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Original Article

Clinical Profile of Migrant Workers Admitted in Medical Ward at Tertiary Care Hospital

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Abstract

Background
One of the defining elements of Nepal's socioeconomic environment is labor migration. Migrant workers are more likely to develop occupational diseases because they do dangerous tasks and have limited access to occupational health care. The purpose of this paper is to produce clinical profile of migrant workers admitted in medical ward at tertiary care hospital.

Materials and Methods
This was a descriptive cross-sectional study carried out in Nobel Medical College Teaching Hospital on migrant workers patients admitted in medical ward from October 2018 to September 2019. The sample enrollment process was consecutively who were admitted under medical ward. Pre-designed questionnaire was used to collect data for clinical profile of the patients. Data were entered in Microsoft Excel and analyzed.

Results
The migrant workers in this study mainly came from Malaysia, United Arab Emirates, Saudi Arabia, Qatar and Kuwait. They are almost male (97.1%) in this study with mean age of 30.3±7 years in age. The commonest age group of migration was 20-29 year. The highest number of workers 22 (31.1%) had visited to Malaysia in the seek of work. The most common symptoms among them were weakness 15 (21.7%) and headache 13 (18.8%). The highest diagnosis among them was diabetes mellitus 13 (18.8%) and hypertension 11(15.9%). The highest number of workers was involved in their job at different foreign countries as a labor at factories or at construction site 32 (46.4%).

Conclusion
Male from younger age group were mainly observed as migrant worker with their proclivity to work in Malaysia. The most common diagnosis among them was diabetes mellitus and hypertension. Most migrant workers worked as workers in factories and construction sites.

Key words: *Migrant workers, Nepal, Tertiary care*

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Introduction

Migrant workers, as widely accepted in the text, generally: Work for less forfeit, for longer hours, and in more insecure situation than non-migrants; have higher rates of adverse occupational exposures and working conditions, which lead to deprived health; and have higher rates of adverse occupational exposures and working conditions, which lead to poor health and are victims of significant health inequities in terms of outcomes, job injuries, and occupational diseases [1-4]. They are caused by language/ cultural differences and are related to environmental and occupational exposures hurdles, health-care access, documentation status, and the host country's political atmosp-here [5-8].

International mobility has emerged as a defining feature of our era. Over 272 million people, or about 3.5 percent of the world's population, are projected to live outside their natal nations [9]. The form of movement that featured most prominently in Nepal's migration profile is employment migration, which accounts for 63.5 percent of the population [10]. Over 4 million labor approvals were provided to Nepali workers by the Department of Foreign Employment in the last decade, 2008/09 [9]. Time-bound employment contracts characterize Nepalese labor migration, which is prevalent in the Gulf Cooperation Council countries and Malaysia.

The purpose of conduction of the present study is to find out the clinical profile of the migrant workers admitted to the tertiary care centre for treatment. These patients had visited to various countries from Nepal in the search of job in the past.

Materials and Methods

A descriptive cross-sectional study was carried out in the Department of Internal Medicine of Nobel Medical College Teaching Hospital (NMCTH), Biratnagar from 1st April 2018 to 31st March 2019. This study was done after getting the approval by the Institutional Review Committee, NMCTH. All the consecutive patients, admitted in the medical ward with the past history of visiting abroad for work, were enrolled in the study. All these patients had signed consent form for the study.

A detailed clinical examination of the patients was done. The data for history collection, including general socio-demographic factors (age, sex, alcohol consumption, smoking habit, economical status, education, marital status, duration of stay in abroad, use of air-condition in work, shift duty in work, accommodation), occupational exposure assessments, and clinical history was obtained by pre-designed questionnaire. Height of patients was measured in centimeter and weight was recorded in kilogram. Body mass index (BMI) of all these patients was calculated by formula (BMI= wt. in kg/ Ht. in meter^2). Detail Physical examination and investigations (laboratory, Radiological, ECG and others) of the patients were done according to the clinical problems and analyzed.

The data were entered in Microsoft excel and analyzed. Descriptive analyses were expressed as percentages and mean±standard deviation (SD).

Results

A total of 69 patients were assessed in this study. Out of 69 patients, 67 (97.1%) were male and 2 (2.9%) were female. The average age (Mean± SD) of migrant workers was 30.3±7 year. The commonest age group was 20-29, in which 30 (43.5%) migrant workers were noted. The data for other socio-demographic factors are shown in Table 1. The workers had mainly visited Malaysia, Saudi Arabia, United Arab Emirates, Qatar and Kuwait for work in this study. The maximum number of workers 22 (31.1%) had gone to Malaysia in the search for work Table2.

Table 1: Socio-demographic characteristic of the migrant workers

Characteristics	Categories	Number (%)
Age in years	20-29	30 (43.5)
	30-39	26 (36.7)
	40-49	9 (13.0)
	>50	4 (5.8)
Average Age	Mean±SD	30.3±7
Sex	Male	67 (97.1)
	Female	2 (2.9)
BMI (Kg/m^2)	<18.5	6 (8.7)
	18.5-25	41 (59.4)
	>25	22 (31.9)
Alcohol Consumer	Yes	55 (79.7)
	No	14 (20.2)
Smoking	Yes	37 (53.6)
	No	32 (46.4)
Economical status	Poor	44 (63.8)
	Average	25 (36.2)
Educational Status	Literate	39 (56.5)
	illiterate	30 (43.4)
Duration of stay in years	< 5	31(45)
	5-10	29(42)
	10	9 (13)
Marital Status	Married	26(37.7)
	Unmarried	43(62.3)
Shift duty	Yes	52(75.4)
	No	17 (24.6)
Accomodation	Yes	48(69.6)
	No	21(30.4)
Air-condition use	Yes	36(52.2)
	No	33(47.8)
Prior disease	Yes	27(39.1)
	No	42(60.9)
Returned back	<3 months	27(39.1)
	3-6 months	24 (34.8)
	>6 months	18 (26.1)

Table 2: Working country of the migrant workers

Country worked	Number	(%)
Malaysia	22	31.9
United Arab Emirates	18	26.1
Saudi Arabia	14	20.3
Qatar	12	17.4
Kuwait	3	4.3

We looked for the clinical features of illness in these workers, who presented themselves in OPD of medicine department; different symptoms were noted according to the illness. The symptoms like weakness, headache, vomiting, cough, dyspnea, fever, chest pain, pain abdomen and anorexia was observed in these migrant workers. Out of all these 69 patients, the most common symptoms observed were weakness and headache, which was seen in 15 (21.7%) and 13 (18.8%) workers. The

Table 3: Chief complaint of the migrant workers

Symptoms	Number	(%)
Weakness	15	21.7
Headache	13	18.8
Vomiting	8	11.6
Cough	8	11.6
Dyspnea	7	10.1
Fever	6	8.7
Chest pain	5	7.2
Pain abdomen	4	5.8
Anorexia	3	4.3

Table 4: Diagnosis of the migrant workers

Diseases	Number	(%)
Diabetes Mellitus	13	18.8
Hypertension	11	15.9
Musculoskeletol disoders	9	13.0
Asthama	8	11.6
COPD	7	10.1
Dermatitis	7	10.1
Kidney disease	5	7.2
Cardiac disease	5	7.2
Tumors	3	4.3
Psychiatric disorders	1	1.4

Table 5: Job details of migrant workers

Job Position	Number	(%)
Labor factory, construction site	32	46.4
Farmer	10	14.5
Driver	9	13.0
Helper at office, home	7	10.1
sells man at market	5	7.2
Plumber, electrician	5	7.2
Office assistant	1	1.4

According to the symptoms presented by the patients, they were investigated and diagnosed with different disease. Diabetes mellitus, Hypertension and musculoskeletal disorders were the commonest diagnosis among the migrant workers. Diabetes mellitus was seen in 13 (18.8%) patients, whereas 11 (15.9%) patients were diagnosed with hypertension. Similarly, musculoskeletol disorder was observed in 9 (13.0%) migrant workers. The data for the diagnosis of other diseases are shown in Table 4. We have also analyzed the nature of job of these workers and found that maximum number of workers was involved in their job at different foreign countries as a labor at factories or at construction site 32 (46.4%) as shown in Table 5.

Discussion

Foreign employment in Nepal is a major source of income for many Nepalese families, as well as a profitable business for Nepalese recruitment companies. Nepal has seen an exponential surge in the migration of its employees for international jobs over the last two decades, owing to expanding possibilities abroad, particularly in the Middle East, mixed with a dearth of employment options at home. In the 2018/19 fiscal year, migration to the Gulf Cooperation Council (GCC) countries and Malaysia accounted for over 88 percent of total labor migration [11]. The majority of migrants in this labor flow from Nepal to the Gulf and Malaysia are men (95%) with minimal advanced skills or higher education [12]. Similarly, 97.2% of migrant workers were male and 56.5% were literate in this study. The Department of Foreign Employment (DoFE) in Nepal approved 4,099, 939 migrant workers for foreign employment between 2008/2009 and 2018/2019, with 3,888, 046 men and 211,893 women [13]. There were 28,716 new labor permits issued between February and March 2020 [14]. Poverty, a lack of job, and political unrest are all thought to be major motivators for international labor migration in Nepal [15]. Wage disparities, as well as superior facilities, social networks, and chances for upward social and career mobility, are all factors that contribute to labor migration [16].

Except in countries where the government of Nepal prohibits employment, Nepali employees can look for job in any country in the globe. Currently, 110 countries have been approved for labor migration through recruitment firms by the government [17]. In this study, it has been reported that these migrant workers mainly had gone to Malaysia, United Arab Emirates, Saudi Arabia,

Qatar and Kuwait for work. Out of these countries, the majority of the workers 22 (31.9%) had gone to Malaysia in this study. The finding in this present study about choosing the foreign country to work is similar to the report published by Nepal Labour Migration Report, 2020, which reveals according to the DoFE's status report, the five most common destinations for Nepalese labor migrants outside of India are Qatar, Malaysia, Saudi Arabia, the United Arab Emirates (UAE), and Kuwait. For a long time, Malaysia has been the most popular destination for Nepalese migrant workers [16]. The commonest age group of migrant workers in this current study was 20-29, in which 30 (43.5%) migrant workers were reported. The finding resembles with the result reported by Joshi S *et. al.* [18], stating that Nepalese migrants in these Gulf countries were generally young men between 26-35 years of age. Most common diagnosis in this study was diabetes mellitus 13 (18.8%) and hypertension 11(15.9%) with other diseases also in few cases as shown in Table 4. A different finding was reported in a article, where it was noted that a significant proportion of malaria, enteric fevers, hepatitis A and E and tuberculosis diagnosed in Singapore involve migrant workers [19]. Similarly, the most common symptoms among these workers were weakness, headache, vomiting, cough etc in the present study. According to Joshi S *et. al.* [18], headache, respiratory diseases, gastrointestinal diseases, musculoskeletal diseases and injuries were the most common health problems experienced by them in their report. The maximum number (46.4%) of the migrant workers was working as a labor at factories or at construction site in foreign countries in the present study. Similar report was published by Joshi S *et. al.* [18], which showed that 59.8% migrant workers from Nepal were working at construction site in foreign countries.

Conclusion

The migrant workers were mainly from younger age group with predominance of male. Malaysia was the most preferred country for the workers to work. The most common symptoms among the workers were weakness and headache. Diabetes mellitus and hypertension were the utmost diagnosis among the worker. The highest number of the migrant workers was working as a labor at factories or at construction site.

Conflicts of interests: None

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