Social Determinants and Psychiatric Disorders in an Urban Slum Population: An Issue of Concern among Migrant Workers in India

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Introduction

The worse mental health status of the migrant population in many countries has been increasing and become an issue of concern. The cause for this could be analyzed in terms of risk-factors linked with events and circumstances before, under and after the migration process. Information about the relative weight of each of those factors is a necessary pre-requisite for formulating an adequate policy for decreasing health inequalities between the immigrant and non-immigrant population. The migration process has often been considered to be an etiological factor in the genesis of many mental disorders (Bhugra & Jones, 2001). For individual migrants, the difficulties associated with upheaval, loss and settlement are likely to increase their susceptibility to developing mental health problems. Some migrant groups may be more vulnerable to mental illness, contingent on a range of pre- and post-migration factors (Murphy, 1977). In the Indian subcontinent, Sethi *et al* (1974) reported rates of non-psychotic mental disorders of 27 per 1000 adults in the city of Lucknow, compared with 20 per 1000 in the surrounding rural area. Dube (1970) also reported rates of neurosis about one-third higher in the city of Agra than in nearby rural areas. Other recent epidemiological surveys of rural populations in Pakistan found very high rates of common mental disorders, especially among women (Mumford *et al*, 1996, 1997, 2000). Social factors are as important as physical determinants of health. The social environment is not inchoate, but the effect of specific social determinants identified by the International Centre for Health and Society namely social gradient, employment, stress, early life, social exclusion, work, social support, addiction, food and transport on health needs to be studied (Pawar et at., 2006).

The paper analyzes differences in psychiatric disorders such as depression and schizophrenia among migrant workers in the urban slum population in southern Gujarat in India in terms of post migration factors such as reasons for migration, region of origin, duration of stay, social support, socioeconomic status, and other demographic, physical environment and socio economic indicators of households. Prolonged and severe morbidity conditions and suboptimal health care in the household some times influence the psychiatric health status (Krishna Mohan and Pawar, 2006). In this paper an attempt has also been made to understand the level of social determinants in relation to the migration and how they further influence the psychiatric health status of the households.

Study setting and design

This was a community-based study. Data were collected from 518 urban slum households who were randomly selected from seven administrative zones of Surat city with a total population of 2.5 millions. A pre-tested and semi-structured questionnaire was used for data collection between March 2006 and May 2006. Among 518 households, 487 household heads including both migrants (73.7%) and non-migrants (26.3%) are engaged in some work force either as employed by some one else or self employed and/or looking after the family business. We used logistic regression and conditional logistic regression analyses and evaluated the results by likelihood ratio tests and presented them as odds ratios with 95% confidence intervals.

Results

The study reports high incidence rates of depression (33.3%) and schizophrenia (31%). The rates are further high among migrants workers (37.3% and 36.5%) compared to non-migrant workers (21.9% and 15.6%) living in the urban slum areas of Surat city for depression and schizophrenia respectively. These incidence rates vary drastically between migrant and non-migrant populations (Fig: 1) according to their socioeconomic and demographic factors requiring probable attention from health care. Mean scores of various social determinants indicates the disadvantages status in the community for the migrant workers compared to non-migrants living in the urban slums irrespective to their psychiatric health status (Table: 1). Positive post-migration factors, increased suboptimal health care, and no prolonged morbidity status within the household are protected respondents from experiencing depression and schizophrenia. Logistic regression analysis (table not shown here) shows that among the migrant workers, social determinants such as social gradient, social support, social exclusion, and stress at work, employment and neighbourhood are found to have significant influence in predicting the households whether they have depression or schizophrenia.

Conclusions

Inequality between migrants and non-migrants in psychiatric disorder status seems to be an area deserving more attention in public health, both in terms of need for care and in terms of preventive measures. An important part of worse mental health among migrants seems to be attributable to circumstances in their new place of residence. Individual social factors, such as cultural identity and the impact of racism, are more likely to play a key role in the genesis of depression and schizophrenia. Further research on the process of migration including length and breath of migration might provide insights into the influences of depression and schizophrenia, as well as suggest avenues for prevention. Psychiatric health promotion can be integrated into all aspects of health.

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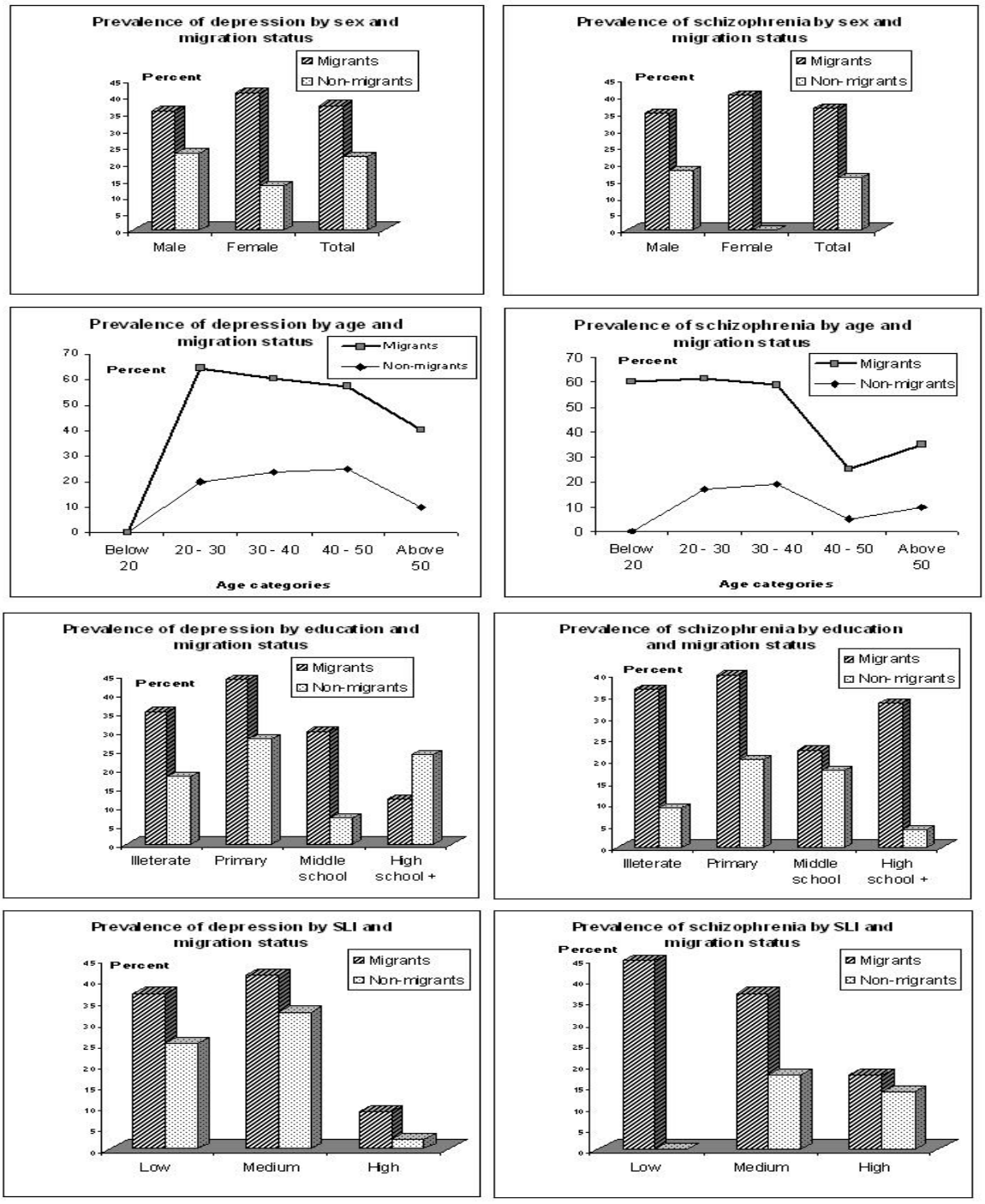

Fig:1 Psychiatric disorders and migration status by demographic characteristics of households

Table: 1 Mean scores of various social determinants according to migration status and psychiatric disorders

Depression												
	migration status		Social gradient	stress	Social exclusion	Social support	Early life	Food habits	Addiction	Physical activity	Suboptimal health	Morbidity
No	Non-migrant	Mean	39.37	5.73	3.37	5.41	7.84	12.21	2.94	13.28	7.96	2.34
		SE	0.58	0.36	0.23	0.25	0.32	0.26	0.26	0.28	0.23	0.18
	Migrant	Mean	34.84	9.35	15.95	5.45	9.40	11.88	4.08	12.04	8.25	2.96
		SE	0.44	0.35	0.67	0.20	0.20	0.14	0.17	0.20	0.20	0.10
Yes	Non-migrant	Mean	36.64	8.64	3.07	5.96	7.18	12.86	2.75	12.29	7.57	3.50
		SE	0.89	0.89	0.05	0.43	0.66	0.42	0.44	0.51	0.61	0.25
	Migrant	Mean	32.38	7.53	18.31	4.81	9.96	12.17	4.19	11.72	8.09	3.74
		SE	0.39	0.46	0.76	0.24	0.30	0.19	0.25	0.26	0.24	0.14
Total	Non-migrant	Mean	38.77	6.37	3.30	5.54	7.69	12.35	2.90	13.06	7.88	2.59
		SE	0.50	0.36	0.18	0.22	0.29	0.22	0.23	0.24	0.22	0.15
	Migrant	Mean	33.92	8.67	16.83	5.21	9.61	11.99	4.12	11.92	8.19	3.25
		SE	0.32	0.28	0.51	0.15	0.17	0.11	0.14	0.16	0.15	0.08
schizophrenia												
No	Non-migrant	Mean	38.89	6.27	3.34	5.47	7.50	12.34	2.93	13.21	7.52	2.29
		SE	0.57	0.41	0.22	0.24	0.31	0.25	0.24	0.27	0.23	0.14
	Migrant	Mean	34.56	7.92	15.66	5.14	9.30	11.94	3.73	12.21	7.99	2.76
		SE	0.41	0.33	0.66	0.19	0.19	0.15	0.18	0.20	0.17	0.09
Yes	Non-migrant	Mean	38.15	6.90	3.10	5.90	8.75	12.45	2.70	12.25	9.80	4.25
		SE	1.04	0.67	0.07	0.54	0.79	0.47	0.67	0.49	0.51	0.45
	Migrant	Mean	32.81	9.98	18.86	5.32	10.15	12.08	4.81	11.40	8.54	4.11
		SE	0.47	0.50	0.76	0.25	0.31	0.16	0.23	0.24	0.28	0.13
Total	Non-migrant	Mean	38.77	6.37	3.30	5.54	7.69	12.35	2.90	13.06	7.88	2.59
		SE	0.50	0.36	0.18	0.22	0.29	0.22	0.23	0.24	0.22	0.15
	Migrant	Mean	33.92	8.67	16.83	5.21	9.61	11.99	4.12	11.92	8.19	3.25
		SE	0.32	0.28	0.51	0.15	0.17	0.11	0.14	0.16	0.15	0.08