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Morbidity Status, Health Seeking Behaviour and Addictions among Migrant Workers in Kerala, India

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Abstract

Migrant labourers in Kerala are a significant economic force in the state. There are about 2.5 million internal migrants in the state. Every year, migrant population increases by 2.35 lakh people. The objective was to assess the morbidity status and addictions among migrants in Thrissur District, Kerala and to assess the health seeking behaviour of migrant workers in Thrissur, Kerala. This was a cross - sectional study conducted at a major construction site in Thrissur District. Data from 238 migrant construction workers in Thrissur, was collected using a pre- tested questionnaire. Data was analysed using SPSS software. A total of 238 male workers were included in the study. Headache (27.8%) was the most common morbidity followed by heartburn (20.1%) and back ache in 18.9 % of the migrants. Regarding the addictions, 50.4 % of them were smokers, 81.5 % were alcoholics and 18.1 % addicted to cannabis. Regarding the health seeking behavior, only 2.1 % visited a hospital while 4.2 % visited doctors. Migrants have a different morbidity profile, higher prevalence of addictions as related to the rest of the population. Language barriers and work timings also influenced their health seeking behaviour.

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Migrants,
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Introduction

The unorganized sector forms a major part of the work force across the world. Of this a major chunk are the migrant workers. Migration comprise a wide range of populations, such as workers, refugees, students, undocumented migrants and others, with each different health determinants, needs and levels of vulnerability.

Out of which, migration for occupation is common in a globalized world defined by profound disparities, skill shortages, demographic imbalances, climate change as well as economic and political crises, natural as well as man-made disasters, and migration is omnipresent in India.(Rock *et al.*, 2016) Nearly two-thirds of the

contribution to the net domestic product is by the unorganized sector. According to the National Sample Survey Organization (NSSO, 1999–2000), 370 million workers constituted 92% of the total unorganized workforce in the country.(Unni, no date) Migrant labourers in Kerala are a significant economic force in the state.

There are about 2.5 million internal migrants in the state. Most of them are in the construction industry. Every year, migrant population increases by 2.35 lakh people. Despite many of them praising the state for its welfare schemes and environment, they are often ignored in comparison and suffer from comparatively poor living conditions.

High literacy rates, better education and lack of professional and skilled jobs had prompted Keralites to look for higher wages and skilled labour outside India. This trend then led to a decline in the availability of workforce in Kerala especially in unskilled jobs. Therefore migrant workers became a necessity. They were attracted to Kerala due to certain pull factors like employment opportunities, standard of life in Kerala, higher wages compared to other states, lesser communal clashes, high health indices, better health facility and provision of education for their children.

Most of them are below the age of 50 years and stay usually on the site of construction or share rented rooms close to it

They also do not have any permanent address and move from one site to another after completion of their work. They are mostly from far off North Indian states like West Bengal, Assam, Orissa, Jharkhand, Uttar Pradesh and Rajasthan.

Materials and Methods

This cross-sectional study was conducted at a construction site in Thrissur District, Kerala, India. 238 workers present at the camp were examined over a period of four days. A pre-tested questionnaire was used for collection of data.

Operational definition

A smoker is defined as one who smoked manufactured or hand rolled tobacco cigarettes at least once a day. ('Cigarette smoking behaviour', 16/01/2018)

Alcohol user is identified as those who consumes regular intake of more than 75 gm/day of alcohol. ('Definition of alcoholism by medical dictionary', 18/01/2018)

A Ganja user is also defined as one who used cannabis in a patterned way such that it is harmful to themselves or others

Results and Discussion

238 migrant workers were examined. 23 migrants were in the age group of 15-20, 84 in the age group 21-25, 87 migrants in the age group of 26-30, 35 of them were in the age group of 30-35 and 9 migrants were in the age group of 35-40. Out of 238 workers, 201 were Muslims and 37 were Hindus.

Among the morbidities, headache was the most common morbidity found among 66 (27.8 %) of population followed by dyspepsia in 48(20.1%) of population and back ache in 45 (18.9%) One ninety four (81.5%) migrants were addicted to alcohol. Smoking was present in 120 (50.4 %) migrants. 88 (37%) migrants smoked bidis, 32 (13.4%) migrants smoked cigarettes. 43 persons had used cannabis amounting to 18.1 percent of population.

Out of 29% migrants who sought health care, five (2.1%) migrants visited ANMs, ten (4.2%) migrants visited Doctors. Fifty four (22.7%) migrants visited medical shop for over the counter medicine

Among the construction site workers, 27.8% of them had headache. Other morbidities included dyspepsia in 20.1% migrants, backache in 18.9% migrants, diarrhoea in 9.2% migrants. Consumption of alcohol was reported by 81.5% of migrants in the study which is a high figure compared to national estimate of 68.4% as per the National Household Survey on drug use. Smoking was present in 50.4% migrants. Thirty seven percent smoked bidis and 13.4% migrants smoked cigarettes. It is high as compared to 23.1% Cigarette use.

The cannabis use of 18.1% is also high as compared to 11% of marijuana use as per the National Household Survey on drug use. ('National Survey of Drug Use and Health National Survey of Drug Use and Health', 2016) This is possibly because of the fact that most of them do not have families with them and live together in groups without any major avenues for recreation.

Community-based epidemiological studies conducted in India on mental and behavioural disorders report varying prevalence rates, ranging from 9.5 to 37.0 per 1000 population. (Math and Srinivasaraju, 2010). 22.7% migrants took over the counter drugs while 4.2 % migrants visited a doctor and 2.1 % visited a hospital. 22.7 percent of the population felt that language was a barrier in getting treatment and 27.3 percent felt that the hospital timings were not suited to them as it overlapped.

The language barrier faced by the migrants in this study is comparable to a study done by Narayan L *et al.*, where the migrants also faced similar issue. (L, 2013) According to Indian migration Report 2015, health care seeking was noticed only in 43.5% migrants. Percentage of migrants who seek health care at drug store is 28.6% which is comparable with 22.7% of them who went to drug store. (Rajan, 2015)

Table.1 Morbidities among migrant workers

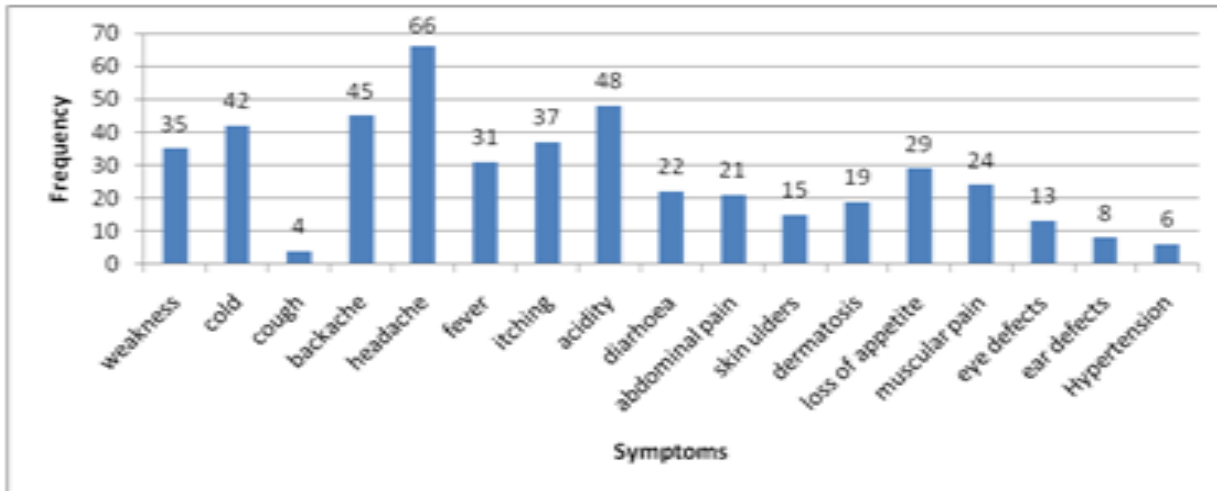


Table.2 Addictions among migrant workers

Addictions	N(%)
Smoking	120 (50.4%)
Smoking Bidis	88 (37%)
Smoking Cigarettes	32 (13.4%)
Alcohol	194 (81.5%)
Ganja	43 (18.%)

Table.3 Association of Age with smoking among migrant workers

Age	Smoking Addictions		Total(%)	P value
	Yes(%)	No (%)		
15-20	9(39)	14(61)	23(100%)	0.06
21-25	44(52.3)	40(47.7)	84(100%)	
26-30	41(47)	43(53)	87(100%)	
31-35	24(68.5)	11(31.5)	35(100%)	
35-40	2(22.2)	7(77.8)	9 (100%)	
Total	120(50.4)	118(49.6)	238(100%)	

Table.4 Association of age with alcohol addiction among migrant workers

Age	Alcohol Addictions		Total (%)	P value
	Yes(%)	No(%)		
15-20	20(87)	3(13)	23(100%)	0.62
21-25	66(78.5)	18(21.5)	84(100%)	
26-30	73(84)	14(16)	87(100%)	
31-35	29(82.8)	6(17.2)	35(100%)	
35-40	6(66.7)	3(33.4)	9(100%)	
Total	194(81.5)	44(18.5)	238(100%)	

Table.5 Health Seeking Behaviour among migrant workers

Health Seeking Behaviour	N (%)
Visited ANMs	5(2.1)
Visited medical shop	54(22.7)
Visited Doctors	10(4.2)
Not visited health care facility	169(71.0)

Conclusion – Majority of the migrant workers have addictions higher than the general population. Majority of them go to a medical shop and buy over the counter medicines rather than go to a doctor or hospital.

The majority felt that the hospital timings clashed with their work timings making it difficult to attend hospitals or visit doctor. They also felt that the language barrier proved a handicap in getting treatment.

Recommendations

There is a strong need for counselling these migrant workers to wean them off habits like smoking, alcoholism and addiction to cannabis.

There is also a need to extend outpatient department beyond the working hours so that they can seek health service.

Setting up of migrant clinics is also another option.

Limitations of the study

As the sample size was less and study was done only at one site, we cannot generalize the results to the population.

Conflict of Interest; Nil

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