

Health issues and health seeking behaviour among migrant workers in an urban setting in Kerala

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INTRODUCTION

Sustainable Development Goal 3 is “to ensure healthy lives and promote well-being for all at all ages”. The health and well-being of migrants are essential to the achievement of the SDG. Out of about 98 million, total intra-state and inter-state migrants in the country during last decade, 61 million have moved to rural areas and 36 million to urban areas. Approximately 35 lakhs of interstate migrant workers have become a crucial part of Kerala’s economy. The migrant population are vulnerable and exposed to many health problems and have varying health seeking behaviour.

OBJECTIVES

To study the health issues and the health seeking behaviour among the migrant workers in an urban area of Thiruvananthapuram Corporation, Kerala

METHODOLOGY

Study Design: Cross sectional study

Study setting: Medical College Health Unit (Urban), Pangappara, Thiruvananthapuram, Kerala

Study Period: September 2021 to October 2021

Study Population: Migrant workers who attended the migrant camp conducted by the health unit

Sample size and sampling technique: Sample size was calculated based on the prevalence of migrant population availing health care services (55%) according to study conducted by Sithara R.S et al. Sample size was approximated to 140. Migrants who gave consent were consecutively recruited till the sample size was met

Data Collection : Data was collected, after obtaining consent, from workers using a semi structured questionnaire. The migrant workers were interviewed regarding their health issues in past six months and their health seeking behaviour.

Data Analysis : Data analyzed using SPSS version 25. Statistical tests used were chi square test, independent t- test, Logistic regression.

RESULTS

All 140 migrants were male. Median age was 28 years (IQR= 22-36) and median duration of stay in Kerala was 4 years (IQR= 1-8). About 110 (78.6%) migrant workers had health issues in past 6 months. 48 (43.39%) migrants did not consult a doctor despite having health issues of which 12 frequently brought over the counter drugs.

Table showing characteristics among the migrant workers

Characteristics	Frequency (%)
Religion	Hindu 74(52.9%)
	Muslim 66 (47.1%)
Marital Status	Married 82 (58.6%)
	Unmarried 58 (41.4%)
Addictions	Smoking 62 (44.3%)
	Alcohol consumption 36 (25.7%)
	Tobacco consumption 35 (25.0%)

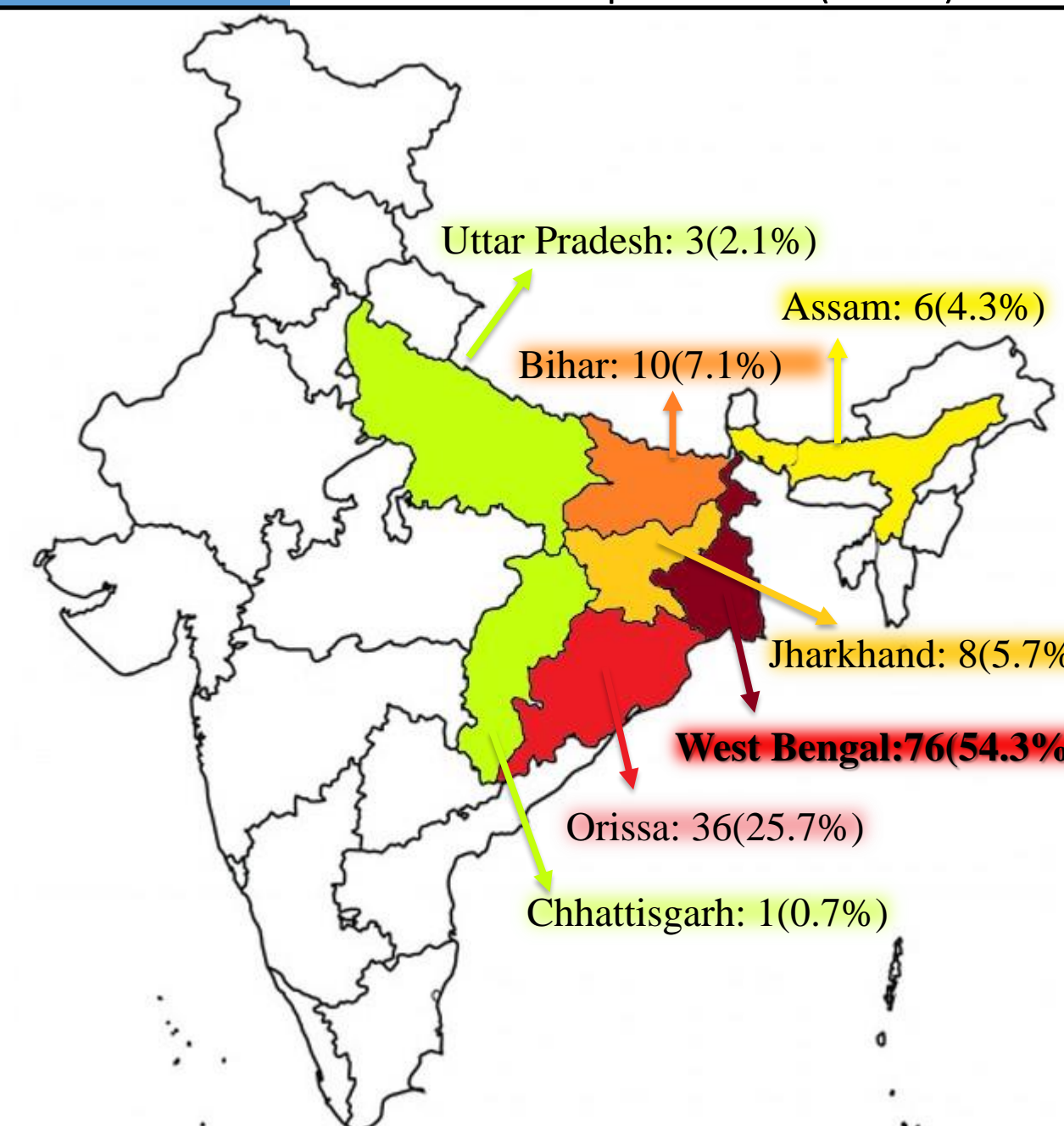
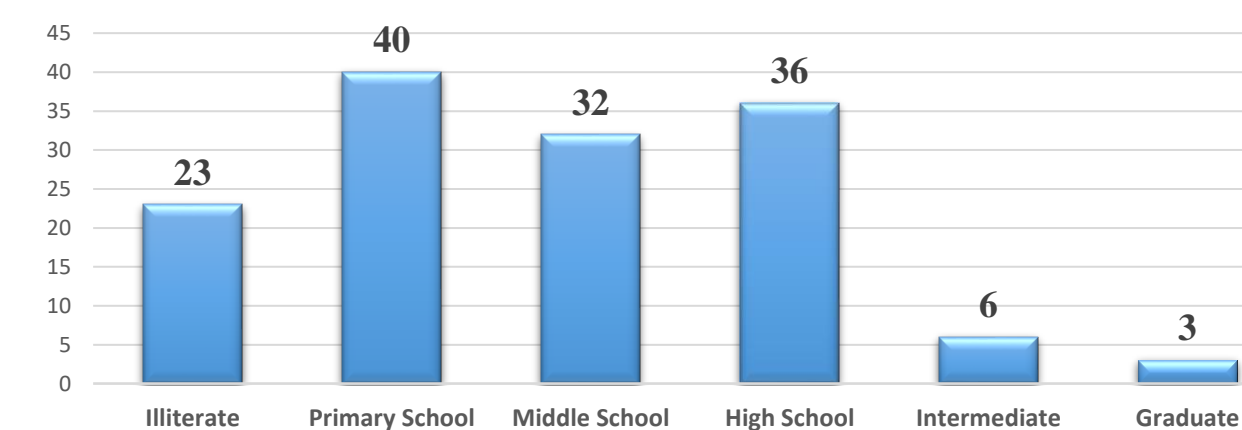


Fig: State wise distribution of hometown of migrant workers

Education Status

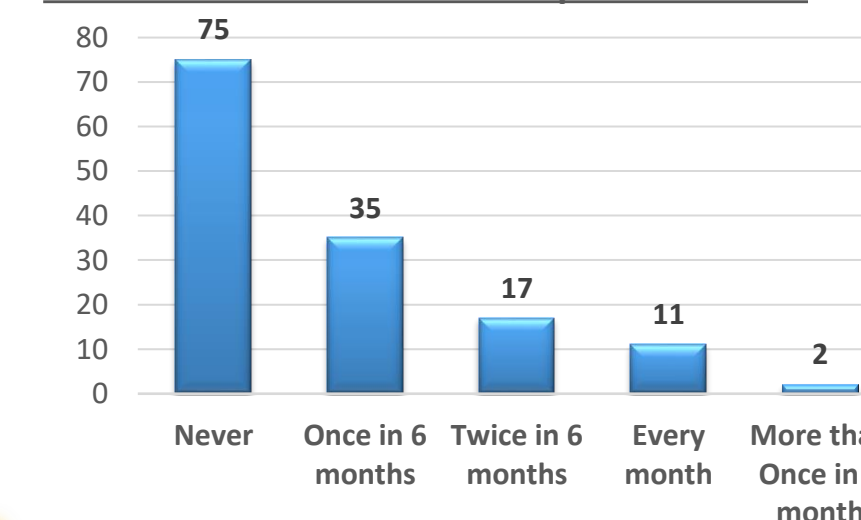


Health issues of migrant workers

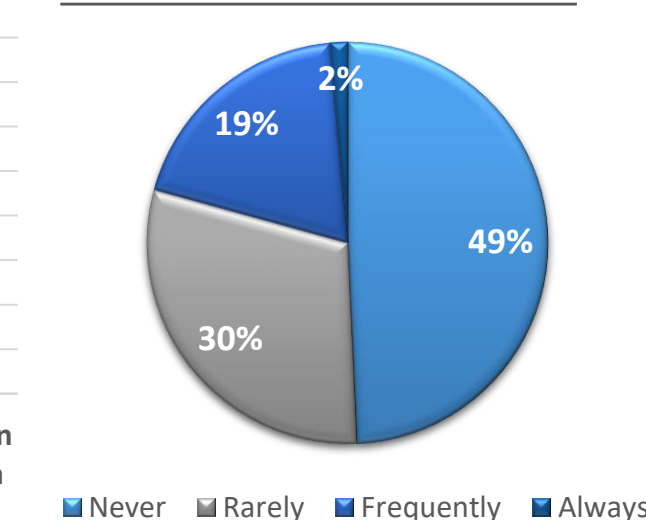
Symptoms	Frequency (%)	Symptoms	Frequency (%)
Fever	74 (52.9%)	Urinary Tract infections	11 (7.8%)
Musculoskeletal diseases	38 (27%)	Accidents	10 (7.1%)
Gastrointestinal diseases	50 (35.7%)	Ear problems	7 (5.7%)
Dermatological diseases	36 (25.7%)	Ophthalmic problems	2 (1.4%)
Respiratory diseases	21 (15%)	Neurological problems	1 (0.7%)

Health Seeking Behaviour

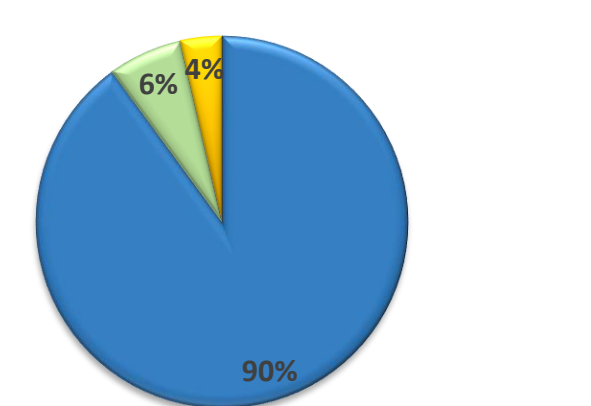
Consultations with Doctor in past 6 months



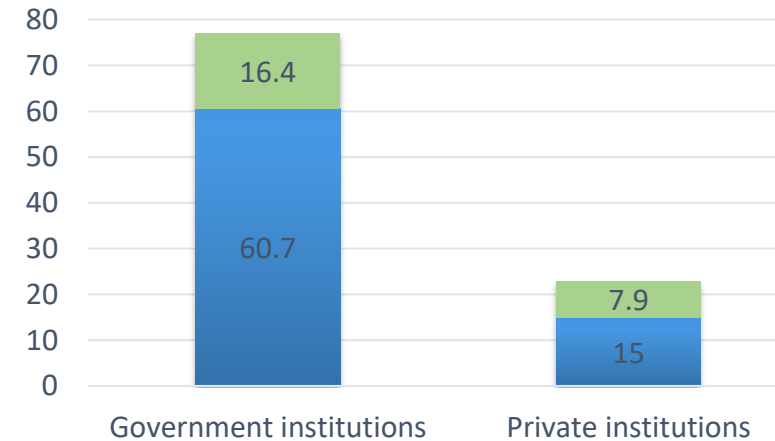
Over the Counter Medication



System of Medicine



Treatment Seeking Institutions



Results (continued)

On univariate analysis age, religion, marital status, educational status, native districts were found to be significantly associated with the behaviour of migrants to seek doctor’s consultation on developing any health issues. On logistic regression, education status (intermediate and graduates) was significant predictor of behaviour of migrants to seek doctor’s consultation on developing any health issues [Adjusted OR=15.78,(1.36-183.7) p=0.03]

CONCLUSIONS

Most of the migrant workers had health issues. Despite having health concerns some of them did not seek a proper health care. Relevant policies must be ensured to address the health issues of migrants to attain SDGs. Further qualitative studies are needed to assess the barriers in health seeking behaviour among migrants.

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