#### Diversification of Income Sources

P1 and P4 demonstrate a practical response that involves resilience as well as adaptation in the face of financial difficulties caused by medical issues. By having small business management ventures such as apartment rental for P1 and sari-sari store for P4, they demonstrate a proactive approach to overcoming challenges.

#### Skill Enhancement and Career Transition

P2 views maritime instruction courses as a strategic measure to address the uncertainty surrounding their prospects for the future in seafaring employment. By obtaining IMO Model Course 6.09 – a Training Course for Instructors, P2 not only expanded his professional expertise but also positioned himself inside maritime educational institutions. Similarly, P6's choice to pursue short culinary courses demonstrates a proactive initiative to broaden her range of skills and explore different future possibilities.

#### Prioritizing Physical Health and Well-being

Through the coping strategies of the participants, Table 2 shows the outcome of their efforts on handling health difficulties experience.

Table 2: Participants' Medical and Employment Status After Treatment

Participant	Diagnosis	Medical Illness Category	Medical Status	Employment Status
P1	Full Abdominal Pain	Gastrointestinal	Fit for sea duty	Waiting for advice if will be re-hired by M1.
P2	Coronary Artery Disease	Cardiovascular	Unfit for sea duty	Not re-hirable
P3	Hemorrhoids	Gastrointestinal	Fit for sea duty	Rehired and waiting for his joining schedule.
P4	Kidney Failure	Genitourinary	Fit for sea duty	Re-hired and waiting for his joining schedule.
P5	Groin Pain	Genitourinary	Fit for sea duty	Re-hired and waiting for his next vessel assignment.
P6	Carpal Tunnel Syndrome	Musculoskeletal	Fit for sea duty	Re-hired and waiting for his joining schedule.
P7	Heat Stroke	Cardiovascular	Fit for sea duty	Re-hired and waiting for his next vessel assignment.
P8	Esophagitis LA Grade B	Gastrointestinal	Fit for sea duty	Re-hired and waiting for his joining schedule.

Participants P3, P4, P5, P6, P7, and P8 have been deemed physically capable of working onboard again. Their employment statuses vary: individuals who have effectively obtained new seafarer's employment agreement and are currently waiting for their joining schedules like P3, P4, P6, and P8

versus those who have been re-hired yet awaiting vessel assignments like P5 and P7. These individuals exhibit resilience and determination in overcoming health-related obstacles and effectively reintegrating into their positions within the seafaring profession.

On the other hand, P2 encountered difficulty of being considered fit for sea duty after therapy due to his illness, which led to his inability to be hired again. This emphasizes the complexities involved in overseeing medical issues in the seafaring industry, where individuals may face restrictions that affect their capacity to resume their job as a seafarer.

## **Lessons Learned from Experience**

### **Prioritizing Healthy Lifestyle Practices**

The participants consistently highlighted the significance of prioritizing healthy lifestyle choices, specifically emphasizing the crucial role of physical well-being in their overall health.

For example, P1 emphasized the importance of including regular physical exercise in his daily schedule, acknowledging its significance in preserving physical health and reducing stress.

Also, P2 emphasized the significance of adhering to medical guidance in order to avoid burnout and enhance well-being, especially among senior seafarers.

Meanwhile, P3 highlighted the need to give priority to hydration by campaigning for free access to drinking water on ships, with the goal of protecting the health of all seafarers.

Furthermore, P4 stressed the importance of exercising self-control to maintain a balanced diet and refrain from harmful habits such as smoking and excessive drinking.

### **Planning for Future Financial Security**

Several participants, such as P1, P2, P4, and P8, demonstrated a proactive attitude towards minimizing financial risks and providing stability for themselves and their families by prioritizing future financial security.

Being the breadwinner and a sole provider to his family, P1 emphasized the significance of giving priority to prudent financial choices to fulfill the needs of his family.

Similarly, P2, acknowledging the contractual nature of his employment, underlined the importance of establishing a small business to broaden income sources and provide extra source of income.

In addition, P4 highlighted the significance of ensuring his children's future by making prudent financial choices and giving priority to savings, particularly during times of joblessness.

Moreover, P8 emphasized the importance of establishing an emergency fund as a vital measure for financial readiness, recognizing the unpredictable nature of work considering Filipino seafarers are contractual.

Overall, these insights emphasize the participants' recognition of the significance of extended financial strategizing and their endeavors to guarantee economic stability for both them and their loved ones in the face of professional difficulties.

### **Valuing Personal Health Management**

Except for P3, seven (7) of the participants emphasized the significance of personal health

management, highlighting the need for proactive healthcare practices.

For instance, P1 and P2 highlighted the importance of preparing for the future by placing emphasis on maintaining personal health through regular medical examinations and to not just rely on the pre-employment medical examinations being required to them.

P5 emphasized the need for personal health management to ensure general well-being. Furthermore, P4, and P6 commonly highlighted the significance of having investments in insurance policies and giving priority to personal health management to avoid any medical problems in the future.

On the other hand, P7 highlighted the significance of being attentive to one's body and giving priority to rest to avoid burnout. Lastly, P8 underscores the utmost significance of giving attention to maintaining one's physical well-being and making good choices regarding diet, acknowledging it as a basic component of living a healthy life.

P8 statement underscores a profound awareness on the importance of prioritizing personal health.

### **Pre-Emptive Actions in Minimizing Medical Repatriation and Its Impact**

The narratives presented in this study offer a clear understanding of the significant consequences of medical repatriation on seafarers, including interruptions to their personal lives, career, and financial security. To address these challenges and reduce the occurrence of medical repatriation due to medical illnesses, the following proactive steps are recommended by the participants:

#### **Pre-Employment Health Screenings**

Establish comprehensive PEME for seafarers to identify any pre-existing health concerns and assess their fitness for duty that corresponds to their age and specific duties before being deployed.

#### **Health and Wellness Education Programs**

Conduct thorough pre-departure orientation seminars every contract. Additionally, continuous educational programs that specifically address the health and wellness needs of seafarers, which is facilitated by a medical professional is necessary.

#### **Ensuring Safety and Managing Risks**

Implement strict safety measures and regularly perform safety drills to prevent accidents and injuries on board ships. Highlight proactive risk management measures to detect and minimize potential dangers that increase the likelihood of medical emergencies.

#### **Healthcare Services Accessibility**

Guarantee the fair and equal availability of top-quality healthcare services by providing HMO for all Filipino seafarers, regardless of their ranks.

#### **Promotion of Healthy Lifestyle Practices**

Promote a culture of wellness among seafarers by implementing activities that encourage regular physical exercise, offer healthy nutritional food choices, and discourage harmful habits like smoking and excessive alcohol consumption.

#### **Financial Planning and Assistance Programs**

Provide additional financial assistance for medical care and rehabilitation to alleviate the financial

burden on Filipino seafarers who have returned to their home and their families.

### **Employer Support and Welfare Programs**

Establish extensive employer support systems and welfare initiatives that prioritize the well-being of seafarers. These may encompass provisions for mental health services, programs for family help, and support for career transition to aid persons who are unable to go back onboard.

### ***Discussions and Conclusion***

#### **Medical Illnesses Leading to Repatriation of Participants**

P2's cardiovascular disease is considered as occupational disease under Section 32-A of the standard terms and conditions governing the overseas employment of Filipino seafarers onboard ocean-going ships where a person who was apparently asymptomatic before working showed signs and symptoms of cardiac injury during the performance of his work and such symptoms and signs persisted, it is reasonable to claim a causal relationship. In addition, under Section 32 of the provision, P2's disability grade of 7 is equivalent to the following: loss of one eye or total blindness of one eye; loss of the thumb, index finger and any one of the remaining fingers of the same hand; loss of whole metatarsus or forepart of foot; complete immobility of a knee joint in strong flexion; and others classified under disability grade 7 which constituted as partial permanent disability (Del Rosario & Del Rosario, n.d.).

The findings on the common category of illness leading to the repatriation of the Filipinos is aligned with the research conducted by Huerte et al. (2023), which identified that musculoskeletal, gastrointestinal, cardiovascular, infectious, and genitourinary disorders are the common categories of medical illness among Filipino repatriated seafarers employed by Offshore Ship Management Company (OSM) over a ten-year period. Similarly, on the five-year record from Arbo International Manila where musculoskeletal, gastrointestinal, genitourinary, and cardiovascular are found to be the common categories of medical illness among Filipino seafarers they provided service from 2018 to 2022.

#### **Causes of Participants' Medical Illness**

The findings regarding unhealthy lifestyle choices among P2, P5 and P6, particularly excessive coffee consumption, as evidenced by P6's testimony, resonate with existing research on the broader spectrum of unhealthy behaviors prevalent in maritime settings. Gregorio et al. (2016) highlighted various unhealthy lifestyle factors such as smoking, lack of physical activity, alcohol addiction, unhealthy eating habits, and drug misuse, all of which have significant impacts on the lives of seafarers. P6's confession of being a coffee addict aligns with this broader pattern of unhealthy behaviors, illustrating how seafarers may resort to stimulants like caffeine to cope with the demands of their work or environmental conditions. This suggests a multifaceted challenge wherein seafarers may adopt various unhealthy coping mechanisms to navigate the stressors and challenges inherent in maritime life.

The testimonies of P1, P2, P3, P7, and P8 resonate with findings from various studies, collectively pointing to the adverse effects of prolonged work hours, physically demanding tasks, and insufficient welfare provisions on the health of seafarers. Österman et al. (2020) highlighted challenges related to physical workload and workplace design, aligning with P2 and P3's accounts of the strain from intense work demands. Similarly, Baumler, Bhatia, & Kitada (2021) discussed seafarers adjusting work hours to conceal violations, reflecting the pressures P2 faced to continue working despite health symptoms. Oldenburg et al. (2020) addressed job insecurity from temporary contracts, resonating with P3's experience. Moreover, Zhao et al. (2020) shed light on underreporting health issues due to hierarchical work culture, echoing P1's challenges in addressing non-compliance with work and rest hour regulations. Kyaw and Geater (2021) and Shan (2018) stressed inadequate welfare's role in limiting

access to medical assistance, which aligns with concerns raised by P7 and P8. These accounts underscore the urgent need for improved regulations and welfare provisions to safeguard seafarers' well-being in the maritime industry.

The cause of illness of P3, attributed to excessive meat consumption during his time at sea, along with the physically demanding nature of his work aligns with the study of Rosser (2022), where they showed the potential health consequences of improper nutrition and unbalanced diets, which may lead to various health issues, including joint pain, cardiovascular problems, and difficulty in sleeping.

The speculation that the participants' condition may have been worsened by the necessity to drink from potentially unsafe water sources is consistent with the study of Oldenburg & Jensen (2019), where concerns were raised about inadequate access to safe and potable water for seafarers.

### **Coping on the Impact of the Participants' Medical Condition**

The diversification technique used by P1 and P4 serves two purposes: firstly, it generates additional income to help cover the financial costs associated with their recovery periods; secondly, it fosters a feeling of financial stability and the ability to withstand future risks. Participants such as P1 and P4 exhibit a strategic approach to financial planning and risk management by acknowledging the significance of diversifying revenue sources. This perspective helps them avoid depending solely on a single income stream, which highlights their capacity to overcome the difficulties presented by their medical problems with perseverance and forethought.

Furthermore, the choice to engage in business during the recovery process highlights the participants' resourcefulness and determination to uphold financial independence and self-reliance. Through active involvement in entrepreneurial initiatives, individuals reduce the immediate financial consequences of their medical conditions while establishing the foundation for long-term stability and expansion. Their proactive approach to managing their finances demonstrates their readiness to assume control over their economic situation, even in the face of health-related difficulties.

The proactive approach and adaptability of individuals, including P2 and P6, are evident in their desire to pursue skill-enhancing activities and explore new job pathways throughout their recovery periods. By acknowledging the constraints placed by their medical problems on their typical career paths, they aimed to utilize their periods of recovery as opportunities for personal and professional development.

By allocating resources to training and development in a different sector, individuals expand their range of career prospects beyond their occupation as a seafarer, thus decreasing their reliance on physically strenuous jobs at sea. This deliberate approach to career transition not only improves their chances of getting a job but also gives them a feeling of empowerment and control in managing their professional path despite health issues.

Despite the difficulties brought by medical illnesses, individuals frequently adopt a proactive approach to their recovery, making physical health and well-being a priority, and as the cornerstone of their recovery process. The prioritization of physical health and well-being by participants P3, P6, and P8 during their recovery periods highlights the significance of proactive health management in reducing the effects of medical conditions. By following the doctor's advice and actively participating in physical therapy sessions, they made a conscious effort to enhance their chances of a successful treatment. This proactive strategy not only speeds up the process of physical healing but also cultivates a feeling of empowerment and influence over their health results.

Their acceptance of healthy lifestyle adjustments, such as dietary alterations and consistent physical activity, demonstrates their acknowledgment of the interdependence between physical health and total welfare. Through the adoption of healthier behaviors, individuals such as P3, P6, and P8 empower



themselves to avoid the return of their medical illness and enhance their long-term well-being and energy.

Managing health demonstrates resilience and drive in overcoming health-related obstacles. By participating in stress-reducing activities and maintaining personal fitness regimens, individuals recognize the influence of mental health on total well-being and actively work to enhance emotional resilience and wellness.

Moreover, the choice made by individuals such as P7 to consult with colleagues in the maritime industry and consider non-traditional career options beyond seafaring demonstrates his ability to adjust and his openness to embracing change in light of health-related restrictions. By utilizing the knowledge and perspectives of others, P7 broadened his perspectives and explored different options that could provide more satisfaction and stability.

After recovery from full abdominal pain, P1 was considered capable of working after receiving treatment but is currently waiting for guidance on the possibility of being rehired by MA1, which suggests a period of uncertainty over his job prospects. This circumstance highlights the period that individuals may experience after recovering, during which they must make decisions about reintegrating into the workforce.

## **Recommendations to Minimize Medical-related Repatriations**

### **Safety and Prevention Measures**

Ensuring the well-being and safety of seafarers is crucial for sustaining a robust and efficient marine workforce. Emphasizing safety encompasses more than simply reacting to mishaps; it requires taking proactive measures to prevent incidents from happening in the first place, as emphasized by P1. To achieve this, it is necessary to enforce rigorous safety measures, conduct regular safety exercises, and ensure adherence to maritime regulations. Risk management is also crucial in prioritizing safety, involving the identification of potential hazards and implementing measures to mitigate risks promptly. This duty includes evaluating onboard equipment, machinery, and infrastructure for any safety vulnerabilities and promptly addressing them.

Furthermore, according to P2, it is equally vital to prioritize the wellness of seafarers in addition to implementing safety measures. Emphasizing wellbeing entails establishing a conducive setting that fosters both mental and physical well-being. This encompasses facilitating access to tools and support networks to effectively manage stress, advocating for a healthy work-life balance, and providing chances for leisure and entertainment while on board. Fostering a culture that values well-being and encourages open discussions about mental health can significantly reduce stigma and encourage seafarers to seek help when needed.

### **Comprehensive Health and Wellness Support for Seafarers**

P2 and P3 highlight the proactive actions required to maintain the good health of seafarers. P2 recognizes the distinct health difficulties that come with getting older and aimed to reduce possible health issues. To address this, manning agencies can conduct thorough assessments to identify underlying health conditions, enabling timely interventions and reducing the likelihood of medical emergencies at sea. This not only safeguards the health and well-being of older seafarers but also enhances overall maritime safety and operational efficiency.

By guaranteeing seafarers' access to clean and free drinking water, as per P3, they can effectively reduce the dangers related to dehydration, which is a crucial element of seafarer health and safety. Dehydration can cause weariness, heat stroke, and reduced cognitive function, which can be dangerous to seafarers. Shipowners and manning agencies should address the hydration needs of their seafarers by

offering safe and easily accessible drinking water without charge, thereby reducing the chances of health problems caused by dehydration

Additionally, promoting a healthy lifestyle focuses on fostering a culture of wellbeing aboard ships. According to P4, promoting self-control in matters of physical fitness, nutrition, and sleep emphasizes the significance of upholding healthy routines to foster general welfare. Maritime companies can empower seafarers to actively improve their health and resilience by promoting awareness and adherence to balanced diets, enough rest, and the avoidance of harmful behaviors such as smoking and excessive drinking.

On the other hand, P6 emphasized the shared accountability of individuals, manning agencies, and governments in advancing well-being in the maritime industry. Accordingly, cooperative initiatives such as forming alliances and actively involving different stakeholders. Indeed, this cooperative approach not only enhances the effectiveness of wellness programs but also promotes a supportive atmosphere that is favorable for long-term improvements in the behavior and resilience of seafarers.

Promoting regular physical activity, a well-balanced diet, and abstaining from harmful habits, according to P8, emphasizes the significance of incorporating healthy practices into the daily schedules of seafarers. Engaging in regular physical activity improves both physical fitness and mental well-being, consuming healthy food with necessary nutrients, and avoiding unhealthy habits reduces the likelihood of health issues and improves the overall state of being of seafarers.

### **Healthcare Accessibility and Education**

P5 emphasizes the importance of advocating for an improved healthcare system that is available to all seafarers. This highlights the need for equal and unbiased access to medical treatment, regardless of a person's nationality or position. This way, seafarers can promptly and efficiently obtain medical care, thereby reducing the frequency of repatriations due to medical illness.

Moreover, according to P6, the implementation of comprehensive pre-departure orientation seminars aimed at improving health education and awareness could empower seafarers to make well-informed choices regarding their health. Thorough seminars covering a range of health topics, including preventive care, mental health awareness, and access to medical resources, not only bolster the resilience of seafarers but also enhance the safety and success of maritime operations.

### **Pre-Emptive Actions in Minimizing Medical Repatriation and Its Impact**

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***Conclusion***

A wide variety of medical issues caused the repatriation of the participants, which were attributed to their personal characteristics, management style, and the physical working environment on vessels. If not given attention, the number of medical repatriations could go higher; thus, affecting the seafarers and the companies where they work.

The impact of medical repatriations to the personal lives, career paths, and financial stability of the participants are undeniable. This will continue unless the seafarers become proactive in preventing this distress from happening.

The participants have positive characteristics, namely resilience and adaptation which enabled them to effectively overcome the problems associated with their medical repatriation.

Pre-emptive actions can minimize medical repatriation and its impact. As many can be recommended, the importance of identifying what are applicable and what can be implemented must be taken into consideration in the decision making.

***Recommendations*****Seafarers**

1. Make exercise a regular habit – onboard and ashore.
2. Make healthy food choices by taking responsibility for the diet, avoid unhealthy foods that are high in sugar, fats, and salt.

3. Conduct personal annual physical examination and regular medical check-ups.
4. Save money and allocate a portion for emergency funds.
5. Invest in insurance to protect health and secure the future.
6. For Master and C/E as heads of the deck and engine departments onboard should rigorously enforce ILO MLC 2006 Regulation 2.3 concerning the hours of work and hours of rest for seafarers onboard.

### **Philippine Government**

1. For the Department of Migrant Worker (DMW), to mandate a Pre-Departure Orientation Seminar (PDOS) for every contract period, or at least require refresher sessions, including comprehensive health awareness topics.
2. For the Department of Health (DoH), to impose a standardized Pre-Employment Medical Examination (PEME) that corresponds to the age of the Filipino seafarers. Additionally, DoH should compel manning agencies to provide free Health Maintenance Organization (HMO) coverage for all Filipino seafarers, irrespective of rank or length of service.

### **Manning Agencies**

1. To employ or assign a competent facilitator to discuss health awareness during Pre-Departure Orientation Seminar (PDOS), whether a designated person from the Department of Migrant Worker or a medical professional.
2. Offer resilience training for employed seafarers, especially cadets who are new to the seafaring industry.
3. Educate Filipino seafarers on financial literacy.
4. Offer financial assistance and programs to all medically repatriated seafarers.
5. On behalf of the shipowners, to supply balanced food and free of charge bottled water for all seafarers onboard.

### **Future Researchers**

Since the study was limited in size and data, it is recommended to conduct further research with a larger number of participants, including perspectives from manning agencies and MARINA accredited clinics.

### **Maritime Students**

To be aware of current health issues affecting seafarers and to participate in available health and lifestyle programs.

### **References**

- Abaya, A. R., Chan, J. P., Leal, J.K O., Sarmiento, RF. R., Bongalonta-Roldan, S., De Rivera, J.JL. C. (2023). Five-year (2015–2019) follow-up study of 6,526 cases of medical repatriation of Filipino seafarers. *Int Marit Health*. 74, 3: 161–170. <https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwjtmIuh9M>

mGAxVfsVYBHcYaFCMQFnoECB0QAQ&url=https%3A%2F%2Fjournals.viamedica.pl%2Finternational\_maritime\_health%2Farticle%2Fdownload%2F96970%2F73843&authuser=1&usg=AOvVaw1NtQ4R7eyR\_WRv25DsneK\_&opi=89978449.

- Anish. (2024, March 21). Physical fitness and medical requirements to join Merchant Navy. *Marine Insight*. <https://www.marineinsight.com/careers-2/physical-fitness-and-medical-requirements-to-join-merchant-navy/#:~:text=There%20should%20be%20no%20disease,or%20depression%20of%20the%20skull%2C>.
- Anish. (2019, March). The importance of P&I club in shipping. *Marine Insight*. <https://www.marineinsight.com/marine-safety/the-importance-of-p-i-club-in-shipping/>.
- Arbo International Manila. (2023, August 4). Number of repatriated Filipino seafarers from 2018-2022 at AIM.
- Arbo International Manila. (2023, August 4). Number of repatriated Filipino seafarers per major category from 2018-2020 at AIM.
- Auckerman, C.E. (2018, June 7). What is Self-Concept Theory? A Psychologist Explains. *Positive Psychology.com*. <https://positivepsychology.com/self-concept/#:~:text=Self%2Dconcept%20is%20an%20overarching,knowledge%20we%20have%20about%20ourselves>.
- Azer, S. A., Hashmi, M. F., & Reddivari, A. K. R. (2024, May 1). Gastroesophageal Reflux Disease (GERD). *National Library of Medicine*. <https://pubmed.ncbi.nlm.nih.gov/32119349/>.
- Baker, S. E., & Edwards, R. (2012). How many qualitative interviews is enough? *National Centre for Research Methods Review Paper*. [https://eprints.ncrm.ac.uk/id/eprint/2273/4/how\\_many\\_interviews.pdf](https://eprints.ncrm.ac.uk/id/eprint/2273/4/how_many_interviews.pdf).
- Banerjee, D. & Kumar, I. (2019, June 17). Web of causation of disease & levels of prevention. *SlideShare*. <https://www.slideshare.net/slideshow/web-of-causation-of-disease/150230522>.
- Baumler, R., Bhatia, B. S., & Kitada, M. (2021). Ship first: Seafarers' adjustment of records on work and rest hours. *Marine Policy*, 130, 104186. <https://doi.org/10.1016/j.marpol.2020.104186>.
- Chen, X., Tang, L., & Walters, D. (2016). Who is dominant? Occupational Health and Safety management in Chinese shipping. *Journal of Industrial Relations*, 59(1), 65–84. <https://doi.org/10.1177/0022185616676231>.
- Cherry, K. (2018). What is self-awareness? *Very Well Mind*. <https://www.verywellmind.com/what-is-self-awareness-2795023>.
- Creswell, J. W. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches*, 3rd ed. New York: Sage Publications Inc. <https://psycnet.apa.org/record/2008-13604-000>
- Del Rosario, & Del Rosario. (n.d.). Standard Terms and Conditions Governing the Employment of Filipino Seafarers On-Board Ocean-Going Vessels. <https://www.delrosariolaw.com/images/stories/downloads/poeasec.pdf>.
- Department of Health. (2016, September 13). Annex-K Basic DOH PEME Package Rev.2. <https://doh.gov.ph/wp-content/uploads/2023/08/Annex-K-Basic-DOH-PEME-Package-Rev-02.pdf>.

- Dohrmann, S. B., & Leppin, A. (2016). Determinants of seafarers' fatigue: a systematic review and quality assessment. *International Archives of Occupational and Environmental Health*, 90(1), 13–37. <https://doi.org/10.1007/s00420-016-1174-y>.
- Faurby, M., Jensen, O. C., Hjarnoe, L., & Andrioti, D. (2017). The costs of repatriating an ill seafarer: a micro-costing approach. *Health Economics Review*, 7(1). <https://doi.org/10.1186/s13561-017-0184-0>.
- Galvez, D. (2023, February 28). Marcos Jr.: Time to make maritime industry a top priority. *Inquirer.net*. <https://newsinfo.inquirer.net/1736432/fwd-marcos-jr-time-to-make-maritime-industry-a-top-priority-again>.
- Gecas, V. (1982). The self-concept. *Annual Review of Sociology*, 8, 1-33. <https://doi.org/10.1146/annurev.so.08.080182.000245>.
- Ghebreyesus, T. A., Lim, K., & Ryder, G. (2020, April 22). A joint statement on medical certificates of seafarers, ship sanitation certificates and medical care of seafarers in the context of the COVID-19 pandemic. World Health Organization: [https://www.who.int/docs/default-source/coronaviruse/2020-04-22-ilo-who-imo-joint-statement-on-medical-certificates-of-seafarers-ship-sanitation-certificates-22-april-sg-\(003\).pdf?sfvrsn=6afdd464\\_2](https://www.who.int/docs/default-source/coronaviruse/2020-04-22-ilo-who-imo-joint-statement-on-medical-certificates-of-seafarers-ship-sanitation-certificates-22-april-sg-(003).pdf?sfvrsn=6afdd464_2).
- Hellenic Shipping News Worldwide. (2019, January 4). PH seafarer deployment cut by more than 100,000. <https://www.hellenicshippingnews.com/ph-seafarer-deployment-cut-by-more-than-100000/>.
- Huerte, M. S., Lubaton, C., Tongson, M. S., Mendoza, M., Rojo, R. D., & Ornos, E. D. B. (2023). Trends in the medical repatriation of Filipino seafarers: A ten year study of a Philippine maritime shipping company (OSM Maritime). *PubMed*, 74(4), 243–252. <https://doi.org/10.5603/imh.96667>.
- International Chamber of Shipping. (n.d.). Shipping and world trade: Global supply and demand for seafarers. <https://www.ics-shipping.org/shipping-fact/shipping-and-world-trade-global-supply-and-demand-for-seafarers/>.
- International Labour Organization. (2020). MLC Convention. [https://normlex.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:91:0::NO::P91\\_SECTION:MLC14\\_A1](https://normlex.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:91:0::NO::P91_SECTION:MLC14_A1)
- International Labour Organization. (2013). Guidelines on the medical examinations of seafarers. PRODOC of the ILO. Geneva. <https://www.ilo.org/resource/other/guidelines-medical-examinations-seafarersd>.
- International Labour Organization. (n.d.). International Labour Standards on Seafarers. <https://www.ilo.org/international-labour-standards/subjects-covered-international-labour-standards/international-labour-standards-seafarers>.
- Jensen, T. (2012). In S. E. Baker, & R. Edwards, How many qualitative interviews is enough? (p. 5). National Centre for Research Methods. [https://eprints.ncrm.ac.uk/id/eprint/2273/4/how\\_many\\_interviews.pdf](https://eprints.ncrm.ac.uk/id/eprint/2273/4/how_many_interviews.pdf).
- Kairis, S. (2015, September 20). Seafarer's health & lifestyle. Officer of the Watch. <https://officerofthewatch.com/2012/04/22/seafarers-health-lifestyle/>.
- Kyaw, P. P., & Geater, A. (2021). Healthcare seeking preferences of Myanmar migrant seafarers in the deep south of Thailand. *International Maritime Health*, 72(1), 1–9. <https://doi.org/10.5603/imh.2021.0001>.

- Li, X., Zhou, Y., & Yuen, K. F. (2022). A systematic review on seafarer health: Conditions, antecedents and interventions. *Transport Policy*, 122, 11–25. <https://doi.org/10.1016/j.tranpol.2022.04.010>.
- Magcuro, T. B. (n.d). Filipino seafarers: How are they faring? *Philippine Journal of Social Development*. [https://cswcd.upd.edu.ph/wp-content/uploads/2021/10/PJSD-Vol-2-2010\\_Magcuro.pdf](https://cswcd.upd.edu.ph/wp-content/uploads/2021/10/PJSD-Vol-2-2010_Magcuro.pdf).
- Marasigan, L. S. (2019, September 4). MARINA chief: PHL running short of seafarers and domestic vessels. *Business Mirror*. <https://businessmirror.com.ph/2019/09/03/marina-chief-phl-running-short-of-seafarers-and-domestic-vessels/>.
- Maritime Industry Authority. (2022, December 16). Guidelines on the recognition and monitoring of medical practitioners. DOH-MARINA Joint Memorandum Circular No.1. <https://stcw.marina.gov.ph/wp-content/uploads/2016/02/DOH-MARINA-Joint-Memorandum-Circular-No.1-Series-of-2022.pdf>.
- Mason, J. (2012). In S. E. Baker, & R. Edwards, How many qualitative interviews is enough? (p. 5). National Centre for Research Methods. [https://eprints.ncrm.ac.uk/id/eprint/2273/4/how\\_many\\_interviews.pdf](https://eprints.ncrm.ac.uk/id/eprint/2273/4/how_many_interviews.pdf).
- National Center for Research Methods (NCRM). (2021, July 14). How many qualitative interviews is enough. NCRM EPrints Repository. <https://eprints.ncrm.ac.uk/id/eprint/2273>.
- Oldenburg, M., Felten, C., Hedtmann, J., & Jensen, H. (2020). Physical influences on seafarers are different during their voyage episodes of port stay, river passage and sea passage: A maritime field study. *PloS One*, 15(4), e0231309. <https://doi.org/10.1371/journal.pone.0231309>.
- Oldenburg, M., & Jensen, H. (2019). Stress and strain among merchant seafarers differs across the three voyage episodes of port stay, river passage and sea passage. *PloS One*, 14(6), e0217904. <https://doi.org/10.1371/journal.pone.0217904> .
- Oldenburg, M., & Jensen, H. (2019, April 11). Maritime welfare facilities - utilization and relevance for the compensation of shipboard stress. *Journal of Occupational Medicine and Toxicology*. <https://occup-med.biomedcentral.com/articles/10.1186/s12995-019-0231-3> .
- Österman, C., Hult, C., & Praetorius, G. (2020). Occupational safety and health for service crew on passenger ships. *Safety Science*, 121, 403–413. <https://doi.org/10.1016/j.ssci.2019.09.024>.
- Presidential Communications Office. (2023, February 28). PBBM orders whole-of-gov't approach to strengthen new maritime program. Presidential Communications Office. [https://pco.gov.ph/news\\_releases/pbbm-orders-whole-of-govt-approach-to-strengthen-new-maritime-program/](https://pco.gov.ph/news_releases/pbbm-orders-whole-of-govt-approach-to-strengthen-new-maritime-program/).
- Rogge, E. (2022). Impact of a medical incident on board. In J. M. Haga, *Textbook of Maritime Health*. Bergen: Norwegian Centre for Maritime and Diving Medicine. <https://textbook.maritimemedicine.com/volumes/medical-care-at-sea-and-beyond/5-2-impact-of-a-medical-incident-on-board.html> .
- Rosser, J. (2022, August 9). What is an unbalanced diet? *Success Stream*. <https://www.success-stream.co.uk/what-is-an-unbalanced-diet/> .
- Sampson, H., & Ellis, N. (2020). Stepping up: the need for proactive employer investment in safeguarding seafarers' mental health and wellbeing. *Maritime Policy and Management/Maritime Policy & Management*, 48(8), 1069–1081. <https://doi.org/10.1080/03088839.2020.1867918>.

- Shan, D. (2018). The anti-therapeutic effects of workers' compensation in China: The case of seafarers. *International Journal of Law and Psychiatry*, 58, 97–104. <https://doi.org/10.1016/j.ijlp.2018.02.011>.
- Slade, M. (2022, August). Seafarer health: Research to date and current practices. <https://seahospital.org.uk/app/uploads/2022/08/Yale-Report-Final-Seafarer-Health-Research-to-Date-and-Current-Practices-.pdf>.
- The International Rescue Committee (IRC). (2022, June 22). Deadly malaria and cholera outbreaks grow amongst refugees as COVID pandemic strains health systems, warns IRC. <https://www.rescue.org/press-release/deadly-malaria-and-cholera-outbreaks-grow-amongst-refugees-covid-pandemic-strains>.
- The Nautical Institute, (2015, April 16). Editorial - The health, wellbeing and welfare of the seafarer is crucial to the safety of any ship. <https://www.nautinst.org/resources-page/editorial-----em-the-health--wellbeing-and-welfare-of-the-seafarer-is-crucial-to-the-safety-of-any-ship---em-.html>.
- Thomas, D. (2022, August 19). 7 dangerous diseases/disorders seafarers should be aware of. *Marine Insight*. <https://www.marineinsight.com/marine-safety/7-dangerous-diseasesdisorders-seafarers-should-be-aware-of/>.
- Wickramatillake, H. D. (1998). *Infectious diseases among seafarers*. Cardiff: Seafarers International Research Centre (SIRC). <https://www.sirc.cf.ac.uk/uploads/publications/Infectious%20diseases%20amongst%20seafarers.pdf>.
- Zhao, Z., Wadsworth, E. J. K., Jepsen, J. R., & Van Leeuwen, W. (2020). Comparison of perceived fatigue levels of seafarers and management approaches in fatigue mitigation: Case studies from two Chinese and two European shipping companies. *Marine Policy*, 116, 103897. <https://doi.org/10.1016/j.marpol.2020.103897>.

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