

## A Study on the Mental Health Status and Cultural Issues Faced by Migrants

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### ABSTRACT

Migration is a people movement with enormous challenges for migrant women that influence their mental health. Mental health is a social issue and its determinants need to be accepted for health policy making. This paper reviews and consolidates findings from the alive literature on social determinants of immigrant women's mental health within a socioecological framework. The research focuses on the problems faced by the migrants due to the cultural changes which effects their daily activities and health issues due to variation in weather, etc. **Methodology:** The researcher followed descriptive research design for the study. This study is probability sampling due to the presence of universe. The sampling method adopted is simple random for the present study. The size of the sample was 60 migrants. **Tools for data collection:** Interview schedule was used in the present study for the collection of data from the respondents. Mental health scale PMH scale lutz et al 1992. This study conclude that (60%) of the respondents are moderate level of mental health, (23%) of the respondents are high level of mental health and (17%) of the respondents are low level of mental health.

**KEYWORDS:** Culture, Mental Health Status, Migrants

### INTRODUCTION

A migrant has mostly contributed to the richness in diversity of cultures, ethnicities and races in developed countries. Individuals who migrate from their home town experience multiple stresses that can impact their mental wellbeing, including the loss of cultural norms, religious customs, and social support systems, adjustment to a new culture and changes in identity and concept of self. Indeed, it is found that the rates of mental illness are increased in some migrant groups. Mental health practitioners need to be attuned to the unique stresses and cultural aspects that affect immigrants in order to best address the needs of such migrants. This paper will review the concepts of culture and health status of migrants. They face problems due to languages, health issues; inter personal relationship, climatic conditions, political instability, mental health problems and other problems like TB.

### DEFINITION

#### Health status

Health status is an individual's relative level of wellness and illness, taking into accounts the presence of biological or physiological dysfunction, symptoms, and functional impairment.

#### Culture

Culture can be defined as all the ways of life including arts, belief and institutions of a population that is passed down from generation to generation.

#### Statement of the problem

Today the mental health issues of migrants was found be more especially in this Covid- 19 situations which has worsened. Since the Covid-19 situation was on peak so they were asked to move to their native place, along with their mental health issues they have to face financial crisis. When the relaxation was relaxed they were back to the work place from their home city but the swing of work has come down. These interns have made their problems more. Thus researcher has

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decided to take a topic to find out the mental health status and cultural issues. If the Quality of Work Life is good then it may lead to overall development.

### Review of literature

**Julia Brandenberger (2019).** Migrants and refugees have important health needs and face inequalities in their health status. Health care delivery to this patient group has become a challenging public health focus in high income countries. This paper summarizes current knowledge on health care delivery to migrants and refugees in high-income countries from multiple perspectives.

**Adele Lebano et al. BMC Public Health (2020).** There is increasing attention paid to the arrival of migrants from out with the EU region to the European countries. Healthcare that is universally and equably accessible needs to be provided for these migrants throughout the range of national contexts and in response to complex and evolving individual needs. It is important to look at the evidence available on provision and access to healthcare for migrants to identify barriers to accessing healthcare and better plan necessary changes.

**Stephen Owusu Kwankyeal Reprod Health (2021).** Migration and involuntary displacement of children and young people have recently become common features of many African countries due to widespread poverty, rapid urbanization, joblessness, and instability that motivate them to seek livelihoods away from their places of origin. With limited education and skills, children become vulnerable socioeconomically, thereby exposing themselves to sexual and reproductive health (SRH) risks.

### METHODOLOGY OF THE STUDY

#### Objectives of the study

- To find out the demographic profile of the respondents.
- To assess the level of mental health of the respondents.

#### Finds of the Study

Factors	MEDIUM	FREQUENCY	PERCENTAGE
Age	25-30 years	19	31.7%
Gender	Male	48	78.3%
Educational Qualification	8 <sup>th</sup>	23	38.3%
Designation	Construction work	41	68.3%
Marital status	Married	45	75.0%
Experience	6yrs-10yrs	23	38.3%
Income	5000-10000	25	41.7%
Type of family	Nuclear	40	66.7%

#### Simple Percentage Analysis

1. Less than half (31.7%) of the respondents is in the age group between 25-30years.
2. Majority (78.3%) of the respondents were male.
3. Less than half (38.3%) of the respondents are 8<sup>th</sup> of educational qualification.

- To examine the difference between demographic profile and mental health of the respondents.
- To give valuable suggestions about mental health status and cultural issues faced by migrants.

### Research Design

The researcher followed descriptive research design for the study. The research design is descriptive research design which aims to obtain information to systematically describe a phenomenon, situation, or population.

### Universe of the study

The study was conducted among Construction workers of a concern known as Viswanathan and Co. PLD, Coimbatore District. One of their projects is the apartment construction in Singanallur, in which a total of 124 workers work in this project.

### Sampling

The sampling technique used in this study is probability sampling due to the presence of universe. The sampling method adopted is simple random for the present study. The size of the sample was 60 migrants.

### Tools for data collection

Interview schedule was used in the present study for the collection of data from the respondents. Mental health scale PMH scale Lutz et al 1992. The data were analysed using various statistical tools like simple percentage, independent t-test and ANOVA.

### Limitation of the study

1. Only male migrants are considered for the study
2. The workers in this construction project were only selected

### Difficulties faced

- Researcher was not allowed to collect data as per our convenient, but based on their time waited and collected the information

4. Majority (68.3%) of the respondents were designation of construction work.
5. Majority (75%) of the respondents are married.
6. Less than half (38.3%) of the respondents were 6yrs-10yrs of experience.
7. Less than half (41.7%) of the respondents were income Rs. 5000-10000.
8. Majority (66.7%) of the respondents are nuclear type of family.

#### DISTRIBUTION OF THE RESPONDENTS BY LEVEL OF MENTAL HEALTH

S. No	Mental health	No. of Respondents	Percentage %
1	High	14	23
2	Moderate	36	60
3	Low	10	17
<b>TOTAL</b>		<b>60</b>	<b>100</b>

#### INTERPRETATION

The above table depicts that (60%) of the respondents are moderate level of mental health, (23%) of the respondents are high level of mental health and (17%) of the respondents are low level of mental health.

#### DISTRIBUTION OF THE RESPONDENTS BY LEVEL OF CULTURE ISSUES

S. No	Culture issues	No. of Respondents	Percentage %
1	High	32	53
2	Moderate	23	38
3	Low	05	09
<b>TOTAL</b>		<b>60</b>	<b>100</b>

#### INTERPRETATION

The above table depicts that (53%) of the respondents are high level of culture issues (38%) of the respondents are moderate level of, and culture issues (9%) of the respondents are low level of culture issues.

#### Influence of Socio Economic Factors and Mental Health of the respondents

Variables	Statistical tool	Value	Result
Age and Mental Health	ANOVA	F= .465 P = .708 > 0.05	Not Significant
Gender and Mental Health	t-test	t = -1.429 P = .158 > 0.05	Not-Significant
Type of family and Mental Health	t-test	t= .286 P = .776 > 0.05	Not Significant
Marital Status and Mental Health	t-test	t = 15.161 P = 0.08 < 0.05	Significant
Educational Qualification and Mental Health	ANOVA	F= .961 P = .017 < 0.05	Significant
Experience and Mental Health	ANOVA	F= .6427 P = .003 < 0.05	Significant

- There is no significant difference in the age and mental health of the respondents.
- There is no significant difference in the gender and mental health of the respondents.
- There is no significant difference in the type of family and mental health of the respondents.
- There is significant difference in the marital status and mental health of the respondents.
- There is significant difference in the educational qualification and mental health of the respondents.
- There is significant difference in the experience and mental health of the respondents

#### Recommendation

1. Migrant workers should be given counselling since they are new to the place.
2. Employers of migrant employees must provide free or subsidized housing and food.
3. Yoga and meditation sessions can be conducted week end.
4. Entertainment facilities can be provided both for them and family members.
5. Health-care services accessibility Medical camps and referral services may be available.
6. Orientation regarding local culture can be given for new comers.

7. Migrant workers should be given breathing time till they settle.

## Conclusion

Migration is a complex process, involving a heterogeneity of causes, experiences, cultural adjustment and stages, that influence the mental health of migrants. The stresses of the migration process itself combined with a lack of social support, a discrepancy between achievement and expectations, economic hardships, racial discrimination and harassment, and a lack of access to proper housing, medical care, and religious practice can lead to poor self-esteem, an inability to adjust, and poor physical and mental health. This conclude that (60%) of the respondents are moderate level of mental health, (23%) of the respondents are high level of mental health, (17%) of the respondents are low level of mental health, (53%) of the respondents are high level of culture issues (38%) of the respondents are moderate level of culture issues and (9%) of the respondents are low level of culture issues.

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