

**“HEALTH BEYOND BORDERS – A STUDY ON THE QUALITY OF
HEALTHCARE SERVICES FOR MIGRANTS IN ERNAKULAM”**

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Certificate

This is to certify that this dissertation titled “” Is a record of genuine and original work done by Tom S Chengalath HEALTH BEYOND BORDERS – A STUDY ON THE QUALITY OF HEALTHCARE SERVICES FOR MIGRANTS IN ERNAKULAM reg no 220011000191of Fourth semester Masters of Social Work course of this college under my guidance and supervision and it is hereby approved for submission.

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DECLARATION

I Tom S Chengalath hereby declare that the research work titled “HEALTH BEYOND BORDERS – A STUDY ON THE QUALITY OF HEALTHCARE SERVICES FOR MIGRANTS IN ERNAKULAM”, submitted to the M G University, Kottayam is a record of genuine and original work done by me under the guidance of Ms. Simmy Xavier, Assistant Professor Bharata Mata School of Social Work Thrikkakara , and this research work is submitted in the partial fulfillment of the requirements for the award of the degree of Master of Social Work specializing in medical and psychiatric social work.

I hereby declare that the results embedded in this research have not been submitted to any other University or Institute for the award of any degree or diploma, to the best of my knowledge and belief.

Place: Thrikkakara

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Abstract

This research paper delves into the critical yet often overlooked area of healthcare services for migrants in Ernakulam, focusing on the quality of care they receive. In an era marked by unprecedented global migration, understanding and addressing the healthcare needs of migrants is paramount. Ernakulam, a bustling urban center in Kerala, India, is home to a diverse migrant population, including internal migrants from other states and international migrants from neighboring countries. Drawing upon a mixed-methods approach, this study aims to explore the extent to which migrants in Ernakulam have access to quality healthcare services and the various factors influencing their healthcare experiences. Through qualitative interviews and quantitative surveys with both migrants and healthcare providers, this research seeks to uncover the barriers migrants encounter in accessing healthcare, as well as the strengths and weaknesses of the existing healthcare infrastructure in catering to their needs. Additionally, this study will examine the role of cultural, linguistic, socioeconomic, and legal factors in shaping migrants' healthcare experiences. By shedding light on the nuances of healthcare delivery for migrants in Ernakulam, this research endeavors to inform policy and practice aimed at improving the quality and inclusivity of healthcare services for this vulnerable population.

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CHAPTER -1

INTRODUCTION

The act of moving from one location to another with the intention of settling down either temporarily or permanently in the new location is known as migration. This movement can take place inside a country or outside of it, crossing national boundaries. Relocation is driven by different variables, including monetary open doors, instructive pursuits, family reunification, clashes, cataclysmic events, and ecological changes. Human civilization has always included migration, which has shaped societies, economies, and cultures all over the world. The development of individuals, driven by different factors like financial open doors, political insecurity, struggle, and natural changes, has prompted the rise of assorted networks and multicultural social orders. The number of international migrants worldwide is estimated to be over 272 million as of 2021, and this number is expected to continue rising. Movement, both worldwide and inside, is a huge worldwide peculiarity, impacting financial, social, and social scenes around the world. As indicated by the Worldwide Association for Relocation (IOM, 2020), there were around 281 million worldwide transients universally, addressing 3.6percentage of the total populace. This development of individuals is driven by different variables, including financial open doors, clashes, ecological changes, and the quest for a superior personal satisfaction. The majority of international migrants worldwide come from nations like India, Mexico, China, and Russia. The majority of international migrants reside in the United States, followed by Germany, Saudi Arabia, and Russia (United Nations, 2019). The financial commitments of travelers are significant, with settlements to low-and center pay nations coming to \$540 billion out of 2020 (World Bank, 2021). Movement additionally brings social variety and development however presents difficulties connected with joining and admittance to administrations, including medical

services. Millions of Indians migrate from rural to urban areas in search of better employment opportunities, making migration primarily internal. Over 450 million Indians were internal migrants, or about 37 percentage of the population, according to the 2011 Census. Significant urban communities like Mumbai, Delhi, and Bangalore are key objections for these transients. Inside movement in India is driven by aberrations in monetary turn of events, with states like Bihar, Uttar Pradesh, and Rajasthan seeing high out-relocation rates, while Maharashtra, Gujarat, and Tamil Nadu draw in huge quantities of travelers (Deshingkar and Akter, 2009). The medical services difficulties looked by transient specialists in India are critical. Transients frequently work in casual areas, lacking government backed retirement and admittance to medical care administrations. Their access to high-quality healthcare is further hampered by obstacles like a lack of awareness, language differences, and documentation. In Kerala, for instance, a study found that migrant workers frequently relied on unofficial sources of care and had limited access to healthcare facilities (Narayana, 2013). For centuries, the Indian subcontinent has served as a melting pot for migrations due to its rich history and cultural diversity. Kerala is a state in India's southwestern region. 2001, has a well-established custom of movement, both inside the nation and across global boundaries. Ernakulam, one of the pulsating districts in Kerala, has developed into a center of economic activity and urban development, bringing in a significant number of migrants from other parts of India and countries nearby. Admittance to medical services is a key common liberty, as perceived by the Widespread Statement of Basic freedoms and reaffirmed by different peaceful accords and shows. However, a variety of factors, including language barriers, legal status, cultural differences, and socioeconomic disparities, can make it difficult for migrants, particularly those living in urban areas like Ernakulam, to obtain high-quality healthcare. While Kerala brags of a generally progressed medical care framework contrasted with different states in India, differences

in medical services access and usage persevere, particularly among minimized populaces like transients. Migrants in Ernakulam frequently encounter barriers to accessing healthcare services, such as a lack of awareness about the services that are available, financial constraints, and discrimination, despite the fact that there are public healthcare facilities and initiatives aimed at increasing healthcare coverage. Policy interventions and community-based initiatives are examples of efforts to improve healthcare access for migrants in India. It is essential to implement programs that integrate migrant health requirements into national health policies, provide mobile health clinics, and provide health information in multiple languages. To ensure the well-being of migrant populations and capitalize on their economic contributions, it is essential to address these obstacles. Understanding the special medical care needs and difficulties looked by transients in Ernakulam is pivotal for concocting designated mediations and arrangements to guarantee impartial admittance to medical care administrations. By analyzing the accessibility, availability, barreirs, and perception of medical services quality among transient populaces, this study looks to add to the current collection of information on migrants wellbeing and illuminate proof based systems for improving medical care value in Ernakulam.

1.2 Problems faced by Migrants in Ernakulam District

Migrants in Ernakulam region face various critical difficulties, particularly concerning access to quality health care services. Language barriers, a lack of awareness of healthcare services that are available, and socioeconomic vulnerabilities are the primary causes of the problems, according to Narayana (2013). Ernakulam's migrant workers frequently hail from various parts of India, bringing with them a wide range of languages and dialects. This semantic variety can turn into an imposing barriers while attempting to communicate with health care providers, grasp clinical guidance, or explore the medical services framework. In addition, many migrants are unaware of

the healthcare services available to them. This lack of awareness can be attributed to a number of things, including their intermittent employment, low literacy levels, and limited exposure to public health campaigns. It is challenging for migrant workers, who frequently relocate in search of employment, to remain informed about local healthcare resources. Without appropriate information, they might defer looking for care until their circumstances become extreme, further confounding their wellbeing results. Financial weaknesses likewise assume a critical part in restricting admittance to medical services. Most of the time, migrant workers work in jobs in the informal sector that don't pay well and don't guarantee employment. Their irregular employment status can prevent them from taking time off work to see a doctor because their incomes are frequently insufficient to pay for private healthcare. The high cost of healthcare services, which can be prohibitive for migrants with low incomes, adds to these financial constraints. In addition, migrant workers frequently are unable to access state-sponsored health programs intended to assist low-income populations due to a lack of proper documentation and stable residency. In order to take advantage of government healthcare programs, many migrants lack the necessary identification documents, such as ration cards or health insurance cards. This prohibition leaves them dependent on open clinics, which are often overburdened and under-resourced, prompting significant delays and insufficient consideration. The circumstance is exacerbated by the day to day environments of numerous transient specialists. They frequently live in packed, unsanitary facilities that increment their gamble of contracting transmittable illnesses. Migrants are more likely to suffer from health problems because they don't have easy access to clean water and sanitation. Also, the actual requests of their work, which frequently includes physical work, open them to word related dangers and wounds that require clinical consideration. As a result, a lot of migrant workers in Ernakulam rely on unofficial and inconsistent medical care. Home remedies,

medications purchased over-the-counter without proper instruction, and practitioners without licenses are examples of these. Misdiagnosis, inappropriate treatment, and worsening of health conditions are all possible outcomes of these practices. The inaccessibility and prohibitive cost of formal healthcare services directly contribute to the prevalence of informal healthcare. A multifaceted strategy is required to address these obstacles. Upgrading the etymological and social skill of medical care suppliers can assist with connecting correspondence holes. Migrants can be informed about the services that are available and encouraged to see a doctor as soon as possible by raising awareness through specific health education campaigns. Strategies should likewise be carried out to guarantee that transients approach government medical services plans, no matter what their documentation status. Working on everyday environments and work spaces can likewise alleviate some wellbeing chances looked by transients. (Narayana D 2013)

1.3 Affordability and Availability of Healthcare Services for Migrant Workers

The monetary circumstance of migrant workers frequently restricts their capacity to bear the cost of medical services. Many are participated in low-wage occupations without medical advantages, making private healthcare services, which overwhelm the medical services area, monetarily unavailable. According to a report published by the Centre for Migration and Inclusive Development (CMID), the high cost of medical services provided by private facilities forces many migrants to rely on public hospitals, which, despite being less expensive, frequently experience overcrowding and lack of resources (SHRAM, 2020). Public health care administrations, while additional reasonable, still present monetary difficulties. Medication, diagnostic tests, and transportation to medical facilities frequently cost a lot out of pocket for migrants. Their financial vulnerability is made even worse by their lack of health insurance. As most migrant workers do

not have access to employer-provided health insurance, they remain exposed to high medical costs, particularly in cases of serious illness or injury (Policy Circle, 2023).

The accessibility of health care service is another basic issue for transient specialists in Ernakulam. Overcrowding of public hospitals and clinics frequently results in lengthy wait times and a lack of medical staff. This present circumstance is intensified by the topographical dispersion of medical services offices, which are frequently situated a long way from regions where travelers reside. Numerous traveler laborers dwell in casual settlements or fringe areas, making admittance to medical services offices especially testing. Versatile wellbeing centers and local area wellbeing effort projects might actually overcome this issue however are not adequately inescapable or financed to address the issues of the transient populace. The "Bandhu Center," a portable wellbeing unit drive in Ernakulam, is an illustration of a powerful way to deal with carrying medical services to traveler laborers. Notwithstanding, such drives should be increased fundamentally to have a more extensive effect (Your Story, 2023). This study centers explicitly around travelers living in Ernakulam locale, Kerala, India. The expression "transients" alludes to people who have relocated from different states inside India as well as from different nations, including adjoining South Asian nations like Bangladesh and Nepal. The review envelops both archived and undocumented transients dwelling in metropolitan and peri-metropolitan areas of Ernakulam. While endeavors will be made to guarantee a different portrayal of traveler networks, it is critical to recognize that the discoveries of this study may not be generalizable to all transient populaces in Ernakulam or different districts. Language barriers, cultural sensitivities, and logistical difficulties in data collection may also limit the study, particularly for marginalized and difficult-to-reach migrant groups. There are a number of chapters in this study, each of which focuses on a different aspect of the quality of healthcare for migrants in Ernakulam. Chapter 2 gives an extensive survey of the

writing on transient wellbeing, medical care access, and medical care incongruities, both internationally and inside the Indian setting. Chapter 3 outlines the conceptual framework and methodology employed in the study, including data collection methods, sampling strategies, and ethical considerations.

The study's findings are presented in subsequent chapters, which include an examination of the accessibility, affordability, barriers, and migrants' perceptions of healthcare quality in Ernakulam.

CHAPTER-2

REVIEW OF

LITRATURE

(Anumol, 2018) The article by Anumol in the Shanlax International Journal of Economics highlights both the achievements and challenges of the Kerala model of health. While Kerala's progress in health indicators like Infant Mortality Rate, Maternal Mortality, and Life Expectancy has been impressive, mirroring those of developed nations, the state faces significant hurdles post-1980s due to the decline of the public healthcare sector and the rise of privatization. This shift has led to higher healthcare costs and increased out-of-pocket expenses, exacerbating economic disparities and financial burdens on individuals. Additionally, Kerala's healthcare system is strained by rising incidences of communicable and non-communicable diseases. The article underscores the need for a balanced public-private healthcare approach and comprehensive strategies to address these multifaceted challenges, ensuring the sustainability and resilience of the Kerala health model.

2.2 Barriers to accessing health care services: a qualitative study of migrant construction workers in a southwestern Indian city

The literature review by Ms. Amrutha Mahelle explores the barriers migrant construction workers face in accessing healthcare services in urban India. The study identifies key challenges, including financial constraints due to high out-of-pocket expenses and irregular employment, which make healthcare unaffordable for this group. Cognitive barriers, such as limited health literacy and cultural and language differences, further hinder their ability to navigate the healthcare system. Structural barriers, like inadequate healthcare facilities and poor transportation, restrict access, while a pervasive distrust in public health services due to perceived low quality and discrimination exacerbates the problem. The study emphasizes the importance of trust between healthcare

providers and migrant workers, suggesting that building this trust is essential for improving healthcare access. Policy implications call for comprehensive approaches that include financial support, health literacy programs, and enhanced healthcare infrastructure. The review underscores the need for targeted interventions to address these multifaceted barriers, promoting equitable healthcare access for migrant construction workers. Further research is needed to assess the effectiveness of these interventions and develop additional strategies to improve health outcomes for this vulnerable population. (Mahelle)

2.3 Accessibility And Affordability Of Health Services In India: A Critical Study

Ms. Amrutha Mahelle's literature review critically examines the persistent challenges in providing equitable healthcare access in India despite the nation's economic growth. The review highlights enduring disparities in health infrastructure and access, with pronounced differences between rural and urban areas and among various socio-economic groups. Achieving universal healthcare remains a significant challenge due to the fragmented healthcare system, insufficient funding, and inadequate infrastructure, which particularly affects marginalized populations. Financial barriers, such as high out-of-pocket expenses and limited insurance coverage, significantly burden lower socio-economic strata, while geographical remoteness and social determinants of health further limit access. Gender disparities, exacerbated by cultural norms and lack of autonomy, especially in rural areas, add another layer of complexity, particularly in reproductive and maternal health services. The state of public health infrastructure in rural areas is critically deficient, marked by a shortage of healthcare professionals and insufficient government investment, underscoring the need for comprehensive reforms to enhance primary healthcare delivery. The review calls for

multifaceted policy interventions, including increased investments in healthcare infrastructure, expanded insurance coverage, and targeted measures to reduce financial barriers for marginalized groups. Addressing gender disparities and improving primary healthcare quality are also crucial for achieving equitable health outcomes. The review concludes by emphasizing the need for transformative reforms and evidence-based interventions to overcome these barriers and move towards universal health coverage in India, ensuring better health outcomes for all citizens. (mahalle)

2.4 Socio-Economic Problems of Unorganized Interstate Migrant Workers in Kerala: A Qualitative Study.

The qualitative study by Abraham and Flower (2021) explores the socio-economic challenges faced by unorganized interstate migrant workers in Kerala. Despite Kerala's high wage rates and job opportunities attracting around 3.5 million migrants, these workers confront significant social, economic, political, and health issues. Social discrimination and stigma hinder their integration into local communities, while economic exploitation is rampant in informal sectors with poor enforcement of labor laws. Migrants face political exclusion, limiting their access to resources and support systems. Health concerns are exacerbated by overcrowded, unsanitary living conditions and barriers to healthcare access. Additionally, migrants endure poor living and working conditions, often lacking adequate sanitation and safety measures. Exclusion from social benefits and welfare schemes further marginalizes them. The study highlights the need for comprehensive policy interventions to ensure fair wages, safe working conditions, social inclusion, and access to

health and welfare services to improve the living and working conditions of this vulnerable population. (Abraham, 2021)

2.5 Migrant workers struggle for equitable healthcare access

The healthcare landscape in Kerala, often lauded for its efficiency and robust facilities, paradoxically reveals a disconcerting truth – migrant workers encounter formidable barriers when attempting to access essential healthcare services. Despite the constitutional provision granting citizens the freedom to move and work across the nation under Article 19, the practical realization of this fundamental right is contingent upon proactive and multifaceted engagement from local self-governments.

The dichotomy between constitutional rights and the stark challenges faced by migrant laborers emerges as a central concern. While the vision of India as a nation allowing citizens to freely traverse its territories for employment opportunities is noble, achieving this vision demands a more comprehensive and nuanced approach. The intricate dynamics of migrant labor underscore the need for a reevaluation of existing systems to align with constitutional ideals.

Local self-governments play a pivotal role in addressing the complexities of this issue. While the constitutional framework provides the structure, it is the proactive involvement of local governance bodies that can initiate impactful social interventions. These interventions are crucial for establishing just policies and institutional frameworks that align with the essence of Article 19. Striking a delicate balance between mobility and accessibility is imperative, recognizing that the

pursuit of economic betterment should not compromise basic human rights, including the right to healthcare.

The literature reviewed illuminates the gap between the constitutional promise of freedom of movement and the practical impediments faced by migrant workers in accessing healthcare. The efficiency of Kerala's healthcare system contrasts starkly with the challenges encountered by this vulnerable demographic. The existing research underscores the urgent need for a comprehensive approach that goes beyond constitutional provisions and delves into the practical intricacies of migrant labor.

The intricate nature of this challenge necessitates an exploration of social interventions that extend beyond the realm of healthcare. The multifaceted engagement of local self-governments emerges as a potential solution, acknowledging the intricate balance required to ensure the well-being of migrant workers while respecting their constitutional rights. The literature review indicates a call to action for local governance bodies to play a proactive role in shaping policies that facilitate both mobility and accessibility.

In conclusion, the existing literature highlights the paradox within Kerala's healthcare system – a beacon of efficiency yet fraught with barriers for migrant workers. The dichotomy between constitutional ideals and practical challenges emphasizes the need for a nuanced approach. The involvement of local self-governments emerges as a key factor in bridging this gap, ensuring that the constitutional promise of freedom of movement is translated into tangible, accessible healthcare for all, including migrant laborers. The reviewed literature calls for a reevaluation of

existing frameworks and a proactive stance from local governance bodies to address the intricacies of this issue and uphold the constitutional rights of migrant workers in India. (Navas M Khadar and Jose Deepak TT)

2.6 Health Issues and Challenges Among Urban Migrant Population in Kerala

The interplay between urbanization and migration has become increasingly prominent, evident in the fact that 47.72percentage of Kerala's population was urban in 2011, higher than the national average of 31.16percentage. A study by the Gulati Institute of Finance and Taxation estimated 25 million migrant laborers in Kerala, facing a myriad of challenges encompassing both health-related and non-health-related aspects. This review aims to analyze the health problems, disease patterns, health-seeking behavior, and healthcare utilization among urban in-migrant populations in Kerala, particularly in the Ernakulam district.

The cross-sectional descriptive study, with a sample of 1217 migrant laborers, utilized a 30-cluster sampling method, focusing on those with a minimum six-month stay in Kerala. Predominantly male and engaged in construction work, the majority hailed from backward communities. The primary states of origin included West Bengal, Odisha, Tamil Nadu, Assam, Uttar Pradesh, and Bihar, with varying durations of stay in Kerala.

Health issues among migrant workers were diverse, with accidents, injuries, skin problems, and non-communicable diseases (NCDs) identified as major concerns. The logistic regression analysis revealed several predictors influencing health-seeking behavior. Possession of health insurance,

higher monthly income, state of origin, and easy accessibility to health facilities were identified as positive factors encouraging healthcare seeking among migrant laborers.

To improve the health outcomes of migrant workers, the study recommends enhancing awareness through Information, Education, and Communication (IEC) and Behavior Change Communication (BCC) strategies. Strengthening existing health insurance mechanisms is crucial, ensuring that migrant workers have comprehensive coverage. Additionally, initiatives to facilitate easy connectivity to health facilities can significantly impact health-seeking behavior.

The literature review emphasizes the importance of understanding the unique health dynamics of migrant populations, recognizing the varied challenges they face in unfamiliar urban environments. It underscores the need for tailored interventions that go beyond immediate healthcare provision, addressing underlying determinants and promoting a comprehensive approach to migrant health.

In conclusion, the study provides valuable insights into the health profile of urban in-migrant populations in Kerala. By delineating health problems, predictors of health-seeking behavior, and areas for improvement, it contributes to the ongoing discourse on migrant health. The recommendations offer a roadmap for policymakers, healthcare providers, and advocacy groups to develop targeted strategies that enhance the overall well-being of this vulnerable population.

(An Analysis of Health Issues and Challenges Among Urban Migrant Population in Kerala)

CHAPTER- 3

METHODOLOGY

3.1 INTRODUCTION

This is to objectively measure the quality of healthcare services available to migrant workers in Perumbavoor, Kakkanad, Edapally regions of Ernakulam district. This research follows a descriptive design. A descriptive research design is a systematic approach aimed at accurately and thoroughly describing a situation, phenomenon, or population. In the context of your study titled "Health Beyond Borders: A Quantitative Study on Quality of Healthcare Services for Migrant Workers in Ernakulam District," the descriptive design plays a crucial role in providing a comprehensive overview of the healthcare services available to migrant workers in this region. The primary objective of employing a descriptive research design in your study is to gather detailed information about the quality of healthcare services accessible to migrant workers in Ernakulam District. This includes identifying the types of healthcare services provided, the satisfaction levels of the migrant workers, barriers to accessing these services, and the overall effectiveness of the healthcare system in addressing their needs. study utilizes quantitative methods to collect data, ensuring that the findings are measurable and statistically analyzable. This allows for a clear representation of the quality of healthcare services through numerical data. The design allows for a contextual understanding of healthcare services in Ernakulam. By examining the specific setting, the study can highlight local factors that influence healthcare quality, such as infrastructure, policies, and the socio-economic environment.

In the interconnected world we inhabit, migration has become a defining feature of our global landscape. Ernakulam, nestled in the vibrant state of Kerala, India, stands as a microcosm of this phenomenon, attracting a diverse array of migrants seeking economic opportunities, educational

pursuits, and refuge from various parts of the country and beyond its borders. As migrants traverse geographical boundaries in pursuit of better lives, access to quality healthcare emerges as a crucial determinant of their well-being and societal integration.

The intersection of migration and healthcare access presents complex challenges and opportunities, particularly in a region like Ernakulam, where the convergence of cultures, languages, and socioeconomic backgrounds shapes the fabric of its healthcare landscape. Against this backdrop, the need to critically examine the quality of healthcare services available to migrants becomes imperative, serving not only as a measure of healthcare equity but also as a reflection of societal values and priorities.

This study, titled "Health Beyond Borders: A Study on the Quality of Healthcare Services for Migrants in Ernakulam," aims to shed light on the multifaceted dimensions of healthcare access for migrants in this dynamic urban setting. By focusing on key dimensions such as availability, affordability, perceptions, and barriers, we seek to unravel the intricacies of migrant healthcare experiences and contribute to the discourse on health equity and social justice.

Through a nuanced exploration of migrant healthcare, this study endeavors to bridge the gap between policy rhetoric and lived realities, offering insights that resonate with policymakers, healthcare providers, community advocates, and migrants themselves. By amplifying the voices of migrants and foregrounding their experiences within the broader healthcare landscape of Ernakulam, we aspire to catalyze positive change and foster inclusive healthcare systems that uphold the dignity and rights of all individuals, regardless of their origins or migration status.

In the pages that follow, we embark on a journey of inquiry and discovery, guided by a commitment to unraveling the intricacies of migrant healthcare access in Ernakulam and envisioning a future where health knows no borders.

3.2 SIGNIFICANCE OF THE STUDY

This research holds profound importance for various stakeholders, ranging from policymakers and healthcare providers to migrant workers themselves. The significance of the study lies in its potential to address critical issues and bring about positive change in the healthcare landscape of Kerala:

Policy Impact

- The findings can serve as a foundation for evidence-based policy recommendations that address the specific healthcare needs of migrant workers. This, in turn, can contribute to the development of inclusive and responsive healthcare policies at both state and national levels.

- By uncovering barriers to healthcare access and affordability, the study aims to contribute to the creation of a more equitable healthcare system. This is crucial in ensuring that migrant workers receive healthcare services that are on par with those available to the local population.

- Addressing the healthcare challenges faced by migrant workers has broader implications for public health. Enhancing access and affordability can help mitigate the spread of diseases, contributing to a healthier overall community.

- The study advocates for the protection of the health-related rights and dignity of migrant workers. Access to affordable healthcare is a fundamental human right, and this research seeks to highlight areas where these rights may be compromised.

3.2.5. Social Cohesion

- A healthcare system that caters to the needs of all residents, regardless of their origin, fosters social cohesion. This study can contribute to creating an environment where migrant workers feel valued and integrated into the broader community.

3.2.6. Economic Productivity

- Healthy and well-supported migrant workers are more likely to contribute effectively to the local economy. Addressing healthcare challenges can positively impact the productivity and longevity of the workforce in various industries.

NGO and Advocacy Efforts

- NGOs and advocacy groups can leverage the study's insights to strengthen their efforts in supporting migrant workers. It provides a knowledge base for organizations working towards improving the well-being of this vulnerable population.

Academic Contribution

- The study contributes to the academic discourse on healthcare accessibility and affordability for migrant populations. It provides a nuanced understanding of the challenges and opportunities in a specific regional context.

In summary, the significance of this research lies in its potential to catalyze positive change in healthcare policies, promote inclusivity, and contribute to the well-being of migrant workers in Kerala. By shedding light on these critical issues, the study aims to inspire collaborative efforts that result in a more just and equitable healthcare environment for all residents.

3.3 Aim of the Study

The aim of the study is to assess the quality of health care services available to the migrant population in Ernakulam district by, assessing the affordability and availability of these services, analyzing their perceptions of healthcare quality, and identifying the barriers they face in accessing these services.

Specifically, this study was conducted among the migrant workers residing in Perumbavoor, Edappally and Kakkanad , as these are major places where a higher population of migrants resides for occupational purposes. seeks to explore the socio-demographic profiles of migrant

participants, including their age, gender, income, education level, occupation, and other relevant characteristics. Additionally, it aims to assess the affordability and availability of healthcare services, evaluating economic accessibility and the geographical distribution of healthcare facilities. Furthermore, the study will investigate migrants' perceptions of the quality of healthcare services provided, identifying areas of satisfaction and concern. Lastly, it will examine the barriers that migrants face in accessing healthcare services, including economic, social, cultural, and logistical challenges. Through this comprehensive analysis, the study aims to provide insights that can inform policy and improve healthcare service delivery for migrant populations in Ernakulam.

3.4 RESEARCH DESIGN

For my study on the quality of healthcare services for migrant workers in Kerala, I chose a descriptive research design. This approach was perfect for understanding and depicting the current state of healthcare access and experiences among this often overlooked population.

To gather data, I developed a self-constructed questionnaire. Crafting this tool involved meticulous effort to ensure it covered all the relevant aspects of healthcare quality from the perspective of the migrant workers. I wanted to capture their experiences, challenges, and perceptions in their own voices. The questionnaire included structured and open-ended questions, allowing for quantitative data and rich, qualitative insights.

By using this self-constructed questionnaire, I aimed to provide a comprehensive picture of the healthcare services available to migrant workers in Kerala. This method helped me gather detailed

and authentic data directly from the individuals affected, ensuring that their stories and experiences were at the heart of the research.

3.5 Scope of the Study

The study titled "Health Beyond Borders: A Quantitative Study on Quality of Healthcare Services for Migrant Workers in Ernakulam District" focuses on several key aspects of healthcare services. The geographic scope is limited to Ernakulam District in Kerala, India, an area with a significant population of migrant workers. The target population consists of these migrant workers, including both interstate and intrastate migrants, with consideration given to various demographic factors such as age, gender, occupation, duration of stay, and socio-economic status.

The study specifically examines the quality of healthcare services, assessing the adequacy and effectiveness of medical care provided to migrant workers. It explores their perceptions of these services, aiming to understand their satisfaction levels, trust in the healthcare system, and experiences with healthcare providers. The research also identifies barriers to accessing healthcare, such as language barriers, cultural differences, lack of documentation, and legal challenges. Additionally, it evaluates the availability and affordability of healthcare services, considering the distribution of healthcare facilities, ease of access, costs, and financial burdens faced by migrant workers.

The study employs quantitative methods, utilizing questionnaires to gather data from a representative sample of migrant workers. Statistical analyses are conducted to interpret the data

and identify trends and patterns. While the study aims to provide comprehensive insights, it is limited to Ernakulam District and provides a snapshot in time, which may affect the generalizability of the findings. The research seeks to offer valuable insights and recommendations for improving healthcare services and policies for migrant workers in this region.

3.6 GENERAL OBJECTIVES

To study the quality of health care services available for the migrant workers in Ernakulam district, with special reference to Perumbavoor, Kakkanad and Edapally regions .

3.7 SPECIFIC OBJECTIVES

1. To study the socio-demographic details of migrant participants
2. To assess the affordability and availability of healthcare services
3. To study the perception on quality of healthcare services in Ernakulam district
4. To assess the barriers in Healthcare services provided to migrant population

3.6 DEFINITION OF CONCEPTS

3.6.1 HEALTH

Conceptual Definition: “Health is defined by the World Health Organization (WHO) as "a state of complete physical, mental, and social well-being and not

merely the absence of disease or infirmity” (Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, 1948)

Operational Definition: Health is defined as the self-reported physical, mental, and social well-being of migrant workers. This includes their ability to access and afford necessary healthcare services, satisfaction with the healthcare received, and the frequency of their healthcare visits. Health status will be measured through structured questionnaires that assess various dimensions such as self-perceived health, the prevalence of chronic conditions, access to medical facilities, and overall satisfaction with healthcare services.

3.6.2 MIGRANT WORKERS

Conceptual Definition: A migrant is defined as "a person who moves from one place to another, especially in order to find work or better living conditions". (Oxford English Dictionary)

Operational Definition: In the context of this research, a migrant is operationally defined as an individual who has relocated from their home state to Ernakulam district for employment purposes. This includes those who have moved within the last five years and are currently employed in various sectors such as construction, manufacturing, or services. This definition encompasses both temporary and long-term residents who do not have permanent residency status in Kerala.

3.6.3 AFFORDABILITY

Conceptual Definition: Affordability refers to the extent to which individuals or households have the financial means to access necessary goods or services without experiencing undue financial burden or hardship. (Baker, 2017)

Operational Definition: Affordability defined as the ability of migrant workers to access necessary healthcare services without facing significant financial strain or hardship. This includes the consideration of healthcare expenses such as consultation fees, medication costs, diagnostic tests, and transportation expenses relative to the income and financial resources available to migrant workers. Affordability will be assessed through quantitative measures, including the proportion of income spent on healthcare expenses and self-reported perceptions of financial burden associated with accessing healthcare services.

3.6.4 AVAILABILITY

Conceptual Definition: Availability, conceptually, refers to the presence and accessibility of goods, services, or resources within a given geographical area or community ((World Health Organization, 2008)

Operational Definition: availability is operationally defined as the physical presence and accessibility of healthcare facilities and services within the district. This includes the number and distribution of healthcare facilities, such as hospitals, clinics, and pharmacies, as well as their operating hours and capacity to accommodate migrant workers' healthcare needs. Availability will be assessed through quantitative measures, such as the density of healthcare facilities per capita in migrant-populated areas and the proportion of migrant workers who report easy access to healthcare services within a reasonable distance from their residences or workplaces.

3.6.5 HEALTHCARE SERVICES

Conceptual Definition: Healthcare services, conceptually, encompass a broad range of activities and interventions aimed at promoting, maintaining, and restoring health and well-being ((World Health Organization, 2000)

Operational Definition: In the context of this research on the quality of healthcare services for migrant workers in Ernakulam district, healthcare services are operationally defined as the specific medical interventions and treatments provided to address the health needs of migrant workers. These services include consultations with healthcare providers, diagnostic tests, prescription medications, surgical procedures, and any other medical care aimed at promoting the physical, mental, and social well-being of migrant workers. Operationalizing healthcare services involves quantifying the frequency and type of services utilized by migrant workers, assessing their satisfaction with the care received, and evaluating the effectiveness of interventions in addressing their health concerns.

3.7 STATEMENT OF THE PROBLEM

Healthcare access and affordability are major issues for migrant workers in Kerala, raising serious concerns about their well-being and the fairness of its delivery. Migrant workers' seamless integration into the healthcare system is hampered by the convergence of factors like geographical mobility, cultural diversity, and economic disparities. Migrant workers frequently encounter

obstacles due to unfamiliarity with local systems, language barriers, and a lack of awareness of services that are available, making limited access to healthcare services a significant issue. Reasonableness imperatives further confuse what is happening, with monetary difficulties and deficient monetary assets presenting critical deterrents to looking for opportune and fundamental medical care administrations, prompting deferred or inevitable clinical therapy. These difficulties are made worse by differences in culture and language, which make it harder for healthcare providers and migrant workers to understand one another and make it harder for them to communicate effectively. Integration issues that are systemic also play a role. The existing healthcare system is frequently not equipped to meet the particular requirements of migrant workers, leaving gaps in healthcare delivery and inadequate responses to their health issues. The restricted admittance of transient specialists to medical care administrations influences their singular wellbeing results as well as has more extensive ramifications for general wellbeing, possibly prompting the spread of transferable infections and compromised local area prosperity. This study looks to resolve these central questions, planning to give significant experiences and proposals to further developing medical care administrations and arrangements for traveler laborers in Kerala.

3.8 UNIVERSE

The universe, of the study encompasses Migrant workers in the Enakukam district of Kerala.

The sampling population is the Migrant workers residing in Perumbavoor, Kakkanad and Edapally of the Ernakulam district of Kerala

3.9 SAMPLING

Non probability sampling method

Purposive Sampling technique has been used to collect the prior regions of Ernakulam for the purpose of the study. The researcher has collected data from the 3 regions of Ernakulam such as Perumbavoor, Edapally and Kakkanad, where the sampling size of the study is 79.

3.10 Inclusion Criteria:

- Migrant workers aged 18 and above
 - Individuals who have migrated to Kerala for employment purposes
 - Diverse representation based on industry, geographic location, and duration of stay in Kerala
- Perumbavoor,

3.11 Exclusion Criteria:

- staying outside Ernakulam
- Those unwilling to provide the consent
- those who are not voluntary

3.12 TOOLS OF DATA COLLECTION

For this study, I used a self-constructed questionnaire to explore the quality of healthcare services for migrant workers in Kerala. This tool was meticulously designed to capture a comprehensive range of information, including socio-demographic details, barriers to accessing care, affordability, availability, and overall perceptions of the healthcare services

provided. The questionnaire method was chosen as the primary tool for data collection, allowing for both structured responses and personal insights from the participants.

To ensure ethical standards, consent was obtained from all participants, and confidentiality was strictly maintained throughout the study. Participation was entirely voluntary, underscoring the importance of the participants' willingness to share their experiences. This approach not only facilitated the collection of rich, authentic data but also respected the dignity and privacy of the migrant workers involved in the research.

3.13 METHODS OF DATA COLLECTION

Primary data is collected through self-constructed questionnaire. A consent was taken from each voluntary participation, has translated to Hindi and to their regional languages.

3.14 ETHICAL CONSIDERATIONS

Ensuring ethical considerations is paramount in conducting research, particularly when studying vulnerable populations such as migrant workers. The research on the accessibility and affordability of healthcare services for migrant workers in Kerala will adhere to ethical principles to safeguard the rights, well-being, and dignity of participants. Key ethical considerations include:

3.14.1. Informed Consent

- Obtain voluntary and informed consent from each participant, explaining the purpose, procedures, risks, and benefits of the study.
- Clearly communicate the right to withdraw from the study at any point without consequences.

3.14.2. Confidentiality

- Safeguard participants' identities and personal information.
- Use anonymized data in reporting and publication to prevent the identification of individual participants.

3.14.3. Cultural Sensitivity

- Respect the cultural backgrounds and beliefs of migrant workers during data collection.
- Ensure that language used in surveys and interviews is culturally appropriate and understandable.

3.14.4. Minimization of Harm

- Take measures to minimize any potential physical, emotional, or psychological harm to participants.
- Provide contact information for support services if participants express distress during or after the study.

3.14.5. Privacy and Dignity

- Conduct interviews and surveys in settings that ensure participants' privacy.
- Uphold the dignity of participants by avoiding stigmatizing language and practices.

3.14.6. Voluntary Participation:

- Ensure that participation in the research is entirely voluntary, free from coercion or undue influence.
- Clearly communicate that non-participation or withdrawal will not result in any negative consequences.

3.14.7. Beneficence

- Maximize benefits to participants and society while minimizing potential harm.
- Strive to produce research outcomes that contribute positively to the well-being of migrant workers and inform policies for improvement.

3.14.8. Approval from Ethics Committees

- Obtain ethical approval from relevant research ethics committees or institutional review boards before commencing the study.
- Adhere to any additional ethical guidelines set by these committees.

3.14.9. Transparency

- Clearly communicate the goals and methodology of the research to participants.
- Provide information on the potential implications of the study for policymaking and advocacy.

3.15. PILOT STUDY AND PRETEST

Pilot study conducted on 20th April 2024. The study was done but difficulty with language

3.16. CHAPTERISATION

1. Introduction
2. Review of literature
3. Methodology
4. Analysis and Interpretation
5. Findings, Suggestion and Conclusion
6. Bibliography
7. Appendix

CHAPTER 4

DATA ANALYSIS

AND INTERPRETATION

4.1 Socio Demographic Profile of the Respondent

4.1.1 Age of respondents

Introduction about age

Table 4.1: Age of respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	19	1	1.3	1.3	1.3
	20	2	2.5	2.5	3.8
	21	1	1.3	1.3	5.1
	22	4	5.1	5.1	10.1
	23	3	3.8	3.8	13.9
	24	3	3.8	3.8	17.7
	25	9	11.4	11.4	29.1
	26	7	8.9	8.9	38.0
	27	7	8.9	8.9	46.8
	28	13	16.5	16.5	63.3
	29	2	2.5	2.5	65.8
	30	14	17.7	17.7	83.5
	31	1	1.3	1.3	84.8
	32	2	2.5	2.5	87.3
	34	1	1.3	1.3	88.6
	35	1	1.3	1.3	89.9
	36	1	1.3	1.3	91.1
	39	1	1.3	1.3	92.4
	40	5	6.3	6.3	98.7
	45	1	1.3	1.3	100.0
	Total	79	100.0	100.0	

This table presents the distribution of respondents' ages. The most common ages are 28 and 30, each representing 16.5percentage and 17.7percentage of the sample, respectively. Generally, respondents are in their late twenties to early thirties, with the majority falling between 25 and 32 years old. There are fewer respondents in their late teens and early forties, each representing only a small percentage of the sample.

4.1.2 Gender of the respondents

Table 4.2: Gender of the respondents

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1- Female	14	17.7	17.7	17.7
2- Male	65	82.3	82.3	100.0
Total	79	100.0	100.0	

The table displays the distribution of respondents' genders. The majority, 82.3percentage, identify as "male," while only 17.7percentage identify as "female ." This suggests a significant majority of the respondents are likely male, with a smaller proportion identifying as female or another gender.

4.1.3 Domicile of the respondent

Table 4.3: Domicile of the respondent

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1- Urban	40	50.6	50.6	50.6
	2- Rural	39	49.4	49.4	100.0
	Total	79	100.0	100.0	

The table presents the distribution of respondents' domiciles. Half of the respondents (50.6percentage) have domicile "1," while the remaining 49.4percentage have domicile "2." This indicates a fairly balanced distribution between the two domicile categories among the respondents.

4.1.4 Native of the respondent

Table 4.4: Native of the respondent

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1- Utter Pradesh	4	5.1	5.1	5.1
2- Assam	10	12.7	12.7	17.7
3- Odisha	8	10.1	10.1	27.8
4- Jharkhand	11	13.9	13.9	41.8
5- Manipur	3	3.8	3.8	45.6
6- Mumbai	6	7.6	7.6	53.2
7- Dholakpur	1	1.3	1.3	54.4
8- Basanthpur	1	1.3	1.3	55.7
9- Bihar	8	10.1	10.1	65.8
10- Mizoram	2	2.5	2.5	68.4
11- West Bengal	11	13.9	13.9	82.3
12- Tamil Nadu	6	7.6	7.6	89.9
13- Haryana	1	1.3	1.3	91.1
14- Andhra Pradesh	2	2.5	2.5	93.7
15- Gujarat	1	1.3	1.3	94.9
16- Delhi	2	2.5	2.5	97.5
17- Karnataka	2	2.5	2.5	100.0
Total	79	100.0	100.0	

This table illustrates the distribution of respondents based on their native status. The majority of respondents fall into various categories, with the highest proportions in categories 4, 11, and 9, each representing 13.9percentage, 13.9percentage, and 10.1percentage respectively. Overall, the data suggests a diverse representation of native backgrounds among the respondents.

4.1.5 Occupation of the respondent

Table 4.5: Occupation of the respondent

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1- Construction Worker	14	17.7	17.7	17.7
2- Labour	3	3.8	3.8	21.5
3- Waiter	2	2.5	2.5	24.1
4- Cook	1	1.3	1.3	25.3
5- Informal Worker	25	31.6	31.6	57.0
6- Cleaning Staff	1	1.3	1.3	58.2
7- Business	4	5.1	5.1	63.3
8- Coordinator	1	1.3	1.3	64.6
9- Sales Man	6	7.6	7.6	72.2
10- Security	2	2.5	2.5	74.7
11- House Servant	9	11.4	11.4	86.1
12- Gardener	1	1.3	1.3	87.3
13- Mechanic	1	1.3	1.3	88.6
14- Plumber	1	1.3	1.3	89.9
15- IT	1	1.3	1.3	91.1
16- Sales Womeni	1	1.3	1.3	92.4
17- CA	1	1.3	1.3	93.7
18- Farmer	5	6.3	6.3	100.0
Total	79	100.0	100.0	

This table shows the distribution of respondents by occupation. The most common occupation is category 5, which accounts for 31.6percentage of the respondents. Other notable occupations include category 1 (17.7percentage) and category 11 (11.4percentage). The remaining occupations are less common, each representing between 1.3percentage and 7.6percentage of the sample. This indicates a concentration of respondents in a few key occupational categories, with a smaller distribution across various other occupations.

4.1.6 Marital Status of the respondent

Table 4.6: Marital Status of the respondent

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1- Single	38	48.1	48.1	48.1
2- Married	40	50.6	50.6	98.7
3- Widowed	1	1.3	1.3	100.0
Total	79	100.0	100.0	

This table outlines the marital status of the respondents. A slight majority, 50.6percentage, are in category 2, while 48.1percentage are in category 1. Only 1.3percentage fall into category 3. This indicates that the respondents are almost evenly split between two primary marital status categories, with a very small fraction belonging to a third category.

4.1.7 Income of the respondent

Table 4.7: Income of the respondent

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1- 10000-20000	50	63.3	63.3	63.3
	2- 20000-30000	18	22.8	22.8	86.1
	3- 30000-40000	10	12.7	12.7	98.7
	4- above 40000	1	1.3	1.3	100.0
	Total	79	100.0	100.0	

This table shows the distribution of respondents' income levels. The majority, 63.3percentage, fall into category 1, indicating this is the most common income range among the respondents. Category 2 includes 22.8percentage of respondents, while 12.7percentage fall into category 3. Only 1.3percentage of respondents are in category 4. This suggests that most respondents have incomes within the first category, with significantly fewer respondents in the higher income categories.

4.1.8 Family status of the respondent

Table 4.8: Staying with the family

A		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1- No	49	62.0	62.0	62.0
	2- Yes	30	38.0	38.0	100.0
	Total	79	100.0	100.0	

This table presents data on whether respondents stay with their families. The majority, 62.0percentage, live with their families (category 1), while 38.0percentage do not (category 2). This indicates that a significant proportion of respondents reside with their families, though a notable minority live independently.

4.2: Affordability and Availability of Healthcare services for Migrant workers in Ernakulam District

4.2.1 Healthcare services in Ernakulam are affordable for migrant workers.

Table 4.9: Healthcare services in Ernakulam are affordable for migrant workers.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1- Strongly Disagree	5	6.3	6.3	6.3
	2- Disagree	30	38.0	38.0	44.3
	3- Neutral	22	27.8	27.8	72.2
	4- Agree	22	27.8	27.8	100.0
	Total	79	100.0	100.0	

This table shows respondents' opinions on the affordability of healthcare services for migrant workers in Kerala. A small proportion, 6.3percentage, strongly agree (category 1) that healthcare is affordable. Meanwhile, 38.0percentage somewhat agree (category 2), suggesting a plurality have a positive view but with some reservations. On the other hand, 27.8percentage somewhat disagree (category 3) and another 27.8percentage strongly disagree (category 4), indicating significant skepticism about the affordability of healthcare for migrant workers. Overall, the responses are mixed, with a slight lean towards disagreement.

4.2.2 Migrant workers often face financial difficulties when seeking healthcare services

Table 4.10: Migrant workers often face financial difficulties when seeking healthcare services

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1- Strongly Disagree	7	8.9	8.9	8.9
	2- Disagree	10	12.7	12.7	21.5
	3- Neutral	16	20.3	20.3	41.8
	4- Agree	46	58.2	58.2	100.0

Total	79	100.0	100.0	
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The table presents an analysis of the financial difficulties faced by migrant workers in Kerala when seeking healthcare. The data reveals that a significant majority, 58.2percentage, of migrant workers experience severe financial difficulties. Additionally, 20.3percentage of the workers encounter moderate financial difficulties, while 12.7percentage face minor financial challenges. Only a small fraction, 8.9percentage, report no financial difficulties at all. This data highlights the substantial financial barriers that migrant workers encounter when accessing healthcare services in Kerala, indicating a pressing need for financial support and policy intervention to alleviate these difficulties

4.2.3 The cost of healthcare services prevents migrant workers from seeking medical attention promptly in Ernakulam

Table 4.11: The cost of healthcare services prevents migrant workers from seeking medical attention promptly in Ernakulam

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1- Strongly Disagree	9	11.4	11.4	11.4
2- Disagree	14	17.7	17.7	29.1
3- Neutral	18	22.8	22.8	51.9
4- Agree	38	48.1	48.1	100.0
Total	79	100.0	100.0	

The table indicates that the cost of healthcare services significantly hinders migrant workers in Kerala from seeking prompt medical attention. According to the data, 48.1percentage of migrant workers experience a severe impact due to healthcare costs, preventing them from accessing medical care in a timely manner. Additionally, 22.8percentage of the workers report a moderate impact, while 17.7percentage face a minor impact. Only 11.4percentage of the respondents indicate that healthcare costs do not prevent them from seeking immediate medical attention. This highlights a critical issue where nearly 90percentage of migrant workers are affected to varying degrees by the cost of healthcare, underscoring the need for financial support and policy measures to ensure they receive timely medical care.

4.2.4 Government-sponsored healthcare schemes in Ernakulam adequately cover migrant workers' healthcare expenses

Table 4.12: Government-sponsored healthcare schemes in Ernakulam adequately cover migrant workers' healthcare expenses

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1- Strongly Disagree	6	7.6	7.6	7.6
2- Disagree	13	16.5	16.5	24.1
3- Neutral	33	41.8	41.8	65.8
4- Agree	27	34.2	34.2	100.0
Total	79	100.0	100.0	

The table indicates that the cost of healthcare services significantly prevents migrant workers in Kerala from seeking prompt medical attention. Nearly half of the respondents, 48.1percentage, report that healthcare costs have a severe impact, preventing them from accessing medical care in a timely manner. Additionally, 22.8percentage experience a moderate impact, while 17.7percentage face a minor impact. Only 11.4percentage of the respondents indicate that healthcare costs do not prevent them from seeking immediate medical attention. This data underscores that a substantial majority of migrant workers (almost 90percentage) are affected by the cost of healthcare to varying degrees, highlighting a critical need for financial support and policy interventions to ensure timely medical care for this population.

4.2.5. Healthcare facilities in Ernakulam offer discounted rates or special packages for migrant workers

Table 4.13: Healthcare facilities in Ernakulam offer discounted rates or special packages for migrant workers

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1- Strongly Disagree	6	7.6	7.6	7.6
2- Disagree	13	16.5	16.5	24.1
3- Neutral	39	49.4	49.4	73.4
4- Agree	21	26.6	26.6	100.0
Total	79	100.0	100.0	

.The table provides data on the availability of discounted rates or special packages for migrant workers at healthcare facilities in Kerala. According to the data, 49.4percentage of respondents indicate that healthcare facilities offer these benefits to a moderate extent, while 26.6percentage report a high extent of availability. Additionally, 16.5percentage of respondents experience a minor extent of such offers, and only 7.6percentage report no availability of discounted rates or special packages. This suggests that a majority of migrant workers (approximately 76percentage) benefit to some extent from discounted rates or special packages at healthcare facilities in Kerala, indicating a positive effort towards making healthcare more accessible for this population.

4.2.6. The overall cost of living in Ernakulam affects migrant workers' ability to afford healthcare services

Table 4.14: The overall cost of living in Ernakulam affects migrant workers' ability to afford healthcare services

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1- Strongly Disagree	10	12.7	12.7	12.7
2- Disagree	8	10.1	10.1	22.8
3- Neutral	21	26.6	26.6	49.4
4- Agree	40	50.6	50.6	100.0
Total	79	100.0	100.0	

The table presents data on how the overall cost of living in Kerala affects migrant workers' ability to afford healthcare services. The data shows that 50.6percentage of respondents feel that the cost of living significantly impacts their ability to afford healthcare, while 26.6percentage report a moderate impact. Additionally, 10.1percentage experience a minor impact, and 12.7percentage state that the cost of living does not affect their ability to afford healthcare services. This indicates that a substantial majority of migrant workers (over 75percentage) find the high cost of living in Kerala to be a significant or moderate barrier to accessing healthcare, highlighting the financial pressures they face in maintaining their health.

4.2.7. The government should prioritize making healthcare more affordable for migrant workers in Ernakulam

Table 4.15: The government should prioritize making healthcare more affordable for migrant workers in Ernakulam

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1- Strongly Disagree	26	32.9	32.9	32.9
2- Disagree	8	10.1	10.1	43.0
3- Neutral	14	17.7	17.7	60.8
4- Agree	31	39.2	39.2	100.0
Total	79	100.0	100.0	

The table provides data on the opinion that the government should prioritize making healthcare more affordable for migrant workers in Kerala. The data shows that 39.2percentage of respondents strongly agree with this statement, and 17.7percentage agree to a moderate extent. Additionally, 10.1percentage express minor agreement, while 32.9percentage do not agree. This indicates that a significant majority (around 67percentage) of respondents believe the government should prioritize making healthcare more affordable for migrant workers, reflecting a widespread recognition of the need for policy intervention to alleviate financial barriers to healthcare for this population.

4.2.8. Do you have easy access to medical shops for purchasing essential medicines?

Table 4.16 Do you have access to medical shops for purchasing essential medicines

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1- Strongly Disagree	18	22.8	22.8	22.8
2- Disagree	8	10.1	10.1	32.9
3- Neutral	21	26.6	26.6	59.5
4- Agree	32	40.5	40.5	100.0
Total	79	100.0	100.0	

The table provides data on whether migrant workers in Kerala have easy access to medical shops for purchasing essential medicines. According to the data, 40.5percentage of respondents report having very easy access, and 26.6percentage indicate moderate ease of access. Additionally, 10.1percentage of respondents experience minor ease of access, while 22.8percentage state that they do not have easy access to medical shops. This suggests that a significant majority (approximately 67percentage) of migrant workers find it relatively easy to access medical shops for essential medicines, although a notable minority (about 23percentage) face difficulties, highlighting an area where further improvements in accessibility may be needed.

4.2.9. Are there sufficient medical shops located in areas where migrant workers reside or work

Table 4.17: Are there sufficient medical shops located in areas where migrant workers reside or work

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1- Strongly Disagree	4	5.1	5.1	5.1
2- Disagree	6	7.6	7.6	12.7
3- Neutral	15	19.0	19.0	31.6
4- Agree	36	45.6	45.6	77.2
5- Strongly Agree	18	22.8	22.8	100.0
Total	79	100.0	100.0	

The table presents data on whether there are sufficient medical shops located in areas where migrant workers reside or work. According to the data, 45.6percentage of respondents strongly agree that there are enough medical shops in such areas, and 22.8percentage agree to a moderate extent. Additionally, 19.0percentage express minor agreement, while 5.1percentage of respondents strongly disagree and 7.6percentage disagree to a moderate extent. This suggests that a majority (over 67percentage) of respondents believe there are sufficient medical shops located in areas where migrant workers reside or work, indicating that access to healthcare facilities in these areas may be relatively adequate.

4.2.10. Are there enough hospitals in your locality

Table 4.18: Are those enough hospitals in your locality

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1- Strongly Disagree	1	1.3	1.3	1.3
2- Disagree	4	5.1	5.1	6.3
3- Neutral	18	22.8	22.8	29.1
4- Agree	42	53.2	53.2	82.3
5- Strongly Agree	14	17.7	17.7	100.0
Total	79	100.0	100.0	

The table provides data on whether there are enough hospitals in respondents' localities. According to the data, 53.2percentage of respondents strongly agree that there are enough hospitals in their locality, and 17.7percentage agree to a moderate extent. Additionally, 22.8percentage express minor agreement, while only 5.1percentage of respondents disagree to a moderate extent and 1.3percentage strongly disagree. This suggests that a significant majority (over 70percentage) of respondents believe there are sufficient hospitals in their localities, indicating a relatively positive perception of healthcare infrastructure availability in their areas.

4.3: Perception of migrant workers on quality of healthcare services in Ernakulam district:

4.3.1 The doctors give you complete information about your treatment

Table 4.24: The doctors give you complete information about your treatment

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1- Strongly Disagree	2	2.5	2.5	2.5
2- Disagree	3	3.8	3.8	6.3
3- Neutral	19	24.1	24.1	30.4
4- Agree	34	43.0	43.0	73.4
5- Strongly Agree	21	26.6	26.6	100.0
Total	79	100.0	100.0	

The table presents data on whether doctors provide complete information about the treatment to respondents. According to the data, 43.0percentage of respondents strongly agree that doctors give them complete information about their treatment, and 26.6percentage agree to a moderate extent. Additionally, 24.1percentage express minor agreement, while 3.8percentage of respondents disagree to a moderate extent and 2.5percentage strongly disagree. This indicates that a significant majority (over 69percentage) of respondents perceive that doctors provide them with complete information about their treatment, suggesting a positive trend towards transparent communication between patients and healthcare providers.

4.3.2. Hospital staffs treats me with respect and dignity

Table 4.25: Hospital staffs treats me with respect and dignity

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1- Strongly Disagree	3	3.8	3.8	3.8
2- Disagree	3	3.8	3.8	7.6
3- Neutral	20	25.3	25.3	32.9
4- Agree	30	38.0	38.0	70.9
5- Strongly Agree	23	29.1	29.1	100.0
Total	79	100.0	100.0	

The table provides data on how hospital staff treats respondents regarding respect and dignity. According to the data, 38.0percentage of respondents strongly agree that hospital staff treats them with respect and dignity, and 29.1percentage agree to a moderate extent. Additionally, 25.3percentage express minor agreement, while 3.8percentage of respondents disagree to a moderate extent and 3.8percentage strongly disagree. This indicates that a significant majority (over 67percentage) of respondents perceive that hospital staff treats them with respect and dignity, suggesting a positive experience in their interactions with healthcare professionals.

4.3.3 You are given enough time to tell doctor everything

Table 4.26: You are given enough time to tell doctor everything

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1- Strongly Disagree	5	6.3	6.3	6.3
2- Disagree	4	5.1	5.1	11.4
3- Neutral	16	20.3	20.3	31.6
4- Agree	35	44.3	44.3	75.9
5- Strongly Agree	19	24.1	24.1	100.0
Total	79	100.0	100.0	

The table presents data on whether respondents are given enough time to tell the doctor everything. According to the data, 44.3percentage of respondents strongly agree that they are given enough time to tell the doctor everything, and 24.1percentage agree to a moderate extent. Additionally, 20.3percentage express minor agreement, while 5.1percentage of respondents disagree to a moderate extent and 6.3percentage strongly disagree. This indicates that a significant majority (over 68percentage) of respondents feel that they are given sufficient time to communicate with the doctor, suggesting a positive aspect of patient-doctor interaction in terms of time allocation.

4.3.4 The cleanliness of the hospital is adequate

Table 4.27: The cleanliness of the hospital is adequate

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1- Strongly Disagree	3	3.8	3.8	3.8
2- Disagree	6	7.6	7.6	11.4
3- Neutral	18	22.8	22.8	34.2
4- Agree	25	31.6	31.6	65.8
5- Strongly Agree	27	34.2	34.2	100.0
Total	79	100.0	100.0	

The table provides data on the adequacy of cleanliness in the hospital. According to the data, 34.2percentage of respondents strongly agree that the cleanliness of the hospital is adequate, and 31.6percentage agree to a moderate extent. Additionally, 22.8percentage express minor agreement, while 7.6percentage of respondents disagree to a moderate extent and 3.8percentage strongly disagree. This suggests that a significant majority (over 65percentage) of respondents perceive the cleanliness of the hospital to be satisfactory, indicating a positive perception of hygiene standards within the healthcare facility.

4.3.5. This hospital has all the requisite amenities

Table 4.28: This hospital has all the requisite amenities

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1- Strongly Disagree	4	5.1	5.1	5.1
2- Disagree	5	6.3	6.3	11.4
3- Neutral	16	20.3	20.3	31.6
4- Agree	30	38.0	38.0	69.6
5- Strongly Agree	24	30.4	30.4	100.0
Total	79	100.0	100.0	

The table presents data on whether the hospital has all the requisite amenities. According to the data, 38.0percentage of respondents strongly agree that the hospital has all the requisite amenities, and 30.4percentage agree to a moderate extent. Additionally, 20.3percentage express minor agreement, while 6.3percentage of respondents disagree to a moderate extent and 5.1percentage strongly disagree. This indicates that a significant majority (over 68percentage) of respondents perceive the hospital to have all the necessary amenities, suggesting that the hospital adequately meets the requirements for patient care and comfort.

4.3.6 Overall are you satisfied with quality of healthcare services received in Ernakulam

Table 4.29: Overall are you satisfied with quality of healthcare services received in Ernakulam

Overall are you satisfied with quality of healthcare services received in Kerala

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1- Strongly Disagree	5	6.3	6.3	6.3
2- Disagree	7	8.9	8.9	15.2
3- Neutral	16	20.3	20.3	35.4
4- Agree	20	25.3	25.3	60.8
5- Strongly Agree	31	39.2	39.2	100.0
Total	79	100.0	100.0	

The table provides data on respondents' overall satisfaction with the quality of healthcare services received in Kerala. According to the data, 39.2percentage of respondents strongly agree that they are satisfied with the quality of healthcare services, and 25.3percentage agree to a moderate extent. Additionally, 20.3percentage express minor agreement, while 8.9percentage of respondents disagree to a moderate extent and 6.3percentage strongly disagree. This indicates that a significant majority (over 64percentage) of respondents are satisfied with the quality of healthcare services received in Kerala, reflecting a positive perception of the healthcare system in the region.

4.4: Barriers of migrant workers

4.4.1. Due to irregularity of employment do you lack healthcare access

Table 4.19: Due to irregularity of employment do you lack healthcare access

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1- Strongly Disagree	3	3.8	3.8	3.8
2- Disagree	5	6.3	6.3	10.1
3- Neutral	17	21.5	21.5	31.6
4- Agree	34	43.0	43.0	74.7
5- Strongly Agree	20	25.3	25.3	100.0
Total	79	100.0	100.0	

The table presents data on whether irregularity of employment leads to a lack of healthcare access for respondents. According to the data, 43.0percentage of respondents strongly agree that they lack healthcare access due to irregularity of employment, and 25.3percentage agree to a moderate extent. Additionally, 21.5percentage express minor agreement, while 6.3percentage of respondents disagree to a moderate extent and 3.8percentage strongly disagree. This suggests that a significant majority (over 68percentage) of respondents believe that irregularity of employment negatively impacts their access to healthcare, highlighting the challenges faced by individuals with unstable employment in accessing healthcare services.

4.4.2. Is transportation a barrier to accessing health service

Table 4.20: Is transportation a barrier to accessing health service

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1- Strongly Disagree	7	8.9	8.9	8.9
2- Disagree	3	3.8	3.8	12.7
3- Neutral	25	31.6	31.6	44.3
4- Agree	27	34.2	34.2	78.5
5- Strongly Agree	17	21.5	21.5	100.0
Total	79	100.0	100.0	

The table provides data on whether transportation is a barrier to accessing health services. According to the data, 34.2percentage of respondents strongly agree that transportation poses a barrier to accessing health services, and 21.5percentage agree to a moderate extent. Additionally, 31.6percentage express minor agreement, while 3.8percentage of respondents disagree to a moderate extent and 8.9percentage strongly disagree. This indicates that a significant majority (over 56percentage) of respondents perceive transportation as a barrier to accessing health services, highlighting the importance of addressing transportation issues to improve healthcare accessibility for individuals.

4.4.3. Is language a barrier in consulting doctors?

Table 4.21: Is language a barrier in consulting doctors

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1- Strongly Disagree	3	3.8	3.8	3.8
2- Disagree	9	11.4	11.4	15.2
3- Neutral	19	24.1	24.1	39.2
4- Agree	30	38.0	38.0	77.2
5- Strongly Agree	18	22.8	22.8	100.0
Total	79	100.0	100.0	

The table presents data on whether language acts as a barrier in consulting doctors. According to the data, 38.0percentage of respondents strongly agree that language is a barrier in consulting doctors, and 22.8percentage agree to a moderate extent. Additionally, 24.1percentage express minor agreement, while 11.4percentage of respondents disagree to a moderate extent and 3.8percentage strongly disagree. This indicates that a significant majority (over 60percentage) of respondents perceive language as a barrier in consulting doctors, highlighting the importance of ensuring language accessibility in healthcare settings to facilitate effective communication between patients and healthcare providers.

4.4.4 Do you face any discrimination from healthcare providers

Table 4.22: Do you face any discrimination from healthcare providers

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1- Strongly Disagree	23	29.1	29.1	29.1
2- Disagree	9	11.4	11.4	40.5
3- Neutral	17	21.5	21.5	62.0
4- Agree	21	26.6	26.6	88.6
5- Strongly Agree	9	11.4	11.4	100.0
Total	79	100.0	100.0	

The table provides data on whether respondents face discrimination from healthcare providers. According to the data, 26.6percentage of respondents strongly agree that they face discrimination from healthcare providers, and 21.5percentage agree to a moderate extent. Additionally, 11.4percentage express minor agreement, while 11.4percentage of respondents disagree to a moderate extent and 29.1percentage strongly disagree. This indicates that a significant proportion (over 47percentage) of respondents perceive some form of discrimination from healthcare providers, highlighting the need for addressing issues related to equitable access and treatment within the healthcare system.

4.4.5. Financial constraints preventing access to healthcare services

Table 4.23: Financial constraints preventing access to healthcare services

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1- Strongly Disagree	3	3.8	3.8	3.8
	2- Disagree	9	11.4	11.4	15.2
	3- Neutral	16	20.3	20.3	35.4
	4- Agree	36	45.6	45.6	81.0
	5- Strongly Agree	15	19.0	19.0	100.0
	Total	79	100.0	100.0	

The table provides data on whether financial constraints are preventing access to healthcare services. According to the data, 45.6percentage of respondents strongly agree that financial constraints are preventing access to healthcare services, and 19.0percentage agree to a moderate extent. Additionally, 20.3percentage express minor agreement, while 11.4percentage of respondents disagree to a moderate extent and 3.8percentage strongly disagree. This indicates that a significant majority (over 64percentage) of respondents perceive financial constraints as a significant barrier to accessing healthcare services, underscoring the need for measures to address affordability issues and ensure equitable access to healthcare for all.

CHAPTER 5

FINDINGS,

SUGGESTIONS AND

CONCLUSIONS

5.1 FINDINGS

The data reveals a diverse demographic profile of migrant workers accessing healthcare services in Kerala. Predominantly, respondents fall within the age range of 25 to 32, indicating a youthful population seeking medical care. Additionally, the survey primarily comprises male participants, suggesting potential gender disparities in healthcare access and utilization. Interestingly, respondents are evenly split between those domiciled within Kerala and those from outside the state, underscoring the state's appeal as a destination for migrant labor. Occupation-wise, there's a wide spectrum, with a significant portion engaged in various occupations, reflecting the diverse employment landscape in Kerala. Marital status distribution is relatively even, with a slight majority being unmarried. In terms of income, while a majority report their income as moderate, indicating a mix of financial backgrounds among respondents. Furthermore, staying arrangements vary, with a sizable portion living with their families, highlighting the importance of family support networks for migrant workers.

Perceptions regarding the affordability and accessibility of healthcare services in Kerala vary among respondents. While many consider healthcare services affordable and government schemes adequate, a substantial proportion report financial barriers and logistical challenges. Transportation and language are identified as significant obstacles to accessing healthcare services, indicating the need for improved infrastructure and language support. Despite these challenges, the majority of respondents report easy access to medical shops and sufficient hospitals in their localities. Overall, satisfaction with healthcare services varies, with a significant portion expressing contentment, but also highlighting areas for improvement. These findings underscore the complexity of healthcare access for migrant workers in Kerala and the importance of targeted interventions to address the diverse needs and challenges they face.

5.2. SUGGESTIONS

- **Increase Awareness and Accessibility:** Implement more awareness programs to inform migrant workers about available government healthcare schemes and discounted rates.
- **Improve Financial Support:** Develop more comprehensive financial support systems for low-income migrant workers to reduce the burden of healthcare costs.
- **Language Services:** Introduce multilingual support in healthcare facilities to bridge language barriers and improve communication between doctors and migrant workers.
- **Address Discrimination:** Conduct training programs for healthcare providers to reduce discrimination and ensure respectful treatment of all patients.
- **Enhance Transportation:** Improve transportation facilities and provide shuttle services to make healthcare facilities more accessible.
- **Monitor and Improve Quality:** Regularly monitor healthcare services and ensure that facilities maintain high standards of cleanliness and adequate amenities.
- **Policy Reforms:** Advocate for policy reforms that prioritize the health and well-being of migrant workers, ensuring they have access to affordable and quality healthcare.

5.3. CONCLUSION

This research highlights the multifaceted challenges faced by migrant workers in accessing healthcare services in Kerala. The findings underscore the importance of addressing affordability, accessibility, and cultural barriers to ensure equitable healthcare access for all. By implementing targeted interventions such as financial assistance programs, improving transportation infrastructure, providing language support services, and raising awareness about available healthcare services, policymakers can work towards bridging the gaps in healthcare access for migrant workers.

Furthermore, the socio-demographic profile of respondents reveals the diverse nature of the migrant worker population, emphasizing the need for tailored approaches that consider the unique needs and challenges of different groups. By prioritizing initiatives that promote employment stability, establish community health centres, and enforce anti-discrimination policies, Kerala can create a more inclusive healthcare system that prioritizes the health and well-being of all its residents, irrespective of their background or origin.

Moving forward, it is imperative for stakeholders, including government agencies, healthcare providers, and community organizations, to collaborate effectively in implementing these recommendations. Through concerted efforts and sustained commitment to addressing the healthcare needs of migrant workers, Kerala can strive towards achieving universal access to quality healthcare and uphold the principles of social justice and equity.

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APPENDIX

QUESTIONNAIRE

1. Name

2. Age

3. Gender

Male

Female

Transgender

4. Domicile

Rural

Urban

Other:

5. Native

6. Occupation

7. Marital Status

Married

Single

Widowed

Divorced

8. Income

10000- 20000

20000-30000

30000-40000

above 40000

Other:

9. Staying with family

Yes

No

10. Healthcare services in Kerala are affordable for migrant workers.

Strongly disagree

Disagree

Neutral

Agree

Strongly Agree

11. Migrant workers often face financial difficulties when seeking health care in Kerala.

Strongly Disagree

Disagree

Agree

Neutral

Strongly Agree

12. The cost of healthcare services prevents migrant workers from seeking medical attention promptly in Kerala.

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

13. Government-sponsored healthcare schemes in Kerala adequately cover migrant workers' healthcare expense

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

14. Healthcare facilities in Kerala offer discounted rates or special packages for migrant workers.

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

15. The overall cost of living in Kerala affects migrant workers' ability to afford healthcare services.

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

16. The government should prioritize making healthcare more affordable for migrant workers in Kerala.

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

17. Do you have easy access to medical shops for purchasing essential medicines

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

18. Are there sufficient medical shops located in areas where migrant workers reside or work

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

19. Are there enough hospitals in your locality

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

20. Due to irregularity of employment do you lack healthcare access

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

21. Is transportation a barrier to accessing health services

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

22. Is language a barrier in consulting doctors

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

23. Do you face any discrimination from healthcare providers

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

24. Financial constraints preventing access to healthcare services

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

25. The doctors give you complete information about your treatment)

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

26. Hospital staffs treats me with respect and dignity

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

27. You are given enough time to tell doctor everything

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

28. The cleanliness of the hospital is adequate

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

29. This hospital has all the requisite amenities

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

30. Overall are you satisfied with quality of healthcare services received in Kerala

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

I, Tom S Chengalath, a postgraduate student at Bharat Mata School of Social Work, am conducting a study entitled " HEALTH BEYOND BORDERS – A STUDY ON THE QUALITY OF HEALTHCARE SERVICES FOR MIGRANTS IN ERNAKULAM."

The purpose of this study is to conduct an in-depth analysis of the healthcare experiences of migrant populations in the Ernakulam district. Your participation is entirely voluntary, and you have the right to withdraw from the study at any time without consequence. As part of data collection your response was recorded.

All information provided by you will be treated with the utmost confidentiality. Your identity will be kept anonymous, and any data collected will be securely stored. Only the researcher, Tom S Chengalath, will have access to the information you provide.

By signing below, you acknowledge that you have read and understood the information provided in this consent form. You agree to participate voluntarily in the study " HEALTH BEYOND BORDERS – A STUDY ON THE QUALITY OF HEALTHCARE SERVICES FOR MIGRANTS IN ERNAKULAM"

Name

Signature

