

Physical and Psychological Health Problems Associated with Migration

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Abstract

Introduction: Migration is a process of social change where an individual, alone or accompanied by others, because they may have different purposes especially for study, leaves one geographical area for a prolonged stay. Prolonged detention is seen to have impacted adversely on physical and mental health. The aim of this study was to evaluate the physical and psychological problems associated with the migration of foreign students compared to local ones.

Materials and Methods: A case-control study was conducted from March 2017 to August 2022 on the students of five different countries. A total of 280 students were enrolled in this study from Dhaka Dental College in Dhaka city. They were divided into case and control groups. To determine the physical and mental health of them, different parameters were used. **Results:** Total female-migrants were 3.24 times higher than male-migrants. Kashmir-migrants (47.14%) were higher whereas Bhutan-migrants (0.71%) were lowest in number. Psychological factors like depression, Insomnia, loneliness, and stress were more common in all migrants, particularly in the female. Physical health issues like diarrhea, food poisoning were common in males, however, urinary tract infection and skin problems were of insignificant magnitude in female-migrants. **Conclusion:** Migrant students' physical and mental health is heavily affected by the adopted country's environment, culture, tradition, language, food habits, and so on. The intensity of the psychological problem has been found to be higher among some migrant groups. Similarly, physical problems such as allergic reactions, respiratory diseases were the most common problems experienced by them.

Keywords: Migration, Physical Health, Psychological Health.

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Introduction:

Migration is considered as a process of social change where a person alone or accompanied by others, because of one or more reasons for education, political upheaval, economic settlement, or other purposes, leaves one geographical area for a prolonged stay or permanent settlement in another geographical location. This kind of process involves not only leaving own social networks behind but also includes experiencing at first a sense of loss, dislocation, alienation, and isolation, which will lead

to a process of acculturation. A series of factors in the environment combined with levels of stress, the ability to deal with stress, and the ability to root oneself according to one's personality traits, will produce either a sense of feeling isolated and alienated or a sense of settling down¹. There is a strong relationship between climate and population migration. Altered climate affects human's both physical and mental health². Migrants who have been displaced because of any above factors, often experience long-term psychological consequences. Prolonged detention, especially if accompanied by uncertainty, also impacts adversely on physical and mental health, as do negative attitudes towards migrants in the host country³.

Materials and Methods:

This study was a case-control study on foreign students of five different countries of India (Kashmir), Malaysia, Maldives, Nepal, and Bhutan, and on the same number of local students during their stay and study in Bangladesh. A face to face structured questionnaire interview was used to obtain the data. All 140 migrant students were enrolled in the study during the six-year-study time as a case group. Students of five different countries were divided into male and female groups. Another 140 Bangladeshi students were taken as a control group from the same dental colleges in Dhaka city. The total number of male and female control groups was selected after counting the number of male and female migrants in the study having an equal number of males and females in both groups. Different parameters were considered to determine both the physical and mental health of both migrants and native students. The study was conducted from March 2017 to August 2022. SPSS version 19 was used for data analysis.

Result:

Table I shows the number of the case and control groups according to country and sex. Total female-migrants were higher 107(76.43%) than male-migrant 33(23.57%). Female-migrants were 3.24 times more than male-migrants. Total Kashmir-migrants (47.14%) were higher in number than other countries whereas Bhutan-migrants (.71%) were lowest in number. Here the number of male 33(23.57%) and female 107(76.43%) control group were enrolled following the number of case group's male-female numbers.

Table I: Total number of case and control groups according to countries and sex with percentages:

Country	Case group (140)			The control group (140)	
	Sex with number and percentage (%)	Country-wise total number and percentage	Bangladeshi students	Total number and percentage (%)	
Bhutan	Male	1 (.71%)	4(2.86%)	Male	33(23.57%)
	Female	3 (2.14%)			
India Kashmir	Male	17 (12.14%)	66(47.14%)	Female	107(76.43%)
	Female	49 (35%)			
Maldives	Male	4 (2.86%)	23(16.43%)	Male	33(23.57%)
	Female	19 (13.58%)			
Malaysia	Male	2 (1.42%)	17(12.14%)	Female	107(76.43%)
	Female	15 (10.72%)			
Nepal	Male	9 (6.43%)	30(21.43%)	Male	33(23.57%)
	Female	21 (15%)			
Total migrant male students 33 (23.57%) Total migrant female students 107(76.43%)					

Table II demonstrates that in case-group Bhutan migrants had relatively less psychological problems than others. Insomnia and loneliness were common among all migrants. Whereas, students from Malaysia, Maldives, and Nepal were affecting more with anxiety and depression. Female-migrants had a significant number of affecting rates with various psychological factors than males. On the other hand, a small number of Bangladeshi students were affecting depression but no remarkable other findings.

Table II: Psychological factors associated with migration:

Factors	Case group with the number of migrants										Control group with the number	
	Bhutan (4)		India (Kashmir) (66)		Malaysia (23)		Maldives (17)		Nepal (30)		Bangladesh (140)	
	Male (1)	Female (3)	Male (17)	Female (49)	Male (4)	Female (19)	Male (2)	Female (15)	Male (9)	Female (21)	Male (33)	Female (107)
Anxiety	-	-	-	-	2	8	1	9	3	15	-	-
Depression	-	-	-	-	2	9	-	11	-	17	4	6
Insomnia	-	1	13 (19.70)	31	1	11	1	10	2	13	-	2
Loneliness	1	-	12 (18.18)	38	3	17	2	14	8	20	-	-
Stress	-	-	-	-	4	2	8	4	17	-	-	-

Table III illustrates that food poisoning was common in all five countries both male and female migrants. Similarly, all countries migrants became the victim of respiratory problems except India. Among all countries, female-migrants were more prone to urinary tract infection and skin diseases whereas male-migrants were affected more by diarrheal diseases. An allergic reaction was a common problem for all migrants. On the other hand, only one

Bangladeshi student was reported with skin problem however all other were no remarkable health problem during the study.

Table III: Physical health issues associated with migration:

Diseases	Case group with the number of migrants										Control group with the number	
	Bhutan (4)		India (Kashmir) (66)		Malaysia (23)		Maldives (17)		Nepal (30)		Bangladesh (140)	
	Male (1)	Female (3)	Male (17)	Female (49)	Male (4)	Female (19)	Male (2)	Female (15)	Male (9)	Female (21)	Male (33)	Female (107)
Allergic reaction	-	-	4	21	-	4	1	4	3	6	-	-
Diarrhea	-	-	5	-	2	-	-	-	5	7	-	-
Food poisoning	-	1	6	17	2	8	-	5	4	11	-	-
Respiratory problem	-	-	5	19	1	6	1	3	5	5	-	-
Skin diseases	-	-	12	30	-	9	-	11	-	4	-	1
Urinary tract infection	-	-	-	9	-	7	-	6	-	9	-	-

Discussion:

Migration is a process of population movement either across an international border or within a country⁴. Notably, migration itself is a social determinant of physical and mental health that can influence and be influenced by other determinants. Being a migrant makes both men and women more vulnerable to positive or negative physical and mental effects of migration⁵. Women usually have their own motives including educational opportunities, family reunification, economic incentives. In this study woman-migrants, the number was 107 (76.43%) which is three-time more than male-migrant. Women-migrants are more as to escaping from gender-based discrimination and/or political violence and gaining more social independence⁶.

Loneliness, depression, and insomnia are common among all groups of the migrants that I noticed in this study. Staying in an adopted country for a long period of time, leaving their loved ones is a prime factor of this which is responsible for anxiety and depression⁷. The language barrier is another factor of depression with which migrants of Malaysia, Maldives, and Nepal are suffering more. In a recent study, depression has been identified as the leading cause of illness and disability among migrants⁸. High levels of emotional distress may cause immigrants to have more sleep disorder symptoms than non-immigrants⁹. Female-migrants were the major subject of the enormous psychological stress in the recent study. Due to the unstable social condition, lack of social security, some traditional customs, social and Religious barriers, political pressure, educational stress, and language barriers are some of the factors for female-migrant to get more psychological stress¹⁰. During the study, I found that migrants were suffering from various infectious and different health problems. Lack of awareness regarding common health problems which is

related to environmental change and their preventive measures makes them vulnerable to endemic diseases like respiratory tract infections, diarrhea, worm infestations, high prevalence of skin diseases, and fungal infections among migrants¹¹. Food poisoning and diarrhea were common in all countries migrants particularly males in this study. Among the more common infections that one can be infected from contaminated foods and drinks are *Escherichia coli* infections, shigellosis or bacillary dysentery, giardiasis, cryptosporidiosis, another salmonellosis, cholera is more common¹². Migrant students' respiratory problems had been found in the dire condition during my study. The rise in respiratory diseases in Bangladeshi migrants is due to increasing air pollution. Dhaka has been ranked the top several times for 'extremely unhealthy' air quality which is causing more respiratory problems among all¹³. Urinary Tract Infection had been experienced only by the female-migrants in this study, and nosocomial infection is suspected as the main cause. The use of a common toilet and lack of personal hygiene are also maybe some of the causes of this problem¹⁴.

Bangladeshi students were found more stable in both psychological and physical health conditions. It may be due to their stay in close contact with their family members and not feeling lonely or being depressed for any anxiety. Their loved ones are always with them to support themselves mentally. For staying in their environment, sufferings from physical problems were not so remarkable to them.

Conclusion:

The present study suggests that there is a strong relationship between migrants' physical and mental health which is influenced by the adopted country's environment, culture, tradition, language, food habits, and so on. The rate of depression, anxiety, stress, sense of alienation, and insomnia are higher among some migrant groups, while allergic reaction, respiratory diseases, gastrointestinal diseases, and urinary infections are the most common physical health problems experienced by them. A simple recommendation would be for the Government of Bangladesh to take responsibility for the migrants in terms of making them aware of their health risks and to ensure preventive health measures.

Conflict of Interest: None.

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