Kristu Jayanti Journal of Humanities and Social Sciences

E-ISSN: 2583-6277

Volume 3, 2023 **pp 1-14**

Health Seeking Behaviour of Migrant Labour Communities in Bengaluru

Dr. Sathish Kumar R

Assistant Professor – Dept. of Social Work, Kristu Jayanti College (Autonomous), Bengaluru

Dr. Winnie Joyce A

Assistant Professor – Dept. of Social Work, Kristu Jayanti College (Autonomous), Bengaluru

Dr. Jonas Richard A

Professor and Head – Dept. of Social Work, Kristu Jayanti College (Autonomous), Bengaluru

Keywords: Migrant Community, Health Care Providers, Common Illness, Health Education and Lifestyle

Abstract

Health is essential for any human being to lead a happy and peaceful life and to protect such a significant part of life people seek healthcare. This health care in turn plays a vital role in protecting the health of all. Is this health care available to all sections of the society? What kind of behaviours are showcased by people when seeking health? In other words, how do people seek health in the environment they are living? These are the key questions that are taken for study in this article. The article addresses these questions with special reference to the migrant labourers in Bengaluru.

Introduction

Migration has been defined as the process of people adapting to a new environment which involves making a decision, preparations, going through the procedure, shifting physically to another geographical area, adjusting to the local cultural needs, and becoming a part of the local system.[1]Since psychological distress is a subjective experience that can result in negative views of the environment, workplace, towards others, and to a good extent to one self-itself.[2] Thus, migration, urbanization and mental health are interrelated. Studies report that the process of urbanization is very fast in developing countries and it is projected that by the year 2025, more than half of the Indian population will be living in urban areas. [3] It has changed life, changed

civilization and changed the culture of people. It has led to the migration of people from villages to cities. Urbanization facilitates the process of migration which results in separation from family, lack of social support and many other situational stressors attributing to mental health issues such as depression.[4] The health-seeking behaviour of migrant workers can be influenced by various factors, including their socio-economic status, cultural background, access to healthcare services, legal status, language barriers, and the nature of their work. Migrant workers might face challenges in accessing healthcare services due to their temporary or undocumented status. They may not be eligible for government-sponsored health programs or face language barriers when trying to communicate with healthcare providers. They might be hesitant to seek medical attention if they fear that taking time off for health reasons could lead to job loss or affect their employment opportunities in the future. Some migrant workers may come from regions with limited access to health education and may not be aware of preventive measures or symptoms of common diseases prevalent in the host country. They may face challenges in understanding the healthcare system, cultural norms, and practices in the host country. Language barriers can hinder effective communication with healthcare providers. Efforts to improve the health-seeking behaviour of migrant workers should address these barriers. This can be achieved through targeted healthcare programs, language support, cultural sensitivity training for healthcare providers, outreach initiatives, and policies that protect the rights and health of migrant workers. Additionally, ensuring that healthcare services are affordable, accessible, and non-discriminatory for all individuals, regardless of their migrant status, is crucial to promoting better health outcomes for this population.

Literature Review

Kusuma et al., (2016) in the paper titled "Migrant Workers in India: social protection through Employee State Insurance (ESI)" published in the Indian Journal of Medical Research in 2016, explored the social protection measures provided to migrant workers in India through the Employee State Insurance (ESI) scheme. The study likely investigated how this scheme benefits

migrant workers in terms of healthcare access and financial protection. The study conducted by Norredam, M., Nielsen, S. S., and Krasnik, A. in 2011, presents a systematic review of migrants' utilization of somatic (non-mental health) healthcare services in Europe. The researchers would have gathered and analyzed data from various studies to understand how migrants access and use healthcare services in European countries. The authors identified common barriers faced by migrant populations when seeking somatic healthcare in Europe. These barriers might include language barriers, legal status, cultural differences, and healthcare system-related challenges. Suurmond et al., (2010) in their article titled "The Role of Health Care Professionals in Encouraging Patient Participation in Migrant-Specific Health Care", highlighted the importance of providing culturally sensitive and migrant-specific healthcare services to address the diverse health needs of migrant patients. The authors also discussed the significance of effective communication and cultural competence in healthcare interactions with migrants and how healthcare professionals can improve their skills in these areas.

Materials and Methods

This study incorporates a descriptive research design to describe the nature of 131 respondents of the migrant communities residing in the urban poor residential neighbourhoods of Bengaluru. The researcher has adopted simple random sampling to select the respondents from the migrant settlements in north Bengaluru and collected the primary data through a structured interview schedule incorporating the objectives that are mentioned below.

Objectives of the Study:

- To know the socio-demographic profile of the respondents.
- To identify the common health issues among the respondents.
- To understand the health-seeking behaviour of the respondents.
- To study the preference of healthcare providers sought by the respondents.
- To know the frequency of healthcare sought by the respondents.

Kristu Jayanti Journal of Humanities and Social Sciences

E-ISSN: 2583-6277

Volume 3, 2023

pp 1-14

Major Findings:

Table 1 - Age of the Respondents

Age	Frequency	Percentage
13 to 19	23	17.55
20 to 35	64	48.85
35 to 45	33	25.19
45 to 55	7	5.34
55 and above	4	3.05
Total	131	100

Table 1 showing the age-wise distribution of data says that the majority of the respondents accounting for nearly half (48.85%) belong to the age group of 20 to 35 years, followed by respondents belonging to the age group of 35 to 45 years accounting to more than one-fourth (25.19%) and less than one-fifth (17.55%) respondents belonging to the age group of 13 to 19 years. The table further shows that one-twentieth (5.34%) of the respondents fall under the age group of 25 to 55 years, while less than one-twentieth (3.05%) fall under the age group of 55 years and above.

Table 2 - Gender of the Respondents

Age	Frequency	Percentage
Female	79	60.30
Male	52	39.69
Total	131	100

Table 2 tabulating the Gender of the Respondents depicts that the majority of the respondents accounting for three-fifths (60.30%) of the total respondents are female, while the male respondents are found to be less than two-fifths (39.69%) of the total respondents.

Table 3 - Educational Qualification of the Respondents

Educational Qualification	Frequency	Percentage
Attending School	16	12.21
Attending College	4	3.05
School Drop-Out	3	2.29
Attained Elementary Education	63	48.09
Attained Secondary Education	39	29.77
Attained Degree	2	1.52
Illiterate	4	3.05
Total	131	100

Table 3 depicting the Educational Qualification of the Respondents tells that the majority of the respondents accounting for nearly half (48.09%) of the total respondents have attained elementary education, followed by nearly more than one-fourth (29.77%) of the respondents who have attained secondary education and more than one-tenth (12.21%) of the respondents attending school. The tabulated data further shows that less than one-twentieth (3.05%) of the respondents are attending college and two respondents (1.52%) have attained degrees respectively. It is also inferred from the table that there are three (2.29%) school drop-outs and four (3.05%) illiterate among the respondents.

Table 4 - Common Illness Suffered by the Respondents

Common Illness	Frequency	Percentage
Diarrhea	53	40.45
Respiratory Problems	21	16.03
Malaria	11	8.39
Dengue	7	5.34
Typhoid	13	9.92
Hepatitis	4	3.05
Tuberculosis	3	2.29
Anemia	19	14.50
Total	131	100

It is understood from Table no. 4 that diarrhoea is the most common illness among the respondents accounting for a majority of two-fifths (40.45%) of the respondents, followed by respiratory problems which are prevalent among less than one-fifth (16.03%) of the respondents and anaemia found in more than one-tenth (14.50%) of the total respondents. The data set also says that typhoid (9.92%), malaria (8.39%), dengue (5.34%), hepatitis (3.05%) and tuberculosis (2.9%) are other common illnesses suffered by the respondents respectively.

Table 5 - Frequency of Visits to Healthcare Providers by the Respondents

Frequency of Visit	Frequency	Percentage
Weekly	01	0.76
Bi-Weekly	04	3.05
Monthly	68	51.90
Bi-Monthly	44	33.58
Quarterly	07	5.34
Half Yearly	05	3.81
Annually	02	1.52
Total	131	100

Kristu Jayanti Journal of Humanities and Social Sciences

E-ISSN: 2583-6277

Volume 3, 2023 pp 1-14

Table no. 5 showcasing the frequency of visits to healthcare providers by the respondents shows that the majority of the respondents amounting to more than half (51.90%) of the total respondents visit healthcare providers at least once a month, followed by one-third (33.58%) of the respondents who visit health care providers at least once in two-months and one-twentieth (5.34%) of the respondents who visit health care providers at least once in fourth months. It is also drawn from the table that there are respondents who visit the health care providers once in six months (3.81%), at least once a year (1.52%) and once a week (0.76%) respectively.

Table 6 - Type of Healthcare Providers Sought by the Respondents

Type of Healthcare Providers	Frequency	Percentage
Private Healthcare Providers	42	32.06
Public Healthcare Providers	71	54.19
Both Private and Public Healthcare Providers	18	13.74
Total	131	100

The type of Healthcare Providers sought by the respondents depicted in Table no. 6 shows that the majority of the respondents amounting to more than half (54.19%) of the total respondents seek public healthcare providers for their ailments, while nearly one-third (32.06%) of the total respondents seek private healthcare providers for their ailments and more than one-tenth (13.74%) respondents seek both private and public healthcare providers for their ailments.

Table 7 - Consumption of Clean and Boiled Water

Consumption of Clean and Boiled Water	Frequency	Percentage
Always	11	8.39
Sometimes	34	25.95
Rarely	55	41.98
Never	31	23.66
Total	131	100

Table no.7 showing the information on the consumption of clean and boiled water by the respondents depicts that the majority of the respondents amounting to more than two-fifths (41.98%) of the total respondents rarely consume clean and boiled water, while one-fourth (25.95%) of the respondents consume it sometimes, as less than one-fourth (23.66%) of the respondents never consumed clean and boiled water. The data also shows that less than one-tenth (8.39%) of the total respondents always consume clean and boiled water.

Table 8 - Usage of Toilet for Defecation

Usage of Toilet for Defecation	Frequency	Percentage
Always	15	11.45
Sometimes	27	20.61
Rarely	52	39.69
Never	37	28.24
Total	131	100

Table no.8 tabulating the details on the usage of toilets by the respondents for defecation shows that the majority of the respondents amounting to nearly two-fifths (39.69%) of the total respondents rarely use toilets to defecate, while more than one-fourth (28.24%) of the respondents never use the toilet for defecation, as one-fifth (20.61%) of the respondents use toilet sometimes for defecation and just above one-twentieth (11.45%) of the respondents only, use toilets always for defecation.

Table 9 - Usage of Toilet for Urination

Usage of Toilet for Defecation	Frequency	Percentage
Always	15	11.45
Sometimes	27	20.61
Rarely	41	31.29

Never	48	36.64
Total	131	100

Responses tabulated in table no.9 showing the details of usage of the toilet for urination by the respondents say that the majority of the respondents accounting for more than one-third (36.64%) of the total respondents never use toilet for urination, while close to one-third (31.29%) of the respondents rarely use toilet, as one-fifth (20.61%) of the respondents use it sometimes and just above one-twentieth (11.45%) of the respondents only use toilets always for urination.

Key Findings:

- The majority of the respondents, accounting for nearly half accounting to nearly half (48.85%), belong to the age group of 20 to 35 years.
- The majority of the respondents, accounting for three-fifths (60.30%), of the total respondents are female.
- The majority of the respondents, accounting for nearly half (48.09%) of the total respondents, have attained elementary education.
- Diarrhoea is the most common illness among the respondents accounting for a majority of two-fifths (40.45%) of the respondents.
- The majority of the respondents, amounting to more than half (51.90%) of the total respondents, visit healthcare providers at least once a month.
- The majority of the respondents, amounting to more than half (54.19%) of the total respondents, seek public healthcare providers for their ailments.
- The majority of the respondents, amounting to more than two-fifths (41.98%) of the total respondents, rarely consume clean and boiled water.
- The majority of the respondents, amounting to nearly two-fifths (39.69%) of the total respondents, rarely use toilets to defecate.
- The majority of the respondents, accounting for more than one-third (36.64%) of the total respondents, never use the toilet for urination.

Kristu Jayanti Journal of Humanities and Social Sciences

E-ISSN: 2583-6277

Volume 3, 2023 pp 1-14

Discussion:

It is evident from the results that the majority of the respondents are suffering from diarrhoea as a common illness followed by respiratory problems, anaemia, typhoid, malaria, dengue and tuberculosis. This shows that the migrant people who are living in the settlement colonies go through the above-mentioned ailment as a result of poor hygiene and sanitary practices. It is understood from the findings that a consistent amount of the population does not use toilets and uses open spaces for urination and defecation. The key findings of the study revealed that public healthcare providers are the most sought-after healthcare providers by the migrant communities in the study area, while a significant segment of the population seeks private healthcare providers for their ailments. It is understood from the results that the majority of the migrant people suffer from one or the other ailment as they visit the healthcare providers at least once a month and this might be due to poor hygienic practices and lack of awareness.

To address these issues, the following suggestions can be made.

1. Access to Healthcare: Ensure that migrant workers have equal access to healthcare services, regardless of their legal status. Implement policies that provide affordable and migrant-friendly healthcare options, including preventive services, regular check-ups, and treatment for both physical and mental health conditions.
2. Health Education: Conduct health education campaigns targeted at migrant workers to raise awareness about common health issues, preventive measures, and available healthcare resources. Use culturally sensitive and multilingual approaches to effectively communicate health-related information.
3. Outreach Programs: Establish outreach programs that actively engage with migrant communities, providing them with information about available healthcare services, addressing their concerns, and facilitating access to healthcare facilities.
4. Workplace Health and Safety: Enforce strict regulations and monitor workplaces to ensure safe and healthy working conditions for migrant workers. This includes providing

adequate protective gear, regular health check-ups, and education on occupational hazards.

5. Mental Health Support: Offer mental health support and counselling services tailored to the needs of migrant workers. Address the psychological stress and isolation they may experience due to being away from their families and support networks.
6. Social Support: Create platforms for social integration and support networks among migrant workers. Encourage community engagement and collaboration with local organizations to provide social and emotional support.
7. Language Support: Ensure that healthcare providers have access to language interpretation services to facilitate effective communication with migrant patients. This can improve patient-provider interactions and overall healthcare experiences.
8. Health Insurance: Provide accessible and affordable health insurance options for migrant workers, which can offer financial protection and reduce barriers to seeking healthcare services.
9. Advocacy and Policy Change: Advocate for policy changes that protect the rights and health of migrant workers, including labour laws, healthcare provisions, and social welfare programs.
10. Data Collection and Research: Gather comprehensive data on the health needs and challenges faced by migrant workers to inform evidence-based policies and interventions. Encourage research on migrant health to identify best practices and address gaps in healthcare services.
11. Collaboration with Sending Countries: Collaborate with the countries of origin to ensure continuity of care for migrant workers, as they may return to their home countries for extended periods.

By implementing these recommendations, governments, healthcare organizations, and civil society can make significant strides in improving the health conditions of migrant workers in promoting their overall well-being.

Kristu Jayanti Journal of Humanities and Social Sciences

E-ISSN: 2583-6277

Volume 3, 2023

pp 1-14

Conclusion

Health is an essential part of human life which requires individual attention and awareness. Key findings of the study revealed that most of the people dwelling in the migrant settlements do not have healthy practices in their day-to-day life and their health-seeking behaviour is still not so clear due to their unhygienic practices. This situation calls for immediate interventions in the form of awareness programmes, health camps and research studies to address the prevailing issues and their impact on the migrant communities and the nation at large.

Kristu Jayanti Journal of Humanities and Social Sciences

E-ISSN: 2583-6277

Volume 3, 2023 pp 1-14

References

Norredam, M., Nielsen, S. S., Krasnik, A. (2011). Migrants' utilization of somatic healthcare services in Europe: A systematic review. European Journal of Public Health.

Lindert, J., Schouler-Ocak, M., Heinz, A., Priebe, S. (2008). Mental health, health care utilization of migrants in Europe. European Psychiatry.

Suurmond, J., Seeleman, C., Rupp, I., Goosen, S., Stronks, K. (2010). The role of health care professionals in encouraging patient participation in migrant-specific health care. Patient Education and Counseling.

Sandhu, S., Bjerre, N., Dauvrin, M., Dias, S., Gaddini, A., Greacen, T., & Priebe, S. (2013). Experiences with treating immigrants: a qualitative study in mental health services across 16 European countries. Social Psychiatry and Psychiatric Epidemiology.

Kusuma, Y. S., Kumari, R., Kaushal, S. (2016). Migrant workers in India: social protection through Employee State Insurance (ESI). Indian Journal of Medical Research.

Hjelm, K., Bard, K., Nyberg, P., Apelqvist, J. (2003). Religious and cultural distance in beliefs about health and illness in women with diabetes mellitus of different origin living in Sweden. International Journal of Nursing Studies.

Guhathakurta, M. (2016). Health care challenges of international labour migrants in Asia. Indian Journal of Community Medicine.

Kristu Jayanti Journal of Humanities and Social Sciences

E-ISSN: 2583-6277

Volume 3, 2023 pp 1-14

Sandal, G. M., Bardal, P. K., Oerbeck, B. (2014). Academic performance in adolescents with behaviorally induced insufficient sleep syndrome. Sleep Medicine.

Biswas, A., Rahman, F., Eriksson, C., Halim, A., Dalal, K. (2011). Non-fatal injuries and factors associated with injury among Bangladeshis in Malaysia. Injury Prevention.

Zaman, H., Noureen, S., Bhatti, A. B., Khattak, A. M., Lali, M. I. (2017). Utilization of maternal health services among internal migrants in Punjab, Pakistan. PLoS One.