# FACULTY ENHANCEMENT PROGRAMME

**Date of Event: 18 December, 2025**

**Faculty-in-Charge: Ms. Gigy Johnson**

# REPORT

As part of the Faculty Enhancement Programme, a presentation was held on 18 December 2025 at the Seminar Hall, Main Block, from 03:15 p.m. to 04:00 p.m. The paper was presented by Ms. Joyshree Mondal, Assistant Professor and Head, Department of Social Work, on the topic "A Social Work Study: Mapping the Health-Related Quality of Life of Inter-State Migrant Labourers in Kerala". The presentation examined the health-related quality of life of inter-state migrant labourers in Kerala, focusing on social, economic, and healthcare-related factors affecting their well-being. 47 faculty members from various departments participated in the session, who engaged actively through questions and discussions, leading to a meaningful exchange of ideas.

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**BROCHURE**

# FACULTY ENHANCEMENT PROGRAMME



**Ms. Joyshree Mondal**
**Assistant Professor**
**Department of MSW**

**Topic : A Social Work Study-Mapping the Health Related Quality of Life of Inter-State Migrant Labourers in Kerala**

**DATE : 18 DECEMBER, 2025**
**TIME : 03.15-04.00 PM**
**VENUE : MAIN BLOCK, SEMINAR HALL**

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# PHOTOGRAPHS




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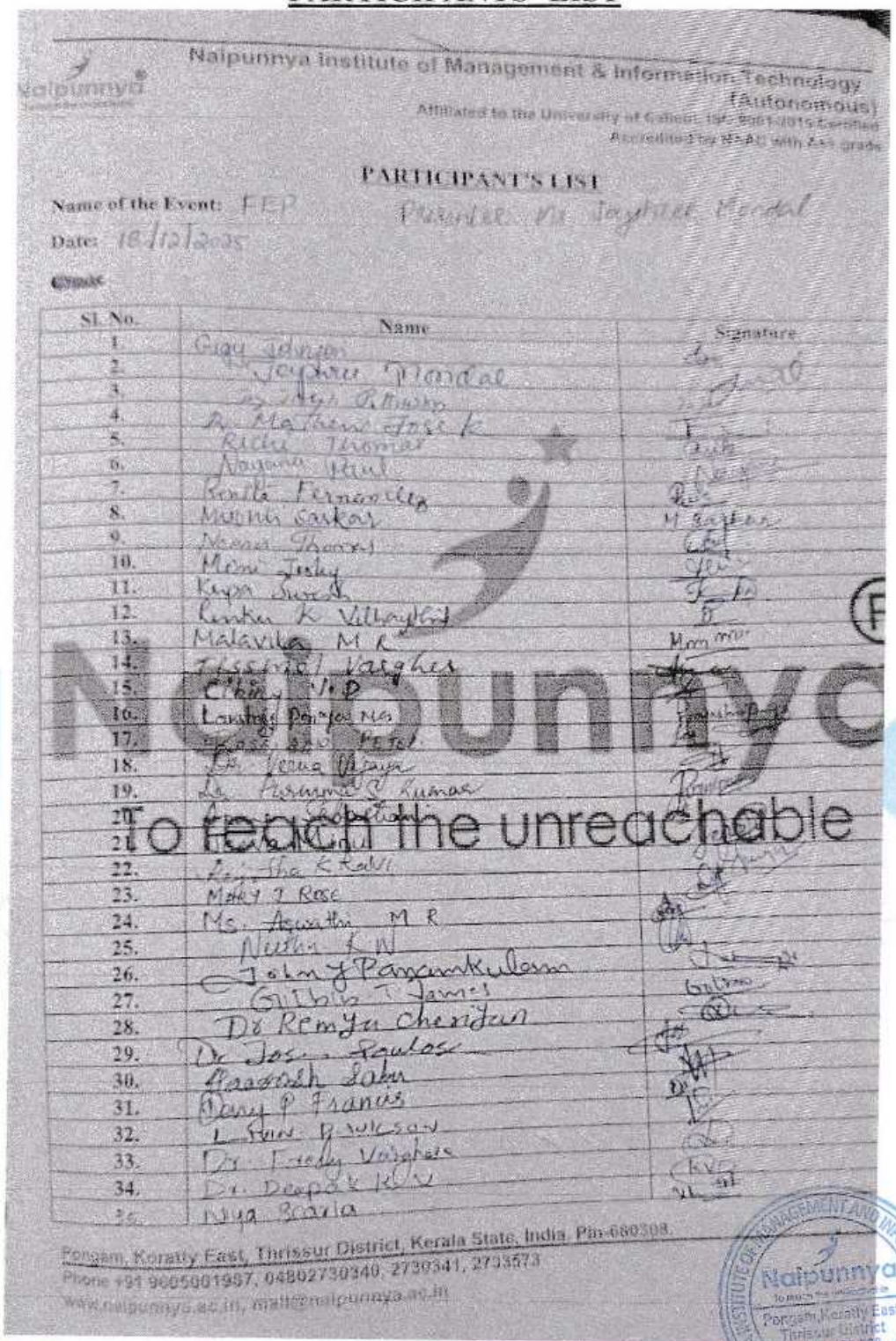
# PARTICIPANTS' LIST



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PARTICIPANT'S LIST

Name of the Event: FDP Founder Dr. Joytha Mandal

Date: 16/12/2025

Venue

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# A Social Work Study: Mapping the Health-Related Quality of Life of Inter-State Migrant Labourers in Kerala

**Joyshree Mondal, Dr. Lizy PJ**

**ABSTRACT:** *The study examines the Health-Related Quality of Life (HRQoL) of interstate migrant labourers in Kerala, focusing on their challenges and difficulties while working in the unorganised sector. The study explores the multifaceted aspects of HRQoL through a social work perspective. The study uses both quantitative and qualitative approaches to evaluate many aspects of HRQoL, such as physical health, psychological health, social relationship, and environmental health. The quantitative study shows that physical health is moderate, but psychological and environmental health scores are lower. Case studies provided qualitative insights into the elements that contribute to the socioeconomic constraints, language barriers, healthcare access hurdles, social isolation and occupational hazards faced by migrant labourers. The study emphasises the crucial role of social workers and researchers in advocating for social policy, delivering culturally sensitive interventions, and promoting community support networks to improve the HRQoL of migrant workers. The social researcher needs to understand the ground reality and the needs of vulnerable migrant communities in Kerala those who are working in unorganised sectors. The article aims to contribute to the discourse on social work practice with migrant populations by synthesising empirical evidence and providing useful recommendations.*

**KEYWORDS:** Inter-State Migrant Laborers, Unorganised Sector, Health-Related Quality of Life, Social Work Practice, Social Work Intervention.

## INTRODUCTION:

Migration has existed since ancient times. And migration for economic well-being has occurred across the world for millennia, when numerous geographical locations offered prospects for higher earnings than the places of origin.

In recent years, interstate labour movement has grown more common, particularly in regions such as Kerala, India, where unorganised sectors rely largely on migrant labour. These migrant labourers, many of whom come from economically disadvantaged homes, play an important role in the survival of many industries, but they encounter multiple problems that have an influence on their health-related quality of life. Its very important to understand and address these problems with a multi-faceted approach that involves social work perspectives.

A southern Indian state, Kerala, with high literate population, adequate social welfare programmes, highest rates of gender equity and comprehensive public health system, much of which is cost-free. Kerala is also known for its strong economy from overseas remittances, which attracts inter-state migrants from the rest of India to Kerala for work. But there lies another social reality, migration brings a range of social,

economic and structural negative health impact, particularly Health-Related Quality of life (HRQoL). There are various reasons, which the researcher has investigated and put in this study. The title of this article is self-explanatory: A Social Work Study: Health-Related Quality of Life of Inter-State Migrant Labourers in Kerala, the researcher attempted to unravel the health-related complexities of migrant labourers through this study, in the context of Kerala's unorganised sectors. This research includes an important area of social work to understand the different dimensions of HRQoL. It includes physical health, psychological health, social relationships and environmental health of inter-state migrant labourers those who are working in unorganised sector in Kerala. The better understanding of the health-related issues will help policy makers to plan, civil societies to implement various interventions and develop a strategy to enhance HRQol of labourers. This study has a major objective to examine the HRQoL (Physical Health, Psychological Health, Social relationships and environmental health) of Inter-state migrant labourers and also explore the multiple roles played by social workers in addressing the issues related to their health to enhance their HRQol. This introduction is the context for a detailed discussion about HRQoL, highlighting the various role of Social Work in response to the context and its problems faced by Inter-State migrant labourers.

**LITERATURE REVIEW:**

The Researcher has reviewed various literature, few relevant studies are mentioned below:

The term "Inter-State migrant worker" refers to any individual hired by or through a contractor in one State for employment in another State under an agreement or other arrangement, whether with or without the knowledge of the principal employer in connection with the such establishment (THE INTER-STATE MIGRANT WORKMEN (REGULATION OF EMPLOYMENT AND CONDITIONS OF SERVICE) ACT, 1979).

A definition given by the National Commission for Enterprises in the Unorganized Sector in its Report on Conditions of Work and Promotion of Livelihoods in the unorganized sector comprising of all unincorporated private enterprises owned or operated by individuals or families that sell or produce products and services on a proprietary or partnership basis and employ less than ten total workers (NATIONAL COMMISSION FOR ENTERPRISES IN THE UNORGANISED SECTOR, 2008).

HRQoL may be described as "how well a person operates in their life and their perceived well-being in physical, mental, and social dimensions of health". The capacity to carry out some pre-defined activities is referred to as functioning, whereas subjective sentiments are referred to as wellness (Hays RD, 2010). HRQoL is a multi-dimensional concept; it involves health-related domains of physical, mental, emotional, and social functioning. It focuses on the impact of health status on quality of life in addition to measures of population health and life expectancy (Healthy People 2020. Office of Disease Prevention and Health Promotion, 2014).

(Thomas, 2016) Thomas and Joseph examine the environmental health issues faced by migrant labourers in Kerala. This study underlines the negative consequences of poor living and working circumstances on migrant labourers' health-related quality of life, emphasising the importance of social work interventions to build healthier surroundings.

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(Kolitha Wickramage, 2018) They emphasised the critical need for excellent research on international and internal (domestic) migration and health to help efforts to attain the Sustainable Development Goals (SDGs) during meetings in Colombo with policymakers, research academics, civil society, and UN agencies. There is a need to emphasise the importance of creating a "enabling environment for migration and health research nationally, regionally, and globally," as well as the development of meaningful connections, such as through research reference groups, to support evidence-informed interdisciplinary policies and the process of prioritisation.

(George, 2018) George and Nair perform a qualitative investigation of the difficulties faced by interstate migrant workers in Kerala. This analysis sheds light on the varied character of these difficulties, as well as the consequences for migrant workers' health-related quality of life.

(Kumar, 2019) Kumar and Mishra investigate the health condition and healthcare access challenges of migrant labourers in Kerala. This study emphasises the differences in health-related quality of life among migrant labourers, as well as the necessity for effective social work interventions to address them.

Several research have been undertaken to investigate the HRQoL of inter-state migrant laborers working in India's unorganized economy. (Choudhary A, 2019), for example, evaluated the HRQoL of construction workers in Delhi, highlighting the problems they confront and the factors impacting their well-being. (Rastogi R, 2020) conducted another study on the HRQoL of migrant laborers in the brick kiln sector, investigating the influence of occupational risks and housing situations on their health outcomes.

(Emine Aktas, 2021) The author Identified in their studies that occupational health literature rarely adequately identifies the diversity or characteristics of the migrant groups that are being studied. Migrant workers tend to work in physically and mentally demanding environments with higher exposure than local workers. There have been several cross-sectional studies on migrant health but only a few long-term integrated studies have been identified. There is a need for mixed-method studies as they will be valuable in research on the occupational health of migrant workers.

(Natu, 2022) In the article the author explains previous studies have identified challenges related to identity formation, financing, housing, and political inclusion. This paper compares past and current labour policies, focusing on social security and welfare measures, to determine the impact on workers and potential benefits.

**METHODS:**

In order to give a thorough knowledge of the research question; what is the Health-Related quality of life of Migrant laborers, working in Unorganised sectors in Kerala and what crucial role social workers can play to address their day to day challenges in host states, the researcher will combine quantitative and qualitative research approaches.

Quantitative- The study will utilise quantitative research techniques, such as questionnaires and structured evaluation, to measure the perceived HRQoL of 353 migrant labourers. A sample of migrant labourers has been given a systematic survey questionnaire based on proven HRQoL measures, such as the WHOQoL BREFF questionnaire, to evaluate their physical health, psychological health, social relationships and environmental health.

Qualitative- To get rich, in-depth insights into migrant labourers' lived experiences, —such as their access to healthcare services, knowledge about available resources, social support networks, and opinions on their HRQoL—semi-structured interviews were held with them. The adoption of a qualitative design was perfect since it gave the researcher a comprehensive grasp of what migrant labourers do when they become ill in host nations, as well as the challenges they face and the strategies they employ to get beyond them.

**Universe of the Study**

The researcher decided to conduct the study in Ernakulam District at Kochi Municipal Corporation for their Field Research. The Kochi Municipal Corporation is the Indian city of Kochi also known as cochin in the state of Kerala, it is the most densely populated city corporation in the state (Cochin", 2015). The corporation manages 94.88km² of Kochi city and has a population of 677,381 (Corporation, 2018). Ernakulam is considered to be the commercial capital of the province and houses several enterprises in the Service and Manufacturing Sectors. It has a booming construction industry and tourism is another important economic activity in the city. The migrant laborers find employment in several sectors in the city and primary among them are: Construction, Hospitality, Housekeeping, Retail, and Agriculture.

For selecting the samples for the study researcher used a stratified sampling method. The researcher collected detailed information from District Labour Office, Kakkanad about the sectors where Inter-State Migrant Labourers are employed in Kochi Municipal Corporation.

**Sampling**

District Labor Office, Kakkanad, Ernakulum registered 4393 ISM laborers post-Covid during June- Dec 2021 based on the sectors the laborers are employed. The researcher used Stratified random Sampling. The researcher used Yamane Equation for determining the sample size for the finite population, so the sample size has finally arrived to 353.

The names of the occupational division and the total number of migrant laborers employed are given below:

| STRATA-WISE SAMPLE SIZE COMPUTATION | | | |
|---|---|---|---|
| **OCCUPATION** | **NUMBER** | **%age Representation** | **Sample Size for the strata** |
| **Construction** | 1041 | 24 | 84 |
| **House Keeping** | 935 | 21 | 75 |
| **Retail** | 708 | 16 | 57 |
| **Casual Labor** | 532 | 12 | 43 |
| **Hospitality** | 455 | 10 | 37 |
| **Security Services** | 213 | 5 | 17 |

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| | | | |
|---|---|---|---|
| **Agriculture** | 145 | 3 | 12 |
| **Gardening** | 101 | 2 | 8 |
| **Street Vendor** | 36 | 1 | 3 |
| **Engineering** | 24 | 1 | 2 |
| **Fishing** | 24 | 1 | 2 |
| **Supplier** | 24 | 1 | 2 |
| **Painter** | 23 | 1 | 2 |
| **Tailor** | 20 | 0 | 2 |
| **Sweeper** | 17 | 0 | 1 |
| **Carpenter** | 16 | 0 | 1 |
| **Pest Control** | 15 | 0 | 1 |
| **Plumbing** | 15 | 0 | 1 |
| **Transport Labor** | 15 | 0 | 1 |
| **Driver** | 11 | 0 | 1 |
| **Electric Repair** | 8 | 0 | 1 |
| **Others** | 7 | 0 | 1 |
| **Food Processing** | 4 | 0 | 0 |
| **Supervisor** | 4 | 0 | 0 |
| **Total** | **4393** | | **353** |

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### Data Collection

The researcher conducted the study between January and May 2022. The WHOQOL Instrument was used to assess the health-related quality of life of migrants. Four dimensions were investigated: migrant physical health, psychological health, social relationships, and environmental health. Information gathered from numerous sources, including secondary data, previously published literature, and discussions with migration and public health expert. As a result, an interview guide was created, complete with domains and questions linked to the research subject. The WHOQOL BREFF questionnaire and interview guide were translated into Hindi and Bengali (the migrants' vernacular languages) by a language expert, and the answers were recorded.

### Data Analysis

Quantitative Phase- Data was obtained from 353 interstate migrant labourers using the WHOQOL-BREFF items, and descriptive statistical analysis was performed with IBM SPSS 25.0 64 bit. The WHOQOL-BREFF contains a total of 26 questions.

Qualitative Phase- After analysing the quantitative data the researcher conducted 5 case studies to understand the physical health, psychological health, social relationship and environmental health and identified the relevant areas to conduct few case studies to derive in detailed information about migrant labourers.

**RESULTS:**

Here the researcher has explained both the quantitative phase and qualitative phase. Quantitative Phase- In this phase the researcher has collected the data from 353 Inter-State migrant Labourers to study their Socioeconomic-Demographic profile and Health-Related Quality of life.

**Table. 1**: It interprets the Socio-Economic Demographic profile of the 353 participants is provided below:

| ***Demographics*** | ***Number*** | ***Percentage*** |
|---|---|---|
| Gender | | |
| Male | 321 | 90.9 |
| Female | 32 | 9.1 |
| Age | | |
| 18-28 | 142 | 40.2 |
| 29-39 | 156 | 44.2 |
| 40-50 | 52 | 14.7 |
| 51-61 | 3 | 0.8 |
| Marital status | | |
| Married | 199 | 56.4 |
| Unmarried | 148 | 41.9 |
| Widowed/Widower | 5 | 1.4 |
| Divorced/Separated | 1 | 0.3 |
| Educational Qualification | | |
| No formal Education | 195 | 55.2 |
| Primary Education | 132 | 37.4 |
| Upper Primary | 22 | 6.2 |
| High School and Above | 4 | 1.1 |
| Income | | |
| Rs.5001- Rs.10000 per month | 117 | 33.1 |
| Rs.10001- Rs.15000 per month | 223 | 63.2 |
| Rs. 15001- Rs. 20000 per month | 13 | 3.7 |
| Place of Origin | | |
| West Bengal | 109 | 30.9 |
| Assam | 16 | 4.5 |
| Odisha | 23 | 6.5 |
| Bihar | 96 | 27.2 |

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| | | |
|---|---|---|
| Jharkhand | 16 | 4.5 |
| Tamil Nadu | 39 | 11 |
| Rajasthan | 2 | 0.6 |
| Uttar Pradesh | 36 | 10.2 |
| Andhra Pradesh | 3 | 0.8 |
| Chhattisgarh | 7 | 2 |
| Madhya Pradesh | 6 | 1.7 |

Table 1: *The Socio-Economic Demographic profile of Inter-State Migrant Labourers*

The table provides the socioeconomic demographics of 353 interstate migrant labourers working in unorganised sector in Kerala.

**Gender:** The majority of the migrant labour force working in Kochi Municipal Corporation area is male, accounting for 90.9% of the entire sample, while women make up just 9.1%. This gender disparity reflects the fact that men are more in number as migrant workers in Kerala than women.

**Age:** The distribution the 29-39 age group has the highest share of migrant labourers, accounting for 44.2% of the overall sample, followed by the 18-28 age group with 40.2%. A lesser proportion comes within the 40-50 age range (14.7%), while an even smaller proportion falls within the 51-61 age group (0.8%). This interprets the young working population involved in migrant labour working in unorganised sector.

**Marital Status:** The majority of migrant labourers are married, comprising 56.4% of the overall sample. Unmarried people account for 41.9%, while widowed/widowers and divorced/separated people make up lower numbers.

**Education:** A sizable proportion of migrant workers lack formal schooling, accounting for 55.2% of the entire sample. This demonstrates the low educational attainment levels of migratory workers. Primary education accounts for 37.4%, whereas upper primary education (6.2%) and education after high school (1.1%) make up a lower proportion.

**Income:** The major portion of migrant labourers earn between Rs. 10,001 and Rs. 15,000 per month, accounting for 63.2% of the sample. This suggests a modest income level among the migrant labour group. The income of labourers, a smaller proportion earns between Rs. 5,001 and Rs. 10,000 per month (33.1%). While just a handful make more, ranging from Rs. 15,001 to Rs. 20,000 per month (3.7%).

**Place of Origin:** Migrant Labourers come from various states across India. States such as West Bengal, Bihar, Tamil Nadu, and Uttar Pradesh contribute heavily to the migrant labour force, suggesting that people migrate from economically deprived places to Kerala in search of work.

**Table 2**: The Health-Related Quality of Life of Inter-State Migrant Laborers physical, psychological, social, and environmental health of migrant labourers working in Kerala's unorganised sector.

| Descriptives Statistics | | | |
|---|---|---|---|
| | | Statistic | Std. Error |
| Physical Health | Mean | 37.9292 | .48491 |

| | | | | |
|---|---|---|---|---|
| | 95% Confidence Interval for Mean | Lower Bound | 36.9755 | |
| | | Upper Bound | 38.8829 | |
| | 5% Trimmed Mean | | 37.9205 | |
| | Median | | 38.0000 | |
| | Variance | | 83.003 | |
| | Std. Deviation | | 9.11063 | |
| | Minimum | | 13.00 | |
| | Maximum | | 63.00 | |
| Psychological Health | Mean | | 34.7167 | .54339 |
| | 95% Confidence Interval for Mean | Lower Bound | 33.6480 | |
| | | Upper Bound | 35.7854 | |
| | 5% Trimmed Mean | | 34.5708 | |
| | Median | | 31.0000 | |
| | Variance | | 104.232 | |
| | Std. Deviation | | 10.20941 | |
| | Minimum | | 13.00 | |
| | Maximum | | 56.00 | |
| Social Relationship | Mean | | 43.1756 | .88658 |
| | 95% Confidence Interval for Mean | Lower Bound | 41.4320 | |
| | | Upper Bound | 44.9193 | |
| | 5% Trimmed Mean | | 43.8174 | |
| | Median | | 50.0000 | |
| | Variance | | 277.469 | |
| | Std. Deviation | | 16.65740 | |
| | Minimum | | .00 | |
| | Maximum | | 75.00 | |
| Environmental Health | Mean | | 29.6034 | .54610 |
| | 95% Confidence Interval for Mean | Lower Bound | 28.5294 | |
| | | Upper Bound | 30.6774 | |
| | 5% Trimmed Mean | | 29.4333 | |
| | Median | | 31.0000 | |
| | Variance | | 105.274 | |
| | Std. Deviation | | 10.26032 | |
| | Minimum | | 6.00 | |
| | Maximum | | 56.00 | |

Table 2: Descriptive Statistics of Health-Related Quality of Life (HRQoL)

Based on the descriptive statistics in the above table, following is the interpretation for the health-related quality of life of the interstate migrant labourers' working in unorganised sector:

1. **Physical Health:** The mean score for physical health is around 37.93, with a standard deviation of 9.11. The median score is 38.00 is the median. This indicates that migrant labourers have a moderate degree of physical health, with significant individual score variability.
2. **Psychological Health:** The mean score for psychological health is around 34.72, with a standard deviation of 10.21. The median is 31.00. This implies that migrant labourers' psychological health is significantly variable on an individual basis and is comparatively worse than their physical health.
3. **Social Relationship:** The mean score for social relationships is around 43.18, with a standard deviation of 16.66. The median is 50.00. The social relationships score of migrant labourers vary significantly, even with a comparatively higher mean score.
4. **Environmental Health**: The mean score for environmental health is around 29.60, with a standard deviation of 10.26. The median score is 31.00. When compared to other domains, environmental health scores are generally lower, suggesting migrant laborers are facing potential challenges in this area.

Qualitative Phase- After concluding the Quantitative results, the Researcher conducted 5 case studies and recorded interviews. The recordings were manually transcribed and translated into English by the researcher. The translation was approved and authorised by a language expert. In Qualitative analysis methodology the researcher conducted case study analysis, the cases and the results are interpreted below:

**Case Study 1**

**Background:** A 35 years old migrant labour Mohammad (name changed) from Bihar, moved to Kerala for job opportunities. Along with 4 other labourers he was sharing his apartment, a cramped living room in a residential colony near the market in Ernakulam. He works as a casual labour for 12 to 14 hours per day, six days a week on various places in and around Ernakulam. Despite all these hard work, Mohammad's earning is not sufficient to meet his family and personal basic needs, he informed the researcher there are days where he sleeps without food. Back in village he has his sick father and 5 members family to support and he is the sole earner in the family.

**Problem faced:** Mohammad while living in Kerala was sick for many days, he was having severe chest congestion and breathing problem. As he was new to the city, he was not aware about Government hospitals, moreover it was far from his place of residence. He visited the nearby drug store and bought cough syrup and few medicines recommended by his friends to avoid visiting private hospitals. Later when his condition worsens, he decided to visit general hospital and faced lots of difficulties while accessing health care. His language barriers and poor financial condition were the reason to exacerbates his problem. During the interview Mohammad said, "*Haspatal mein bohut bheer, humara bhasa kisiko samajh nahi aata, Dactar pura baat sune bina hi dawa likh diye, aur ek hazar go test diye hai karne, humara paas paisa bhi nahi, jankari bhi nahi, yeh Sarkari haspatal mein kidhar jaaye? Kinse puche samajh nahi aata*". The above statement means, the hospital is overly crowded, his language is not understood by anyone, the doctor prescribed the medicine without listening his problem and recommended many tests. He doesn't have money, its very difficult for him as he lacks information about government hospital in the city, where to go and whom to contact is a big problem during healthcare access.

**Barriers to Healthcare Access:** There are few reasons which prevented Mohammad to access the required healthcare in host's state. As he was new to Kerala, he finds it difficult to locate the government health facilities, moreover migrants carry some past difficult experiences from their homeland which also make them sceptical about Government Hospital treatments. For Mohammad, he also finds it difficult to comprehend his rights as a patient as he is an illiterate poor migrant, also to communicate with the healthcare personnel due to language barriers, these factors worsen his conditions. Problems in mobility, expensive private transportation and not knowing the local language added further difficulties for Mohammad along with the illness.

**Impact on Health-Related Quality of Life:** There are many factors which resulted in delayed treatment for Mohammed's illness, few are highlighted here to understand the negative impact on Health-Related Quality of Life. His problem to communicate effectively about his illness, not re-visiting healthcare facility to avoid wage loss and transportation cost, doing self-medicines from local chemist exacerbates his health-related issues like leading prolonged suffering and low productivity at work.

**Conclusion:** The above case highlights the complex interplay between migrant labourers' access to healthcare and their socio-economic conditions in Kerala. To address these problems and enhance the Health-Related Quality of life of labourers like Mohammed, a comprehensive strategy that incorporates social work principles to advocate for equitable healthcare access is a must need at this scenario.

**Case Study 2**

**Background:** Suraj a 28 years old unskilled labour migrated from Odissa to Kerala in search of better work opportunities to support his poor family back in his hometown. After migrating to Kerala, Suraj started working as a casual labour but due to unfavourable working conditions and less opportunities he eventually moved to work as a hotel housekeeper and cleaner.

**Problem Faced:** Due to his stress and other psychological crisis Suraj started emerging in substance abuse, he was also facing peer pressure, which worsen his condition. He began to consume smokeless tobacco products before progressively started to drinking and smoking as a way out to deal with his work pressure and personal problems. His major difficulty was inability to adjust with the new place and people with whom he was sharing his stay in the host's state. Gradually this dependency on substances had negative effects on Suraj's Health-Related Quality of life.

**Impact on Health-Related Quality of Life:** Suraj's physical health, psychological health, social relationships and environmental health got negatively affected as a result of his substance usage at this young age. He suffers from physical ailments, there is persistent cough, fatigue, and frequent headaches. He drastically lost weight and had a loss of appetite, all of which are signs that he is physically unwell. He struggled with anxiety about work, as there is no certainty and support to get everyday work in this new place. He is experiencing depression, mood swings and sleep disorders, all of which impede his ability to maintain a healthy psychological state. Addition to all these the place where Suraj is living is unhygienic and congested, as he is unable to pay rent in regular basis, he couldn't afford a better place, this further compromises his environmental health and affected the overall Health-Related Quality of Life.

**Conclusions:** This case highlights the general scenario migrant labourers encounter when they migrate and find difficulties to adjust in the new environment, especially with regard to their psychological health. When workers are stressed and find difficulty to meet their needs they fall into many traps, especially substance abuses. Suraj couldn't handle his mental pressure so started consuming smokeless tobacco, drinking and even smoking with his fellow labourers at least to get an acceptance among them. This impacted his health and overall, Health-Related Quality of Life. To address these issues, a holistic social work approach is very important, encompassing support and advocacy for labourers like Suraj is a must need at this point of time.

**Case Study 3**

**Background:** A 33-years-old female migrant worker, Komal (Name changed), came to Kochi, Kerala, in search of employment. Komal decided to leave hometown and migrate along with husband to improve her family's financial condition. Married with two children, without a formal education, leaving behind a life of restricted prospects in her own rural community was a difficult decision but she was in aspiration to get a better life. In the initial months she finds very difficult to find a place to live and somehow adjusted with husband and other labourers in an old dilapidated building. Due to the absence of proper separate toilet facility, in the initial days she started avoiding going to toilets in work sites, she developed severe Urinary tract infection and frequent abdominal complications. Despite facing health issues during her six-month stay, she was hesitant to seek medical help, she was unfamiliar with the place and health-care.

However, after her arrival to Kerala, Komal faced a lot of socio-economic obstacles, like inadequate accommodation, no proper job opportunities, social isolation and financial constraints.

**Problem Faced:** Komal was infected with Urinary Tract infection and that deteriorated as she suffered from abdominal pain, the problem exacerbated by her work as a helper in construction sites. Despite her symptoms and health issues she refused to seek medical care in Hospitals since she was unaware of local healthcare facilities, and was reluctant to discuss such issue with outsiders. Instead, she preferred to treat her illness by self-medication and consuming medicines from local drugs stores. At the time of interview Komal said, *"Yaha sarkari hospital kaha hai pata nahi, udhar jayegi to pura din ka pagar bhi nahi milega. Inka bhasa samajh nahi aata, mein aurat hu, mein kisko jakar apne baare mein bolegi? Sharam lagta hai, mein jaha rehti hu waha jada mard log rehte hai. Mein dukan se dawa lekar aayegi, hum gao mein bhi hospital nahi jaate the"*. The meaning of the above statement means, she doesn't know about the Government hospital here, if she goes to hospital she may lose her daily wage. She doesn't even know the language, being a woman its very difficult to ask about her problems, she feels ashamed, she is staying in a place where many men are around. She purchased medicine from nearby drug stores, back home she doesn't have the habit to visit hospital..

**Psychological Impact:** Along with Physical health issues, these obstacles had a negative impact on Komal's psychological well-being. Komal, being a female first-time migrant worker struggles with the host state's unfamiliar healthcare systems, resulting in delayed medical treatment, resulted in health complications.

**Conclusions:** Komal's case highlights the various difficulties that first-time female migrant workers experiences in a host state, unfamiliar place, unknown language, living with other male labourers with

limited basic facilities is really a difficult condition. Moreover, reaching to care givers or asking for assistance is also not possible as migrants are unaware about their rights and provisions. Addressing these issues need strong social work interventions, to enhance the Health-Related Quality of Life. Timely medical care and basic knowledge about their rights will be a great positive impact on the lives of migrant workers like Komal.

**Case Study 4**

**Background:** A middle aged, 45years old migrant worker Rehman (Name Changed) from West Bengal, has been working as a gardener in Kochi's unorganised sector for the past one year. This particular case explores the influence of socioeconomic factors on Rehman's Health-Related Quality of Life, mainly his social relationships. Rehman's socioeconomic conditions like, no formal education, low income and working as a daily wage earner gardener have a substantial impact on his overall wellbeing in host state. To access better job opportunities and build a strong network it takes years for migrant labourers in host states.

**Problem faced:** Rehman has been suffering from prolonged cough and severe back ache for several days, he has not sought medical attention for treatment. His reluctance stems from various reasons, previous negative experience with government healthcare services, fear of losing income and job security and limited knowledge about the health care facilities available in host's state.

**Impact on Social Relationships:** Being a migrant labourer working as a low wage earner gardener, have a significant impact on his social relationships. Due to language barriers and limited engagements he struggles to form a meaningful relationship in the host state, further his sickness was another reason for isolating him from other labourers. People started suspecting him as suffering from Tuberculosis and as he was earning less his fellow members were reluctant about lending money. There was a past incident where he borrowed money from a migrant worker and couldn't return on time and conflict developed between them.

**Conclusion:** The case exemplifies the correlation between Socioeconomic circumstances on health-related quality of life among migrant workers who are working in unorganised sector. Public health department, social worker, various stakeholders and civil society need to address these concerns to improve educational prospects, provide hassle-free accessibility to healthcare services in host states, and promote social integration for migrant workers like Rehman.

**Case Study 5**

**Background:** This is a case of Kumar, who faced environmental health challenges as a migrant labour, he came to Kerala a year back and was living in an economically disadvantaged location with improper housing and restricted access to basic essential amenities. Kumar's uncertainty in income, poor socio-economic conditions contribute his poor living condition, that has a substantial impact on his health-related quality of life. After migrating to Kerala, it was very difficult for Kumar to find a suitable work, his financial uncertainty, and unemployment was the main reason of his low socioeconomic status. To minimise his cost of living he was living in an apartment, sharing a room with 12 other labourers and with restricted conditions which negatively impact his overall health.

**Problem faced:** Kumar was constantly suffering from weakness and loss of appetite, frequent headaches and bodily discomfort, all of which significantly impact his ability to do laborious job. Just like other fellow migrants Kumar also seek medical attention at local pharmacy, but his health condition didn't improve so at last he decided to return back to his native. It is a depressing situation traveling such a long distance and arrive in an entirely new place seeking a better life, only to be forced to return home empty-handed due to health disparities.

During interview the researcher asked why he doesn't seek a doctor consultant in nearby PHCs or General Hospitals? He answered, *"Hospital ka samay humara kaam mein jane ka samay hai, udhar jayega to din ka hazri kat jayega, upar se yaha ka malik ko pata chala bimar hai to kaam bhi nahi milega"*. The meaning of his narration is, the migrant informed, the hospital timing is very inconvenient time for him, as he will lose the daily wage, moreover he may lose job if the employers come to know about his illness. He won't get work in host state due to his illness.

**Environmental Health Challenges:** The reasons for Kumar's poor environmental health are inadequate housing, a lack of clean water and sanitation, exposure to environmental toxins and living beside waste land. These factors make him more susceptible to vector-borne diseases and other health-related problems.

**Conclusions:** Kumar's case highlights the immediate need of addressing the environmental health issues for poor migrants' workers who are living in economically deprived communities in host states. For improving the environmental health conditions of migrant's, such as their living conditions, access to clean water and sanitation services, a comprehensive focused intervention is very important to protect the migrant's well-being, including Kumar.

To understand the health-challenges among the Inter-State Migrant Labourers, the Researcher has identified the common themes stated below:

1. **Socioeconomic Challenges:** The above case studies are real example to show how migrant labourers are facing problems with financial crisis, uncertainty in job, and insufficient living circumstances, all of these have a negative impact on their health-related quality of life.
2. **Access to Healthcare:** All the cases and each scenario demonstrates the problems in accessing healthcare services for migrants such as language barriers, lack of awareness about available medical resources, treatments, financial crisis, inconvenient time to visit hospitals and distance of healthcare facilities.
3. **Occupation Hazards:** Due to occupational accidents, risky working conditions and long working hours exacerbates the physical health problems of migrant labourers.
4. **Psychological Distress:** Its clearly proven from the above cases that migrant labourers due to their socio-economic constraints and limited access to support services in the host state are more likely to have mental health issues. Psychological distress is very common to labourers as they find difficulties with job uncertainties and absence of income during their struggling days after migration, they suffer from anxiety, depression and get into substance abuses, affecting general well-being and health-related quality of life.
5. **Social Relationship Challenges:** Its very common for migrants to face difficulties in adjusting with the new culture. Language hurdles and cultural differences impede assimilation into the host

community. Mainly the poor migrants, working in unorganised sectors face lots of social marginalisation. The above-mentioned cases are real incidents where financial stress, substance abuses, and social isolation can have a negative impact on relationships.

6. **Environmental Health Challenges:** In the above-mentioned cases, the places where poor migrants are living, are overcrowded and unhygienic, the possibility of transmitting infectious diseases and posing environmental health dangers are high. The government and local people in Kerala are highly conscientious about cleanliness and maintaining a healthy environment. However, there are places where impoverished individuals, especially the migrants reside. These areas suffer from the lack of access to clean water, proper sanitary facilities, inadequate housings and the dumping of wastes near the residential areas, exacerbating health inequities within this marginalised community.

## DISCUSSION

This research has been conducted with the sole perspective to understand the specific area where the role of social worker is essential to enhance the health-related quality of life among poor migrant workers. The study gives clear understanding about the socio-economic demographic profile, it indicates that the inter-state migrant labourers those who are working in unorganised sector are mostly the young male population, with low educational background and belong to the modest income levels.

The Quantitative research depicts a mixed scenario of health-related quality of life among inter-state migrant labourer in Kerala, those are working in unorganised sector. About their physical health, the migrant workers have a reasonable degree of physical health with a mean score of around 37.93, individual scores vary significantly, reflecting a wide range of health experiences among the community. Whereas the psychological health of the migrant workers is at the lower levels with a mean score of around 34.72. This indicates the high frequency of psychological distress among migrants, demanding appropriate intervention to address the mental health issues. Social relationships in compare to Physical and Psychological health, among migrant labourers reflects to be quite excellent with a mean score of around 43.18, despite substantial variety in individual ratings. But the environmental health scores are lower, with a mean score of around 29.60, highlighting the problems and risks that the labourers confront in their living and working environments.

The Qualitative study explains the various obstacles that labourers are facing during access of healthcare services, maintain a good psychological health, establishing social relationships, dealing with difficult environmental circumstances. From the case studies the researcher explored the difficulties faced by the inter-state migrant labourers, financial instability, language barriers, lack of awareness about available resources and healthcare services, substance abuses, social isolation and inappropriate living condition, these all contribute to the labourer's poor health-related quality of life. The findings highlight the need for comprehensive social work intervention to address the problems faced my migrant labourers, its very essential for policymakers, healthcare professionals, community stakeholders to collaborate with social workers. To improve the health-related quality of life of migrant labourers, especially those who are working in unorganised sector in Kerala, the role of social worker is very crucial to understand the gap in the existing system and approach.

Social Work Implications

In the above study, based on its Quantitative and Qualitative data the health-related quality of life of the inter-state migrant labourers were analysed and it's clear that the role of social workers is very crucial and apply numerous implications to improve their overall well-being:

Socio-Economic Support Services:

- Social Workers can provide or arrange for financial literacy programmes and fund managing basic awareness to avoid financial crisis during the time of unemployment and emergencies in regular intervals for migrant labourers working in unorganised sector.
- Social Workers need to advocate for fair their wages and better working conditions through policy initiatives and collective bargaining from the employers.
- Providing awareness, aid with accessing government welfare programmes, social security resources is the key role for social workers and helping migrants to avail in low-cost housing facilities.

Healthcare Access and Advocacy:

- Social workers need to solve language barriers, provide migrant-friendly healthcare facilities that include translator or culturally aware resource persons.
- Social Workers can help by facilitating the access to healthcare services by giving information about nearby healthcare facilities, assisting in seeking appointment in migrant's convenient time, and accompanying them to medical professionals as per the requirement.
- Conducting health education programmes to raise the knowledge about available health
- care services and their health rights among migrant workers is the major responsibility for Social Workers.

Occupational Health and Safety Measures:

- It's very important for Social workers to work with migrant labourers to reduce workplace accidents and injuries, engage with employers and regulatory organisation to establish occupational health and safety measures.
- Provide crisis intervention services to handle urgent health concerns, such as injuries, accidents, or acute diseases, by assisting first aid, organising transportations to medical care, and coordinating emergency medical care.
- Social Workers must arrange and facilitate health education seminars and workshops for labourers in regular intervals to raise awareness about preventive health measures, available existing resources in host states, and their labour rights.

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- Another primitive area where social workers need to play a vital role is to provide healthy lifestyle behaviours, such as nutrition eating, physical activities, and stress management, to improve overall health-related quality of life.

Mental Health Support and Counselling

- Social Workers need to provide culturally sensitive counselling services to migrant labourers who are experiencing stress, anxiety, depression or substance abuses.
- Facilitating support groups and peer counselling session to offer emotional support and alleviate social isolation is the core area where social workers can work for labourers.
- Advocating for integration of mental health treatments into primary care setting to increase migrant labourers' accessibility is a vital role social workers can play to improve their mental health.
- Social Workers need to provide care and counselling to the labourers who experienced accidents, occupational injuries or trauma.
- Individual or group therapy sessions can be the best way to provide emotional support and counselling to migrant labourers suffering from psychological distress such as anxiety, work uncertainty, personal relationship problems, depression and substance abuses.
- For social workers providing crisis intervention and support services is very important to strengthen the existing system and resources in host state.

Environmental Health Interventions:

- Social Workers need to collaborate with local government and environmental organisations to improve the living condition of migrants, their access to clean water, and sanitation.
- Strengthen the health assessments and environmental audits to identify and address the health risks in migrant labourers' communities.
- Social workers need to advocate for legislation and regulations that reduce pollution, improve waste management, and promote environmental sustainability in places where migrant workers live.

Community Empowerment and Social Integration

- Facilitate community-building events and support groups to help migrant workers form social connections and overcome feelings of isolation and loneliness.
- Organise cultural exchange activities and language lessons to help migrant workers and the host community communicate more effectively.

Capacity Building and Skill Development:

- Social Workers need to work in areas to provide training programmes and workshops to educate migrant labourers to advocate for their rights, access healthcare services, and navigate the system successfully.
- Assisting migrants to collaborate with local educational institutions and vocational training centres to provide courses customised to migrant workers' needs, such as language classes, financial literacy training, and workplace safety programmes.

Follow-up and monitoring: Success behind any role or function is possible when there is a strong follow-up and proper monitoring is conducted. Social Workers need to intervene actively into this area.

- Establish tools to track the progress of intervention progress and ensure to provide ongoing support for migrant labourers.
- Conduct regular evaluations and assessments to determine the impact of social work interventions on migrant workers' health-related quality of life, and make adjustments as necessary.

By adopting these social work implications, practitioners may address the various health difficulties that inter-state migrant labourers experience while contributing to improve their health-related quality of life.

## CONCLUSION

With a focus on the four key dimensions of Health-Related Quality of Life (HRQoL): Physical Health, Psychological Health, Social Relationships, and Environmental Health, this study accomplished its goal by examining the HRQoL of inter-state migrant labourers working in unorganised sector in Kerala.

Through a comprehensive review of both quantitative data and qualitative case studies, this study produced useful insights into the health-related issues faced by inter-state migrant labourers, such as insufficient healthcare, psychological distress, social isolation, and environmental hazards.

In addition, this study will help policymakers, government agencies, non-governmental organisations and communities to develop and implement interventions along with social workers, to address the complex and interrelated factors influencing the health of migrant labourers in host states. Social workers can play a very crucial role in advocating for policy changes to improve the existing provisions related with migrant labourers' access to healthcare services and working conditions. While working together, it will be feasible to build a more inclusive and friendly atmosphere in which migrant labourers may access the resources and support they need in the new communities. It is important to understand the area in which social workers, politicians, and academics must work together to overcome the structural hurdles that impede labourers' HRQoL and provide fair access to healthcare, social assistance, and dignified living circumstances in host state.

This study also emphasises the relevance of social work in fighting against social injustice and enhancing the overall health-related quality of life of people by putting light on the complicated reality that migrant labourers experience and suggesting effective interventions.

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