

Psychosocial Workplace Factors and Health Problems among Indian Migrants in Gulf Cooperation Council Countries

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Abstract

Background: There are not extensive studies about psychosocial occurrence of work related health problems in the Indian migrants in GCC countries. The present study was intended to determine the work related psychosocial health problems and its consequences among the workers.

Methodology: This was cross sectional study and conducted in Warangal district, India. It involves male migrants of low and semi-skilled from six countries of the GCC. The questionnaire adopted from previous literature and consists of elements related to characteristics of demographic, psychosocial workplace factors including health related. The questionnaire was interviewed and was adopted in English. Data was analyzed using SPSS statistics.

Results: In total 410 migrants were included and 70.5% of them are married. Greater number of the respondent's migrants were construction laborers (25.4%). Reported high prevalence of physical strain (58%), lengthy standing (97.8%), lengthy sitting (65.6%), lifting and carrying (65%). Interestingly reported, 70% of them work in the same physical position for a lengthy period of time. Half of the migrant workers required a lot of thinking at their work and reported (75%) their work is too difficult. The study found 81% of migrants having good prospects with their employer. However, 72% reported their private life is suffering due to irregular working hours such as shifts or overtime and 66% do not have fixed working hours. Mechanical vibrations (68%) and raising voice (44%) affect their health. Almost all migrants suffering from dry and damp air including dust and accidents which are the highest factor at the workplace reported. Diseases reported are diabetes, cardiovascular, hypertension and metabolic arthritis suffering among workers.

Conclusions: The study emphasizes implementing various strategies or policies related to the workplace intended to improve work environment characteristics including psychosocial work factors to avoid work related health problems.

Keywords: GCC countries, Health problems, Migrants, Psychosocial, workplace

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Introduction

India is one of the largest countries of origin of international migrants and around 70% of these are estimated to be labour migrants¹. Due to the "oil boom" in Gulf Cooperation Council (GCC) countries, migration from Indian states like Kerala, Tamil Nadu,

Uttar Pradesh, Bihar, Telangana and Andhra Pradesh increased economies in these states due to remittances sent by the migrants' workers. These huge bulk of the migrant population are usually unskilled, low skilled and semi-skilled². They are playing a very significant role not only to the host countries (GCCs) but also have major developmental contributions to the place of origin. Within the GCC countries, Kingdom of Saudi Arabia and United Arab Emirates are the most popular destinations of Indian immigrants and together they contributed more than 60 per cent of the total deployment of Indian migrant workers³.

Migration impact is increasingly being recognized in global public health agendas. With the increase in immigration comes many concerns, such as the health of immigration in their selected host countries. Migrant workers are at high risk for hazardous occupational exposures, injuries and even death in the host countries. These workers work in the "3Ds" category classified as dangerous, dirty and degrading that the host countries' workers are unwilling to perform^{4,5}. There is evidence that many migrants when arriving to the host country were healthy but that good health can deteriorate over time in the receiving society⁶. Due to the rejection of jobs by local workers, low skilled workers are working under risk prone jobs that led to serious health problems among Indians and can be an important source of occupational health inequalities. The employment conditions and associated work at the workplace of blue collar migrant workers are dangerous which are evident from many studies^{4,7}. At present, the lack of evidence related to the health problems of the migrant laborers might be one of the problems that the host governments were not able to focus on Indians in GCC countries.

It is reported that psychosocial factors such as stress, hostility, depression, hopelessness, and job control seem associated with physical health, particularly heart diseases^{8,9}. Work related stress

associated with psychosocial factors are among the greatest challenging issues in occupational safety and health. They impact significantly on the health of individuals, organizations and national economies¹⁰. Therefore, the present context of study is to determine the psychosocial work related health problems pertaining to migrant work place. The findings of the present study will contribute to a better understanding by health personnel of the health status profile of migrant workers and allow for the development of stress-prevention programs for these workers.

Methodology

The present study is cross sectional and the data was collected for a period of five months in 2019. The current study was conducted in Warangal district, Telangana, India and received ethical approval from SRM Institute of Science and Technology, Chennai. In total 410 were randomly recruited out of 498 participants with the response rate of 82.33%. The study involved male migrants of low skilled and semi-skilled workers from six countries of gulf cooperative councils (GCC) namely Saudi Arabia, United Arab Emirates(UAE), Qatar, Oman, Bahrain and Kuwait. Females are excluded and only male migrants were recruited in the current study. The ID of migrant workers were checked for the verification of the country and their workplace. All participants signed informed consent. The researcher filled a questionnaire survey based on the interview with the verbal response from the migrants of low skilled and semi-skilled as they are mostly unable to read and write. Physical examination and laboratory tests were excluded and the questions were based on the interview only. Inclusion criteria is that of one-year experience and must be between 20 to 60 years of age. The questionnaire was adopted and modified from the published literature^{5,11,12}. The questionnaire was adopted only in English and no other bilingual language was used. Three main sections were included in the survey namely demographic,

general psychosocial characteristics of health with regard to work and workplace and migrants work related diseases. To measure various outcomes three Likert type scales never, sometimes and often, were used. The data was summarized in frequencies and percentages including chi-square test was carried out to measure the statistical significance. The analysis was performed using SPSS software version 20.

migrants were married (70.5%). The majority of them were between 31 to 40 years of age (40.7%). In terms of education level, 27.8% and 46.8% had primary and secondary education levels respectively. Majority of the participants were from Saudi Arabia (44.63%) followed by UAE (24.63%). Greater number of the respondents were employed as construction labour (25.4%) (Table 1).

Results

A total of 410 migrants of low skilled and semi-skilled were included in the analysis. Most of the

Table 1. Demographic characteristics of the participants.

Characteristics	N	%	Characteristics	N	%
Age			Countries		
20-30	73	17.8	Saudi Arabia	183	44.63
31-40	167	40.7	UAE	101	24.63
41-50	94	22.9	Qatar	57	13.90
51-60	27	6.6	Oman	28	6.83
>60	49	12.0	Bahrain	18	4.39
Marital Status			Kuwait	23	5.61
Unmarried	93	22.7	Employment in GCC Countries		
Married	289	70.5	Plumber	17	4.1
Widowed	5	1.2	Carpenter	16	3.9
Divorced	23	5.6	Painter	25	6.1
Residing in gulf countries			Plasterer	14	3.4
1-5 Years	75	18.3	Bricklayers	13	3.2
6-10 Years	198	48.3	Retail Sales personal	42	10.2
11-15 Years	70	17.1	Driver	43	10.5
16-20 Years	15	3.7	Laundry operator	14	3.4
>20 Years	52	12.7	Cleaner	36	8.8
Education Level			Construction labor	104	25.4
Primary Level (1 to 10)	114	27.8	Workshop mechanic	18	4.4
Secondary Level (10+2)	192	46.8	Cook (Chef)	15	3.7
University Level	40	9.8	Electrician	3	0.7

Cont... Table 1. Demographic characteristics of the participants.

None	64	15.6	Technician	0	0.0
			Gardener	1	0.2
			Industrial worker	29	7.1
			Barber	4	1.0
			Other	16	3.9

This survey found that 57.5% had a highly physical strain working environment. With regards to lengthy sitting (65.6%) and lengthy standing (97.80%) and lifting or carrying at 65% sometime reported among migrants. Approximately 70% reported lengthy periods of working in the same physical

position and repetitive movement. Nearly 50% of the migrants reported required a lot of thinking during their work. Interestingly, 75% found that their work is too difficult. A greater number of them (98%) need to spend a lot of time being alert and have to work with a deadline (Figure 1).

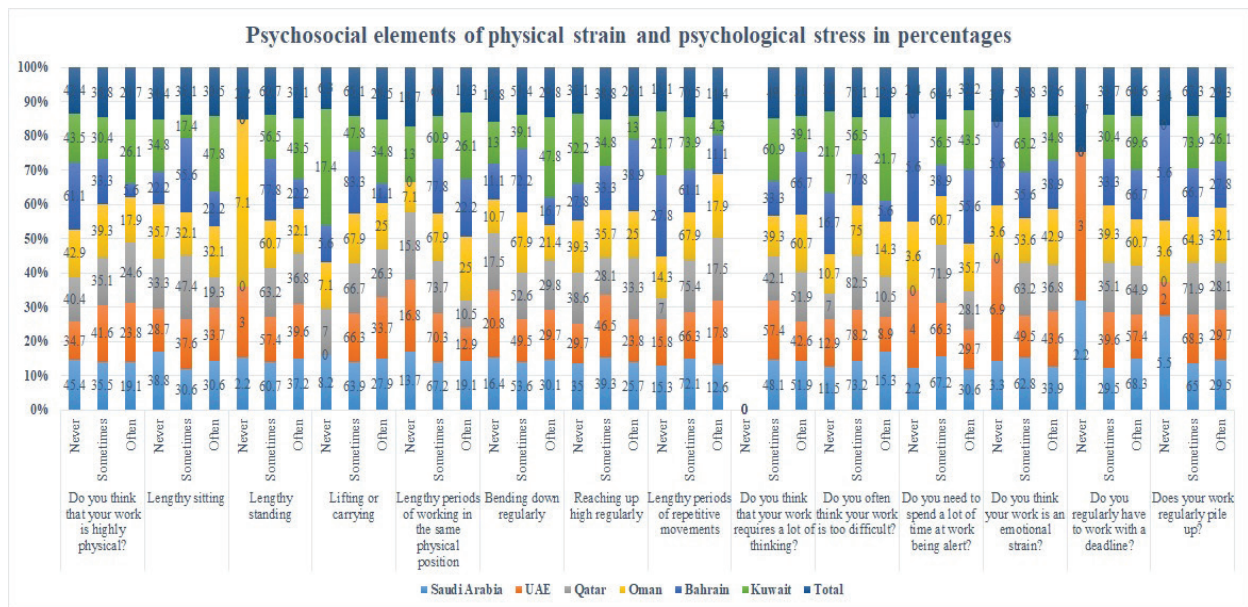


Figure 1 Psychosocial elements of physical strain and psychological stress in percentages.

Half of the participants 57% agreed that their job often provides sufficient security and 81% reported having good prospects with their employer. Interestingly, reported 66% do not have fixed working hours. The study reported 36% of migrants cannot

take a break when needed and found slight differences between GCC countries (p=0.079). The most important finding is that 72% reported their private life is suffered due to irregular working hours such as shifts or overtime (Figure 2).

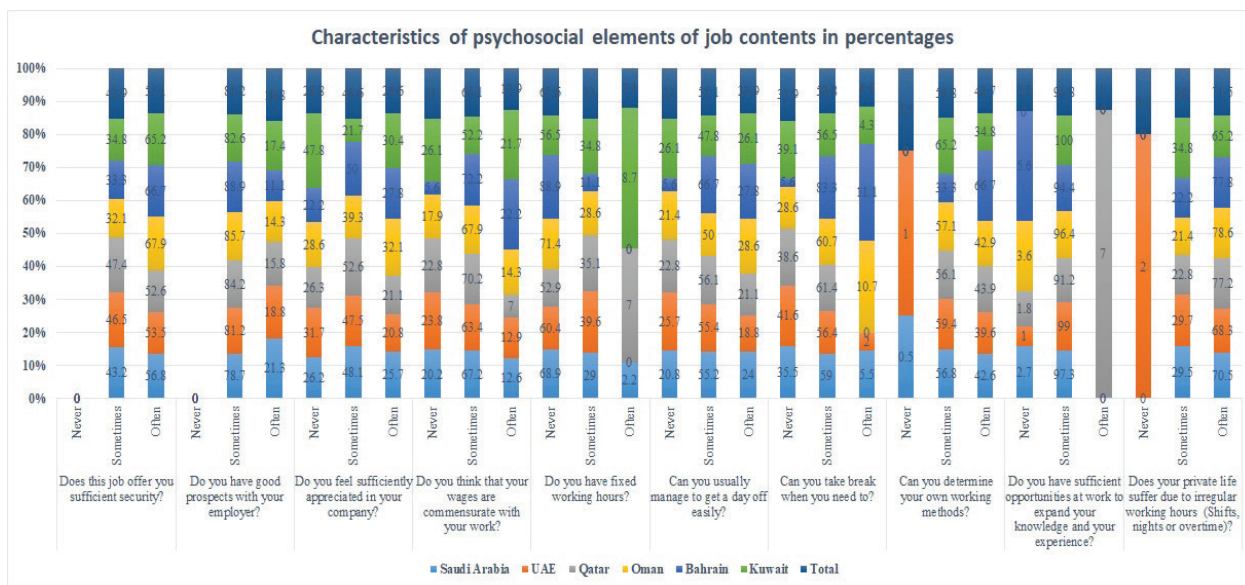


Figure 2. Characteristics of psychosocial elements of job contents in percentages

The study reveals 44% of the participants have to raise their voice in order to be heard. Majority of them (68%) sometimes suffer during their work from the effects of mechanical vibrations or shocks. Approximately 70% of migrants reported distress due to change in temperature during work. However, almost all migrants reported to suffer from dry and

damp air. Nearly 26% have to suffer from light and lighting during work and found statistical significance ($p=0.006$). Interestingly the study reported that almost all the workers have to suffer the dust. One of the interesting findings reported that almost all migrants have undergone some sort of accident or near misses even with enough attention paid to preventing accidents (Figure 3).

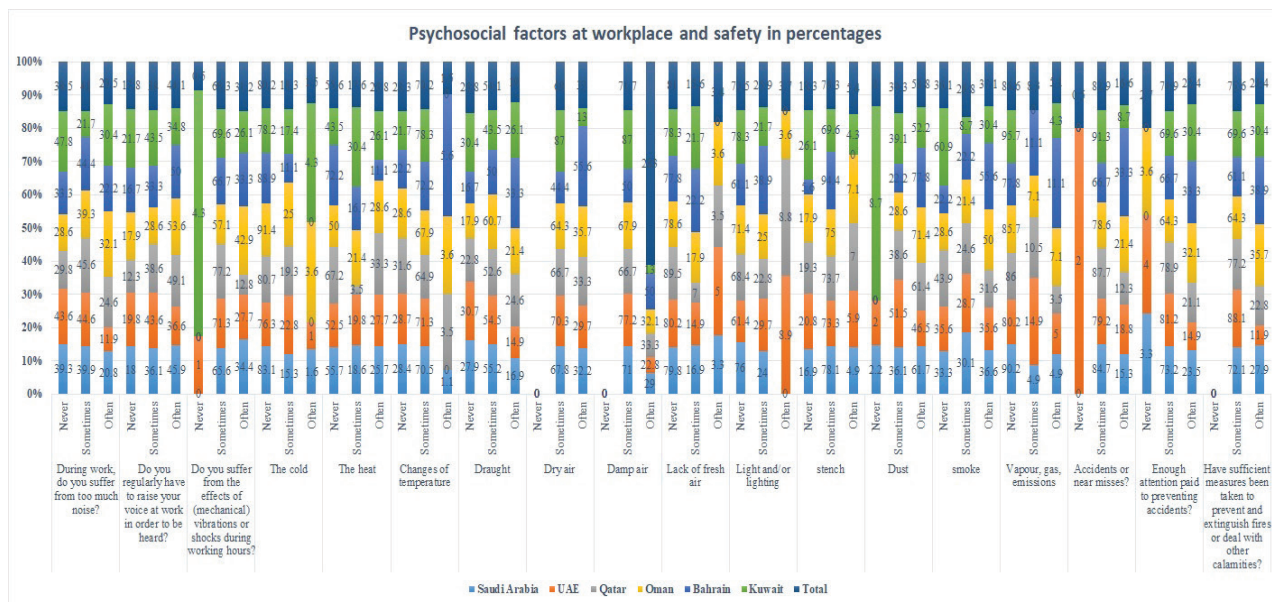


Figure 3. Psychosocial factors at workplace and safety in percentages

The present study showed diabetes highest among construction labor (29%) and painters (13%). Cardiovascular diseases and hypertension reported among construction workers (20.3%; 24.5%) and retail sales (13%; 12.2%) respectively. Hyperlipidemia reported highest in painters (18%) followed by cleaner

and construction labor (13%). Majority of metabolic arthritis and gastric ulcer among construction labor 22% and 36% respectively. In overall, one of the key findings is that the construction labor 23% are most affected with various diseases followed by retail sales and drivers (11.0%) (Figure 4).

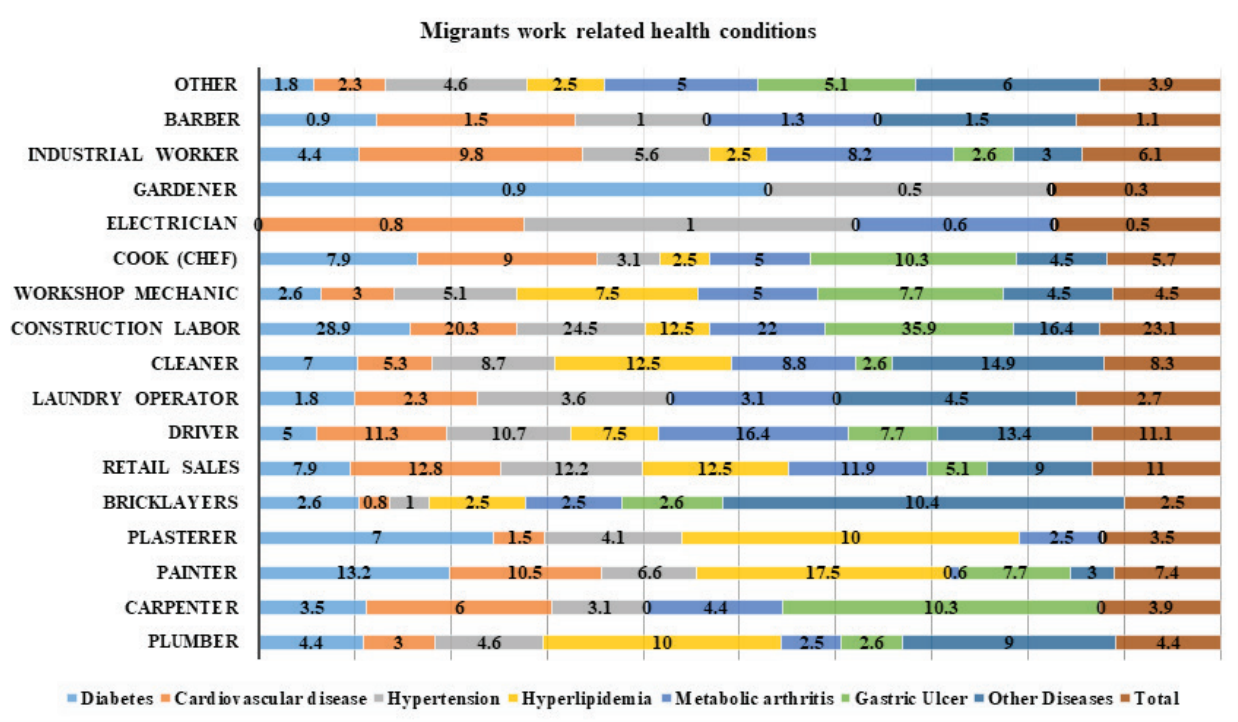


Figure 4: Migrants health conditions in percentages with regards to employed.

Discussion

Physical Strain and Psychological stress

In this study high prevalence of physical strain was reported among the migrant workers. Probably this physical strain can be explained by lengthy standing, lengthy sitting, lifting and carrying as reported by the workers in the current study. In addition, 70% of them work in the same physical position for a lengthy period of time. These results evident the strong relationship between their working condition and health. The physical strains due to work positions, different act of movements and use of excessive forces

together put strain on the musculoskeletal system. If these movements are not done correctly, it can lead to migrants' health over time and possibility of serious injuries. The current results strongly support similar findings that the physical strain and its exertion has a significant impact on work ability among workers^{13,14}. In another study reported musculoskeletal pain most frequently perceived through work related environments among the municipality workers¹². Globally, migrant workers are at considerable risk of negative occupational exposures leading to poor health outcomes and workplace injuries impacting overall health^{15,16}.

The results of the current study identified that half of the migrant workers required a lot of thinking at their work and reported (75%) their work is too difficult. In addition, these workers reported (98%) spend a lot of time being alert and work with the given deadline (Figure 1). Our study results are inconsistent to the similar study finding reported 62.2% of work related stress among white collar migrant workers⁵. These results are evident and demonstrate a psychological stress among migrant workers. It is reported that psychological stress is commonly believed to play an important role in illness and premature death¹⁷. These low skilled workers show an increase in the incidence of serious, psychotic, anxiety and post-traumatic disorders due to a series of socio-environmental variables, such as loss of social status, discrimination, and separations from the family¹⁸.

Job Content

With regards to job content, the study found 81% having good prospects with their employer. Similar results reported that nearly 60% of workers have supportive bosses and good friends at work¹⁹. Believed that migrant workers have greater productivity and that enjoys a better job and mobility in the labor market²⁰. These study results indicate that Job prospects can be excellent for a variety of reasons, strong employment growth and good prospects for advancement. Reported (72%) their private life is suffering due to irregular working hours of shifts or overtime and 66% do not have fixed working hours (Figure 2). Results strongly support that the irregular shifting times have greater work stress and health-related issues reported to arise from work-life conflict^{21,22}. Significantly, long working hours or undesirable working hours had negative effects on health such as fatigue, physical symptoms and psychological wellbeing^{23,24}.

Factors at workplace

Factors at workplace such as raising voice and

effects of mechanical vibrations affect their health were reported. Because of the mechanical vibrations especially in the constructions or industrial sectors, the workers need to raise their voice constantly to be heard. Similar study reported that occupational exposure to shock and vibration is a factor increasing the incidence of low back pain among workers²⁵. Neurological and osteoarticular systems are the signs of disorders due to prolonged exposure to vibration and shocks²⁶. The study disclosed that workers suffer from dry and damp air. The temperatures and humidity differ between the coastline and desert within regions of GCC. Dry and damp air has the ability to worsen a wide range of health issues such as respiratory conditions, skin problems, eye itching and allergies^{27,28}. The study showed all migrants are suffering from dust and found significant association (Figure 3). Results endured the similar findings which reported greater exposure to dust among immigrant workers at risk of occupational disease^{29,30}. One of the key findings reported all migrants have undergone some sort of accident or near misses. Numerous studies have found that migrant workers are more vulnerable to accidents at their workplace³¹⁻³⁴. As a result, it is strongly recommended to follow appropriate guidance for the safety management of migrant workers because incidents might cause life-long disability.

Migrants health problems

The current results disclosed the highest number of chronic diseases and health problems among half of the migrants suffering more than one health issue during their stay in gulf countries. In overall, the construction labor is most affected with various diseases followed by retail sales and drivers. The present study showed diabetes highest among construction labour and painters. Cardiovascular diseases and hypertension reported among construction workers and retail sales. Hyperlipidemia reported highest in painters and cleaners (Figure 4). The study revealed the majority

of metabolic arthritis and gastric ulcer among construction labor. These chronic diseases reported in the current study are similar as well as higher in the general migrant's population^{5, 35, 36}. Further studies reported the burden of communicable and non-communicable diseases among migrants and refugees which are resembling results to chronic diseases reported in the current study^{37, 38}. The explanation for these health reasons is that the migrants are neglecting to participate in preventive care or possible delay in treatment process. In other studies, reported migrant's health status is better at arrival but rapidly decreases with increased length of stay in the host country^{39, 40}. The other factors that resulted in their chronic health conditions could be dangerous working conditions, and poor salaries which are damaging the quality of life of migrants^{41, 42}. The study recommends public health programs in the host countries provide adequate support for migrants with chronic health conditions or related symptoms that greatly enhance their good health. In addition, screening and evaluating for chronic conditions in the earlier detection can yield substantial savings and better health outcomes among migrants.

Limitations

The results in this study cannot be attributed to the whole migrant population as it was executed in a single district in India. The study reported the majority of migrants are from Saudi Arabia and United Arab Emirates (UAE) which does not equally result in migrants responding from other GCC countries. In spite of these limitations, the study provides certain important outcomes with regards to working conditions and health problems which host countries can provide adequate support to migrants.

Conclusions

The findings suggest important messages about migrants concerning working conditions and their

health problems in the host countries. The results emphasize that a considerable portion of health problems were attributed to prolonged working conditions including workplace factors among unskilled or skilled migrants. The results also indicate a large potential for prevention by reducing reported risk factors in the workplace to avoid work related health problems. Therefore, study stress upon implementing various strategies or policies to protect the health and well-being of migrants. Furthermore, employers recognize psychosocial work-related stress among workers as a significant health and safety issue through consistent actions.

Acknowledgements: The authors received no financial support or funding. The authors like to thank the migrant workers for participating. The authors also thank statistician Mr. Elamin for his help.

Ethical Clearance: Obtain from Institute.

Conflict of Interests: None.

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