 The Maldives National Journal of Research
Vol. 12, Special Issue (Theveli 2024), pp. 81-98

RESEARCH REPORTS

Socioeconomic Factors Affecting Health-Seeking Behaviors of Bangladeshi Migrant Workers Living in Malé, Maldives

ANOOF ABDULLA, ANAAN HASSAN, MARIYAM NAHAA NIZAM, DR. AMINATH HUDA & DR. MINAH FAIZ RASHAD

School of Medicine, The Maldives National University

ABSTRACT *Migrant workers from The People's Republic of Bangladesh play a crucial role in the foreign labour force of the Maldivian economy, but their access to healthcare is influenced and shaped by a complex interplay of socioeconomic factors. This study investigates the intricate relationship between these factors and health-seeking behaviors among Bangladeshi migrant workers in Malé, the capital of Maldives. This is a quantitative cross-sectional study with a target sample of 400 participants identified via convenience sampling. This study is designed to assess the socioeconomic factors that influence the health-seeking behaviors of Bangladeshi migrant workers living in Malé, Maldives. A structured questionnaire administered via face-to-face interviews were used to conduct this study. The findings of the study reveal that employment categories, level of education, health insurance coverage, living and family conditions, legal status, working hours and awareness of healthcare services all influence the health-seeking behaviors of Bangladeshi migrant workers. The result of the study also highlights the challenges and barriers faced by the Bangladeshi migrant worker population in accessing healthcare in the capital city of Maldives, where language and cultural differences may be contributing to exacerbate existing disparities. This research contributes towards attaining a better understanding of the healthcare needs of Bangladeshi migrant workers in Malé and suggests recommendations aimed at improving access to healthcare services among migrant workers. By recognizing and addressing the socioeconomic determinants that impact their health-seeking behaviors, the study seeks to promote more equitable healthcare provision and eventually enhance the overall well-being of this vulnerable population.*

Keywords: Bangladesh, Malé, Maldives, Migrant Workers, Socioeconomic Factors, Health-Seeking Behavior

Chapter I - Introduction

1.1. Introduction

Migrant workers have continued to be a vulnerable population despite their significant contributions to the growth of the urban and national economies. In the Maldives, they make up a significant proportion of the population, accounting for one-third of its population. There are 138,728 employed expatriate workers in the Maldives out of which 110,084 are Bangladeshi migrant workers. (National Bureau of Statistics, Maldives, 2023) These individuals often face unique challenges and barriers when it comes to accessing healthcare, and their health outcomes may be

ISSN 2308-5959/20241130

different from those of the local population. (World Health Organisation (WHO), 2022) Understanding the healthcare needs and behaviors of migrant workers is crucial for designing effective public health policies and treatment interventions. (Vito et al., 2015).

A study performed in the year 2013 in Malaysia has presented evidence that Bangladeshi employees in Malaysia have been performing effectively across all areas of growth and delivering efficient services. (Karim et al., 2015) Despite their accomplishments, they frequently encounter obstacles and limitations in terms of their well-being and sanitation, which is not uncommon for many migrant workers throughout the world. (Baglio et al., 2010) Many of these factors adversely affect the Health-Seeking Behaviors (HSB). According to (Oberoi et al., 2016) social, economic, and demographic factors work synergistically in framing a pattern of health-seeking behaviors.

A critical aspect of migrant health is the extent to which individuals seek medical care when required. Health-seeking behavior (HSB) is defined as "any action or inaction taken by individuals who perceive themselves to have a health problem or to be ill in-order to find an appropriate remedy." (Muhenge, 2003) Socioeconomic factors that influence health-seeking behavior include the level of education, financial barriers, stigma, social support, language barriers, availability of healthcare resources, and trust in the healthcare system. These factors may vary depending on the country and cultural context of migrant workers. (Shaikh & Hatcher, 2005)

1.2. Background and Rationale of the study

It has been suggested that the health-seeking behavior of migrant workers is closely tied to socio-economic development, the demand for human resources in a developing nation, and the ability of that economy to bolster itself. Contextually if we were to make a comparison between the Maldives and Bangladesh, it is documented that Bangladesh is now a poor country having been placed in 126th position of the HDI index ranking among the 191 countries in the world, while Maldives has secured the 90th position in this ranking demarking the difference. (United Nations Development Programme, 2022) This structural economic situation, low level of economic activity, and high incidence of poverty have forced both educated and less educated young workers in Bangladesh to look for opportunities in foreign countries, including the Maldives, to work temporarily as migrant workers as an alternative source of income.

Conversely, the Maldives is a developing country with an expanding economy that has a high demand for foreign workers to fill the gap in the labour force as supplemental workforce. Workers from neighboring South Asian countries, including India, Sri Lanka, Bangladesh, and China, are given these workforce opportunities in-order to make up for the shortfalls.

In this study, we aim to identify the HSB of migrant workers in Male',Maldives and to identify the socioeconomic factors that influence these behaviors. By doing so, we hope to gain a better understanding of the challenges and barriers faced by migrant workers when it comes to accessing healthcare and to suggest recommendations in the development of policies and interventions that could improve the health and well-being of migrant worker population that is vulnerable and very marginalized in the community.

1.3. Literature review

It is important to understand what factors influence people to behave differently in relation to their health, as it may directly or indirectly impact on the socioeconomic

aspects of a country. Maintaining good HSB is an important component of disease prevention, early detection, and management. It aids in the reduction of disease-related costs, disability, and death. (World Health Organization (WHO), 2009) One of the most marginalized and least health-seeking communities in a country would be the migrant worker's community. This is due to many underlying factors like the high cost of health care services, lack of health insurance, educational status, and most of all, the socioeconomic status of these workers. (Peng et al., 2010).

Research has consistently shown a strong association between socioeconomic status and HSB. (Smith et al., 2017) Socioeconomic status plays a significant role in their behaviors to seek healthcare and is evident in those who are frequently linked to a lower propensity to use formal healthcare facilities and a higher dependence on over the counter medication or self-medication from other means. (Chang et al., 2017) Amount of income earned by the individual, (Latunji & Akinyemi, 2018) level of education perceived by the individual, (Li et al., 2020), lack of time or no available time (Chang, 2010), and workers living with family members (Dang et al., 2018) are found as many factors that may directly or indirectly influence their ability to access and afford healthcare services.

A study in Singapore found that most of the migrant workers were found to be single with more financial dependents living back in their home country while they had no or very minute level of education and earned a very small amount in salary. Even though 61.4% of the participants in the study had health insurance, they had little knowledge of whether it covered inpatient or outpatient services. (Ang et al., 2017)

The health dynamics of Bangladeshi migrant workers in Malé, Maldives, lack sufficient research attention. The implementation of legal and policy frameworks for migrant workers' healthcare access in the Maldives is incomplete. Policies addressing migrants' health care requirementsplay a crucial role in influencing their health outcomes. (ILO, 2015) Examining the current legal landscape can reveal systemic barriers hindering healthcare access for migrant workers in the Maldives.

Chapter II - Study Methods

2.1 Objectives and Hypothesis

The objectives of this study are to:
2.1.1. To identify the healthcare-seeking behaviors of Bangladeshi migrant workers in Malé,
2.1.2. To identify the economic factors such as (monthly income, monthly expenditure, occupation, number of working hours, availability of paid leaves / sick leaves, health Insurance) that influence the decision to seek medical care among the Bangladeshi migrant workers in Malé.
2.1.3. To identify the social factors such as (educational level, marital Status, number of dependents, legal Status, language barriers and living status) that influence the decision to seek medical care among Bangladeshi migrant workers.

The hypothesis of the study includes finding:
1) the relationship between social factors and health-seeking behavior of Bangladeshi migrant workers in Malé, Maldives and
2) the relationship between economic factors and health-seeking behavior of Bangladeshi migrant workers in Malé, Maldives

2.2. Methodology and Analysis

The main objectives of this study are to identify the healthcare-seeking behaviors of Bangladeshi migrant workers in Malé and to identify the socioeconomic factors that influence the decision to seek medical care among the Bangladeshi migrant workers in the Greater Malé region. The Alternative hypotheses for the study is that there is a Relationship between social factors and health-seeking behavior of Bangladeshi migrant workers living in Malé, Maldives and there is a Relationship between economic factors and health-seeking behavior of Bangladeshi migrant workers living in Malé, Maldives.

This is a quantitative cross-sectional study that targeted 400 participants via convenience sampling and assessed the socioeconomic factors that influenced the HSB of Bangladeshi migrant workers living in Malé, Maldives. The data was collected by using face-to-face interview a questionnaire with multiple-choice and short-answer questions based on previous studies (Lee et al., (2014), Ang et al., (2017), Aung et al., (2009), Chang, (2010), Dang et al., (2018), Karim et al., (2015)). The questionnaire was designed to contain 4 sections namely demographics, socioeconomic status, health condition, and HSB. Migrant workers who were employed and resided in Malé for at least the past 12 months and are aged between 18-65 years were taken as the inclusion criteria. The target sample size was derived by using the Raosoft Sample Size Calculator set at 5% margin of error, 95% confidence level, and a response distribution of 50% (Raosoft, 2004).

The HSB was assessed using a scale created based on 3 clinical scenarios of different severities where the participant will be required to answer based on how they would act in a similar situation and was adapted from a study done in Singapore (Lee et al., 2014). The scenarios were as follows:

Scenario 1: If in the future, you happen to have sneezing, coughing and a runny nose without fever, how likely are you to receive health care?
Scenario 2: If in the future, you happen to have sneezing, coughing and a runny nose with high grade fever, vomiting and weakness, how likely are you to receive health care?
Scenario 3: If in the future, you happen to have a heavy object fall on your foot and feel severe pain with bleeding, how likely are you to receive health care?

Based on these scenarios, participants were directed with questions to identify how likely it is for them to seek health care, how soon they will be seeking health care and where they would be seeking health care from.

Participants were assigned scores based on their likelihood of seeking healthcare when unwell, with "Definitely" equating to 2, "Likely" to 1, and "Unlikely" to 0. The urgency of seeking help was rated on a scale where "Within weeks" scored 0, "Within days" scored 1, and "Immediately" scored 2. Where they would get healthcare was also scored with "Hospitals and Clinics" scoring 2, "Pharmacy" scoring 1, and "At home/Traditional medicine" scoring 0. The cumulative score was used to categorize HSB as either Good or Poor. The scale was subjected to validity, reliability, and internal consistency tests using Cronbach's Alpha testing, resulting in a value of 0.846 indicating acceptable internal consistency and reliability (Nunnally & Bernstein, 1994).

The data was analyzed using Statistical Package for the Social Sciences (SPSS) statistics software version 29.0 (IBM Corp., 2021). Descriptive statistics were used to describe the prevalence of and summaries of sample measures.

Chapter III - Results

3.1. Demographics

A total of 400 participants took part in the study out of which 98.8% (N = 395) were males and the rest were females. The majority of the participants were in the age group between 26 - 35 years (N = 210, 52.50%), 72% (N = 291) were married while the rest (N = 109, 27.2%) were single. 77.8% (N = 311) of the participants were able to speak Dhivehi, 52.3% (N = 209) were able to speak Hindi and 30.3% (N = 121) were able to speak English. 12% (N = 48) of the respondents did not receive any form of formal education, 32.30% (N = 129) of participants have studied up to primary level and 16.80% (N = 67) were working in the Maldives without a visa. 21% (N = 84) of the participants worked in the service and sales industry, 30% (N = 120) of participants worked in the crafts and trades 35% (N = 140) of participants were elementary(unskilled) workers and 14% (N = 56) were professional workers as depicted in **Table 1.**

Table 1
Demographic characteristics of Bangladeshi Migrant Workers in Malé, Maldives.

	Total (N)	%	Health-Seeking Behavior				p value
			Poor	(%)	Good	(%)	
Age							0.149
18 - 25	75	18.75	34	45.33	41	54.67	
26 -35	210	52.5	84	40.00	126	60.00	
36 - 45	98	24.5	36	36.73	62	63.27	
46 - 65	17	4.25	11	64.71	6	35.29	
Gender							0.08
Male	395	98.75	165	41.77	230	58.23	
Female	5	1.25	0	0.00	5	100.00	
Marital Status							0.499
Married	291	72.75	123	42.27	168	57.73	
Unmarried	109	27.25	42	38.53	67	61.47	
Educational level							**<0.001**
Illiterate	48	12.00	30	62.50	18	37.50	
Primary school	129	32.30	59	45.74	70	54.26	
Secondary School	152	38.00	57	37.50	95	62.50	
Higher Secondary	50	12.50	16	32.00	34	68.00	
University/College	21	5.30	3	14.29	18	85.71	
Visa Status							**<0.001**
With Visa (Legal)	333	83.30	117	35.14	216	64.86	
Without Visa (Illegal)	67	16.80	48	71.64	19	28.36	

Languages							**<0.001**
Bengali	400	100	165	41.25	235	58.75	
Dhivehi	311	77.75	118	37.94	193	62.06	
English	121	30.25	37	30.58	84	69.42	
Hindi	209	52.25	74	35.41	135	64.59	
Employment Category							**<0.001**
Service and Sales	84	21	23	27.38	61	72.62	
Craft	120	30	42	35.00	78	65.00	
Elementary(unskilled)	140	35	79	56.43	61	43.57	
Professionals	56	14	21	37.50	35	62.50	

3.2. Social and Economic Factors

Among the total number of respondents, 25% (N = 100) of the participants responded that they do not receive any off days per week, while 70.50% (N = 282) receive one off day per week. 67.80% (N = 271) responded that they are eligible to get paid sick leave. 49.41% (N = 85) of participants work more than 12 hours per day on average and 11.50% (N = 46) earn an average of MVR 2000 -5000 per month while 72.30% (N = 289) earn an average of MVR 10,000 - MVR 15,000 per month as depicted in **Table 2.**

Table 1
Demographic characteristics of Bangladeshi Migrant Workers in Malé, Maldives.

	Total (N)	%	Health-Seeking Behavior				p value
			Poor	(%)	Good	(%)	
Off days per week							0.676
None	100	25	45	45	55	55	
1 day	282	70.5	113	40.07	169	59.93	
2 or more days	18	4.5	7	38.89	11	61.11	
Availability of paid sick leaves							**<0.001**
Yes	271	67.75	95	35.06	176	64.94	
No	129	32.25	70	54.26	59	45.74	
Average working hours per day							**0.029**
5-7 hours	9	2.25	2	22.22	7	77.78	
8-9 hours	125	31.25	40	32	85	68	
10-12 hours	181	45.25	81	44.75	100	55.25	
More than 12 hours	85	21.25	42	49.41	43	50.59	
Monthly Salary							**0.036**
2000-5000	46	11.5	20	43.48	26	56.52	
5000-10000	289	72.25	127	43.94	162	56.06	

10000-15000	52	13	17	32.69	35	67.31
15000+	13	3.25	1	7.69	12	92.31

Among the total number of participants, 22.25% (N = 89) of the participants said that they do not have health insurance while 6.5% (N = 26) expressed uncertainty in this regard. 38.75% are not sure what services are covered under their respective health insurance scheme. 4.75% (N = 19) reported only 1 service being covered while 27.25% (N=111) reported more than 1 service being covered.

3.3. Health Status

As for the self-rated health status of the participants, 95.25% (N = 381) rated themselves as good 85.30% (N = 341) of participants fell sick at least once within the past 12 months; among them, 72.50% sought medical care. In terms of the preferable medical facilities they would seek medical care from, 27.60% (N = 110) sought medical care from either government or private hospitals in Malé. and 21.30% (N = 85) took medicines from pharmacies. The most commonly recurred obstacles these individuals face include the inability to afford health care services (N = 123, 30.75%) (P = 0.473), unavailability of time off from work, (N = 85, 21.25%) (P = 0.049), difficulty communicating with health care personnel. (N = 61, 15.25%) (P value = 0.963) While 22.25% (N = 89) did not have any form of health insurance, 6.5% (N = 26) of participants were unsure if they had health insurance. 4.5% (N = 18) of the participants were dissatisfied with the care provided while 19.25% (N = 77) of the participants took a neutral stand as depicted in **Table 3.**

Table 3
Health related factors of Bangladeshi Migrant Workers in Malé, Maldives.

	Total (N)	%	Health-Seeking Behavior				p value
			Poor	(%)	Good	(%)	
Self-rated health							0.149
Very poor	3	0.75	0	0.00	3	100.00	
Poor	16	4	10	62.50	6	37.50	
Normal	37	9.25	15	40.54	22	59.46	
Good	170	42.5	69	40.59	101	59.41	
Very good	174	43.5	71	40.80	103	59.20	
Underlying medical comorbidities							0.08
Yes	61	15.25	27	44.26	34	55.74	
No	339	84.75	138	40.71	201	59.29	
Insurance							**<0.001**
Yes	285	71.25	103	36.14	182	63.86	
No	89	22.25	53	59.55	36	40.45	
Unsure	26	6.5	9	34.62	17	65.38	

Insurance coverage							**0.001**
Not sure	155	38.75	62	40.00	93	60.00	
1 service covered	19	4.75	10	52.63	9	47.37	
> 1 service covered	111	27.75	31	27.93	80	72.07	
Don't have insurance / Not sure if they have insurance	115	28.75	62	53.91	53	46.09	
Obstacles in seeking healthcare							**0.022**
No obstacles	196	49	78	39.80	118	60.20	
1 - 2 obstacles	155	38.75	58	37.42	97	62.58	
More than 3 obstacles	49	12.25	29	59.18	20	40.82	
Satisfactory level							**0.011**
Very dissatisfied	4	1	4	100.00	0	0.00	
Dissatisfied	14	3.5	4	28.57	10	71.43	
Neutral	77	19.25	30	38.96	47	61.04	
Satisfied	158	39.5	55	34.81	103	65.19	
Very satisfied	147	36.75	72	48.98	75	51.02	

3.4. Health-Seeking Behavior

In scenario "A", 68.3% of people stated that they would not seek health care, and from the 31.8% of people who would seek health care, 19.5% reported that they would seek healthcare within 2-3 days, and among the 19.5% people who sought health care, 15.3% would seek health care from a pharmacy. In scenario "B", 76.5% of people stated that they are likely to seek health care in a similar situation, and 61% reported that they would get this help within 2-3 days. 29.3% of the participants noted that they would be seeking healthcare from a government hospital. When asked about scenario "C", 80.5% reported that they would "definitely" seek health care, and 93% reported that they would get medical attention immediately, out of which 73.3% of workers reported that they would go to a government hospital in a similar situation, as depicted in Figure 1. Scoring based on these scenarios resulted in 58.75% of the participants having good HSB, while the other 41.25% had poor HSB.

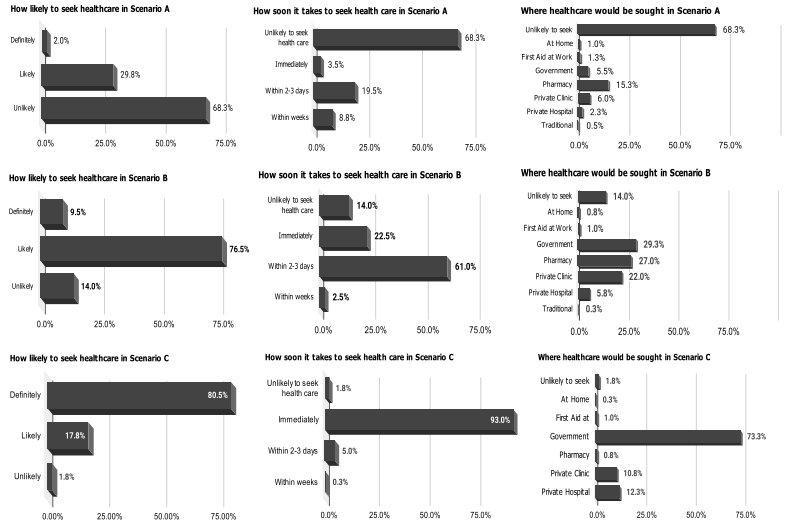
Table 4

Family and Housing situation of Bangladeshi Migrant Workers in Malé, Maldives.

	Total (N)	%	Health-Seeking Behavior				p value
			Poor	(%)	Good	(%)	
Housing							**0.048**
Provided by employer	240	60	93	38.75	147	61.25	
Given allowance	9	2.25	1	11.11	8	88.89	
Rented	151	37.75	71	47.02	80	52.98	
Type of accommodation							**0.023**
Shared room	325	81.25	132	40.62	193	59.38	

Living quarter	36	9	22	61.11	14	38.89	
Single room	26	6.5	6	23.08	20	76.92	
Project/work site	13	3.25	5	38.46	8	61.54	
Who are you living with?							**<0.001**
Family	11	2.75	1	9.09	10	90.91	
Friends	52	13	12	23.08	40	76.92	
Other workers	317	79.25	146	46.06	171	53.94	
Alone	20	5	6	30.00	14	70.00	
Are you the sole provider?							0.278
Yes	339	84.75	136	40.12	203	59.88	
No	61	15.25	29	47.54	32	52.46	
Number of dependents							**0.045**
1-2	28	7	10	35.71	18	64.29	
3-4	114	28.5	37	32.46	77	67.54	
5-6	177	44.25	86	48.59	91	51.41	
7 or more	81	20.25	32	39.51	49	60.49	

Figure 1. Assessment of Health Seeking Behavior



Scenario A: Sneezing, coughing without a fever

Scenario B: Sneezing, coughing, runny nose with high grade fever with vomiting and weakness

Scenario C: Heavy object falls on foot, with severe pain and bleeding.

Association between socioeconomic factors and health-seeking behaviors

To investigate how different factors affect HSB among migrant workers, a Chi-square test was conducted. Table 1 presents the findings, indicating that there were no statistically significant differences in HSB based on age, gender, marital

status, or duration of stay in Malé (P > 0.05). Nevertheless, statistical significance was observed in relation to the languages they speak, educational level, legal (immigration visa) status, and employment category (P < 0.001). Table 2 shows that the availability of paid sick leaves (P < 0.001), working hours per day (P = 0.029), and monthly salary (P = 0.036), were found to have a significant relation with the HSB of migrant workers. The housing situation of the migrant workers also had a significant association with the HSB (P < 0.05), who they were living with (P < 0.001) and how many dependents (P = 0.04) that they had were also significant as indicated by Table 4. The self-rated health (P = 0.27) and underlying comorbidities (P = 0.60) were not significant relatively. The satisfactory level with the healthcare services in Malé was significant (P = 0.01) as well as having insurance (P < 0. 001). Insurance coverage (P < 0.001) and obstacles they face in seeking health care (P = 0.02) also significantly affect the HSB.

To identify how different levels of these factors affect the HSB a binary logistics regression was done for some of the significant factors. As indicated in Table 5, the level of education had a great impact on HSB, compared to those who did not receive any formal education. The migrant workers who had a university education were 10 times more likely to have good HSB (OR: 10, CI: 2.58-38.75, P < 0.001). The employment categories also had a significant impact on the HSB. When compared to unskilled (elementary) workers, the service and sales workers were 3 times more likely to have good HSB, (OR: 3.43 CI: 1.91 - 6.16, P < 0.001) and professionals 2 times more likely. (OR: 2.15 CI: 1.14 - 4.07 P = 0.018) If they get paid sick leave they have 3 times better HSB than those who do not. (OR: 2.19 CI: 1.43 - 3.36 P < 0.001) Likewise, with a decrease in working hours there is an increasing HSB as noted by those who work 8-9 hours a day are twice more likely to have good HSB compared to those who work more than 12 hours a day (OR: 2.07 CI: 1.17 - 3.66 P = 0.012). Those who were living with their family had 8 times higher HSB when compared to living with other workers (OR: 8.53 CI: 1.08 - 67.49 P = 0.042).

Table 4

Family and Housing situation of Bangladeshi Migrant Workers in Malé, Maldives.

Variable	OR	95% C.I.		p value
		Lower	Upper	
Educational Qualification				**0.002**
Illiterate*				
Primary School Education	1.977	1.002	3.9	0.049
Secondary school Education	2.778	1.421	5.43	0.003
High school Education	3.542	1.539	8.15	0.003
University Education	10	2.58	38.758	<.001
Employment categories				**<0.001**
Elementary *				
Craft and Trade	2.405	1.455	3.975	<.001
Service and Sales	3.435	1.915	6.162	<.001
Professionals	2.158	1.143	4.076	0.018
Paid Sick leave				**<0.001**
No*				
Yes	2.198	1.434	3.369	**<.001**

Working hours				**0.032**
More than 12 Hours*				
10 -12 Hours	1.206	0.72	2.021	0.477
8 - 9 Hours	2.076	1.177	3.661	0.012
5 - 7 Hours	3.419	0.671	17.413	0.139
Who they are living with				**0.003**
Other Workers*				
Family	8.538	1.08	67.49	0.042
Friends	2.846	1.439	5.628	0.003
Alone	1.992	0.747	5.316	0.169

Chapter IV – Discussion

This study aims to fill the research gap on a vulnerable and marginalized population—the Bangladeshi migrant workers in Malé. Despite their economic contributions, the health behavior of these individuals have been overlooked. (Plewa, 2018) Migrant workers all around the world face challenges and barriers in seeking healthcare (Chan et al., 2021). Populations with low socioeconomic status have been found to have low healthcare utilization both locally and globally. (Chan et al., 2021) Unlike many other studies (Aung et al., (2009), Chan et al., (2021), Xiong & Zhao, (2021), Dang et al., 2018) we found that age, gender, and marital status have no impact on their HSB. This may be due to the limited sample size as well as the sampling technique and further analysis and studies could explore them in details.

However, education has a major impact on decisions associated with health. 85.71% of people who had completed college demonstrated good HSB, whereas 62.5% of people who received no formal education showed poor HSB. Highly educated individuals have a better ability to assess their health condition and make decisions about seeking medical attention. (Li et al., 2020) This might be because those who are highly educated have received health education in a greater context. In contrast, individuals with lower levels of education may find it more difficult to make health-related decisions due to a lack of knowledge and background information. This finding is consistent with a study conducted in China (Li et al., 2020).

Living with family correlates with a higher likelihood of good HSB compared to those living alone or with fellow workers, likely due to enhanced social and emotional support (Dang et al., 2018). The study also highlights the significant role of responsibility, as evident by the positive association between being the sole financial provider for dependents and HSB. With 84.75% identifying as sole providers, 44.25% support families of 5-6 members, and 20.25% support larger families. This suggests the importance of social support for the migrant workers to have good health-seeking behavior which could be done by implementing awareness programs or organizing events to promote interaction with other migrant workers in the community (Dang et al., 2018).

The legal or work visa status of migrant workers significantly influences their HSB (Naing & Geater, 2012). Among the 16.5% without a visa, 16.42% refrain from seeking medical attention, with 49.25% opting for private clinics or pharmacies when they do seek care. Limited documentation requirements in these sectors may explain the preference for private healthcare. (Naing & Geater, 2012) Some respondents expressed anxiety about visa status during data collection,

highlighting concerns about potential repercussions.

While it is legally required for employers to enroll migrant workers in approved health insurance schemes in the Maldives, our study found that only 71.25% of participants had insurance, with 63.86% exhibiting good HSB. Conversely, 59.55% without insurance demonstrated poor HSB. Those with multiple service coverage (72.07%) showed good HSB. Notably, outpatient benefits have a minimum annual limit of MVR 2000 (Ministry of Economic Development, 2021). Language barriers contribute to 38.75% of workers being unaware of their insurance coverage, aligns with findings from other similar reports (Plewa, 2018).

Among the obstacles in seeking healthcare, the ones noted by the respondents were primarily financial (30.75%). While 11.5% reported a monthly income between 2000 and 5000 MVR, 92.31% of people with higher monthly incomes (>MVR 15000) demonstrated good HSB. Migrant workers highlighted a significant concern related to the limited payment options at government healthcare facilities. These facilities only accept card or online transactions (Ministry of Finance Republic of Maldives, 2021), posing a challenge for individuals, especially migrant workers, who do not have bank accounts and receive their salaries in cash (Public Interest Law Centre (@pilcmv), 2023). Consequently, many Bangladeshi migrant workers find themselves compelled to seek healthcare at private facilities with higher costs or rely on someone else to make payments on their behalf.

Approximately 15.25% of respondents faced challenges in communicating with healthcare providers, echoing findings from a research in Japan that highlights language disparities as a barrier to healthcare access (Shakya et al., 2018). The majority (70.5%) reported having only one day off per week, while 25% lacked designated days off, and 21.25% worked over 12 hours daily. About 21.25% cited time unavailability as a barrier to seeking healthcare, aligning with a Chinese study linking longer working hours and lack of designated off days to poor HSB (Chang, 2010). Additionally, 14.75% expressed hesitancy to seek healthcare due to past negative experiences, consistent with findings from prior research indicating such experiences as a significant barrier to trusting and utilizing healthcare services (Chang, 2010).

Although the Employment Act of Maldives states that employers must provide a minimum of 30 days of paid sick leave per year (Labour Relations Authority, 2022), 32.25% of the participants reported not being entitled to paid sick leave. A significant 64.94% of the respondents with access to paid sick leaves demonstrated good HSB. In contrast, poor HSB was demonstrated by 70% of participants who did not have the availability of paid sick leave.

Improving the HSB of Bangladeshi migrant workers in Malé, Maldives can be achieved through targeted interventions. These efforts may include implementing health education programs and offering language support services at places they are required, such as interpreters, to address language barriers and enhance healthcare access. Establishing a system where all migrant workers have their own bank accounts offers the added benefit of enabling government institutions to ensure timely and accurate payment to the workers.

Initiatives could be developed to address their past experiences by training the healthcare providers to be culturally sensitive and by allowing means of providing feedback for improvement. The legal protection for migrant workers should be strengthened, ensuring the right to paid sick leaves as per the Employment Act

of Maldives and addressing any instances of non-compliance by the employers. (Labour Relations Authority, 2022).

Addressing human trafficking risks among migrant workers can involve screening efforts. Public education campaigns on human trafficking, especially tailored for migrants, along with providing accessible anti-trafficking documents in languages they understand, can enhance HSB, particularly for those hesitant due to documentation issues. The prevalence of migrant workers (79.25%) residing in congested accommodations highlights the need for enforcing housing standards, and ensuring adequate space, ventilation, and sanitation to reduce frequent illnesses and improve HSB. Achieving positive outcomes requires a multi-sectoral approach with coordinated efforts among government agencies, healthcare providers, and NGOs.

4.1. Strengths and Limitations

This research stands strong in illuminating the previously unexplored landscape of health care status of migrant workers in the Male', Maldives, effectively adding much needed insight to a critical gap in the existing literature. By shedding light on the unique challenges faced by this marginalized demographic, the manuscript not only contributes to the academic understanding of health dynamics but also presents tangible policy recommendations that hold immense relevance for the overall health and well-being of the Maldives. The study's comprehensive analysis and thoughtful policy suggestions makes it a pivotal contribution towards fostering a healthier and more inclusive society in the Male', Maldives.

The conclusions drawn from this study should be interpreted in light of certain constraints. The use of convenience sampling introduces potential selection bias, limiting the generalizability of our findings to the entire migrant population in the Maldives. The study's skewed gender distribution, with a higher representation of males, further challenges the extrapolation of results. Additionally, a language barrier may have affected the accuracy of responses. Despite efforts to mitigate biases through strategic data collection, these limitations emphasize the need for cautious interpretation and highlight areas for further research to comprehensively understand healthcare access among migrant workers in Male'.

4.2. Recommendations

This study aimed to study the socioeconomic factors affecting the health-seeking behavior of Bangladeshi migr

4.3. Conclusion

This study aimed to study the socioeconomic factors affecting the health-seeking behavior of Bangladeshi migrant workers living in Malé, Maldives. It is crucial to acknowledge the existence of additional factors that affect their health-seeking behavior. The study demonstrated the importance of social support, having proper documentation, income and education to support the decisions related to seeking health care. The findings suggest the need for worker rights education, awareness sessions, better living conditions and the importance of utilizing study findings to inform policy makers to design interventions. While providing insightful information, more research is necessary to improve the means for enhancing health and well-being of migrant workers and to broaden the understanding of the subject as well as studying any other additional factors affecting the HSB among

the migrant work force.

Chapter V - Declarations

5.1. Ethical Considerations

This study adhered to the ethical principles outlined in the World Medical Association Declaration of Helsinki (THE WORLD MEDICAL ASSOCIATION, INC., 1964), the Council for International Organizations of Medical Sciences (CIOMS), International Ethical Guidelines for Biomedical Research Involving Human Subjects (Council for International Organizations of Medical Sciences (CIOMS), 2016) and was granted ethical approval by the Maldives National University Ethics Committee (RE/2023/C-2) and the National Health Research Council (NHRC/2023/28).

5.2. Consent to Participate

Informed consent to participate in the study was obtained from all participants at the beginning of the questionnaire. Participants were provided with detailed information about the study procedures and potential risks and benefits. Verbal consent was obtained from all the study participants.

5.3. Funding

This study has not received any form of funding.

5.4. Author's Contributions and Conflict of Interest

All the authors contributed to the work equally at all levels of the study. The authors declare that they have no conflicts of interest.

5.5. Acknowledgments

We would like to express our sincere gratitude to the following individuals and organizations for their invaluable contributions to this study namely, our supervisors, Dr. Razana Faiz, Dr. Aminath Huda, Dr. Minah Faiz Rashad, The High Commission of People's Republic of Bangladesh in Maldives.

Abbreviations

HSB	Health-Seeking Behaviors
SES	Socioeconomic Status
CIOMS	Council for International Organizations of Medical Sciences
NHRC	National Health Research Council
MNU	The Maldives National University
MVR	Maldivian Rufiyaa
NGO	Non-Governmental Organizations

Definition of Terms

Legal Status: Formal recognition and classification of their rights and obligations under the laws of the host country, which can vary widely depending on the nature of their employment, duration of stay, visa type, and applicable immigration policies.

References

Ang, J. W., Chia, C., Koh, C. J., Chua, B. W. B., Narayanaswamy, S., Wijaya, L., Chan, L. G., Goh, W. L., & Vasoo, S. (2017, March 9). Healthcare-seeking behaviour, barriers and mental health of non-domestic migrant workers in Singapore. *BMJ Global Health, 2*(2). e000213.

Aung, T., Pongpanich, S. P., & Robson, M. G. (2009). *HEALTH SEEKING BEHAVIOURS AMONG MYANMAR MIGRANT WORKERS IN RANONG PROVINCE, THAILAND.* ThaiScience. Retrieved December 21, 2023, from https://www.thaiscience.info/journals/Article/JHRE/10893325.pdf

Baglio, G., Saunders, C., Spinelli, A., & Osborn, J. (2010, February 06). *Utilisation of Hospital Services in Italy: A Comparative Analysis of Immigrant and Italian citizens.* Journal of Immigrant and Minority Health. https://link.springer.com/article/10.1007/s10903-010-9319-7

Chan, J. S., Chia, D. W., & Hao, Y. (2021, April 4). *Health-seeking behaviour of foreign workers in Singapore: Insights from emergency department visits. Annals Singapore*. Retrieved December 21, 2023, from https://doi.org/10.47102/annals-acadmedsg.2020484

Chang, J., Wang, Q., & Fang, Y. (2017, December 19). Socioeconomic differences in self-medication among middle-aged and older people: data from the China health and retirement longitudinal study. *BMJ Open, 7*(12), 1-10. 10.1136/bmjopen-2017-017306

Chang, W. (2010, March 19). *Factors associated with health-seeking behavior among migrant workers in Beijing, China - BMC Health Services Research. BMC Health Services Research*. Retrieved December 18, 2023, from https://bmchealthservres.biomedcentral.com/articles/10.1186/1472-6963-10-69

Council for International Organizations of Medical Sciences (CIOMS). (2016). *International Ethical Guidelines for Health-related Research Involving Humans. council for international organizations of medical sciences.* Retrieved December 18, 2023, from https://cioms.ch/wp-content/uploads/2017/01/WEB-CIOMS-EthicalGuidelines.pdf

Dang, Y., Zou, G., & Peng, B. (2018, November 21). *Health Service Seeking Behavior among Migrant Workers in Small and Medium-Sized Enterprises in Guangdong, China: Does Family Migration Matter?* Hindawi. Retrieved December 18, 2023, from https://www.hindawi.com/journals/bmri/2018/3620436/

IBM Corp. (2021). *IBM SPSS Statistics 29* (Version 29) [IBM SPSS Statistics for Mac OS]. IBM Corp.

International Labor Organization (ILO). (2015, October 30). *World Employment and Social Outlook: The Changing Nature of Jobs.* International Labor Organization (ILO). Retrieved December 18, 2023, from https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_368626.pdf

Karim, D. A. Z., Diah, D. N. M., Mustari, S., & Sarker, D. M. S. I. (2015, August 13). *Bangladeshi Migrant Workers in Malaysia: Their Socio- Cultural Background and Work-Adaptability*. IIUM Repository (IRep). Retrieved November 10, 2023, from http://irep.iium.edu.my/43665/

Labour Relations Authority. (2022, September 21). *Employment Act*. Labour Relations Authority. Retrieved December 22, 2023, from https://lra.gov.mv/wp-content/uploads/2020/07/Employment-Act-Unofficial-English-Translation.pdf

Latunji, O. O., & Akinyemi, O. O. (2018, July 16). FACTORS INFLUENCING HEALTH-SEEKING BEHAVIOUR AMONG CIVIL SERVANTS IN IBADAN, NIGERIA. *Ann Ib Postgrad Med.*, *16*(1), 52-60. PMID: 30254559; PMCID: PMC6143883.

Lee, W., Tan, J., Sayampanathan, A., & Lim, D. (2014, July 10). *Health-seeking behaviour of male foreign migrant workers living in a dormitory in Singapore - BMC Health Services Research.* BMC Health Services Research. Retrieved December 20, 2023, from https://bmchealthservres.biomedcentral.com/articles/10.1186/1472-6963-14-300

Li, X., Deng, L., Yang, H., & Wang, H. (2020, August 19). *Effect of socioeconomic status on the healthcare-seeking behavior of migrant workers in China.* PLOS. Retrieved August 15, 2023, from https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0237867

Ministry of Economic Development. (2021, March 22). REGISTERED WORK PERMIT MEDICAL INSURANCE SERVICE PROVIDERS *Please check next page for the minimum requirements and the maximum p.* https://xpat.egov.mv/. Retrieved December 21, 2023, from https://xpat.egov.mv/Home/ViewAnnouncement/68

Ministry of Finance Republic of Maldives. (2021, February 14). *Maaliyath Circular number 13-D3/CIR/2021/2.* Ministry of Finance. Retrieved December 22, 2023, from https://www.finance.gov.mv/media/public-finance-circulars/maaliyath-circular-number-13-d3cir20212

Muhenge, O. J. (2003). Editorial Health-Seeking Behaviour in Context. *East African medical journal, 80*(2), 61-62. https://doi.org/10.4314/eamj.v80i2.8689

Naing, T., & Geater, A. (2012, October 2). *Migrant workers' occupation and healthcare-seeking preferences for TB-suspicious symptoms and other health problems: a survey among immigrant workers in Songkhla province, southern Thailand - BMC International Health and Human Rights.* BMC International Health and Human Rights. Retrieved December 22, 2023, from https://bmcinthealthhumrights.biomedcentral.com/articles/10.1186/1472-698X-12-22

National Bureau of Statistics, Maldives. (2023, March 30). *Summary Census 2022*. Maldives Bureau of Statistics. Retrieved July 8, 2023, from https://census.gov.mv/2022/wp-content/uploads/2023/04/Provisional-Result-Publication-amnded-2423.pdf

Nunnally, J. C., & Bernstein, I. H. (1994). *Psychometric Theory* (3rd ed ed.). McGraw-Hil. ISBN: 9780070478499

Oberoi, S., Chaudhary, N., Patnaik, S., & Singh, A. (2016). Understanding health-seeking behavior. *Journal of family medicine and primary care, 5*(2), 463 - 464. 10.4103/2249-4863.192376

Peng, Y., Chang, W., Zhou, H., Hu, H., & Liang, W. (2010, March 19). Factors associated with health-seeking behavior among migrant workers in Beijing, China. *BMC Health Services Research*. 10.1186/1472-6963-10-69.

Plewa, P. (2018). *Migration in Maldives Migration in Maldives.* IOM Publications. Retrieved December 21, 2023, from https://publications.iom.int/system/files/pdf/mp_maldives_2018.pdf

Public Interest Law Centre (@pilcmv). (2023, December 17). *Public Interest Law Centre Press Release*. X.com. Retrieved December 22, 2023, from https://twitter.com/pilcmv

R, A. (1968). A behavioral model of families' use of health services. Center for Health Administration Studies, University of Chicago, Research Series No. 25.

Raosoft. (2004). *Sample Size Calculator by Raosoft, Inc. Raosoft.* Retrieved December 23, 2023, from http://www.raosoft.com/samplesize.html

Shaikh, B. T., & Hatcher, J. (2005, March). Health-seeking behaviour and health service utilization in Pakistan: challenging the policy makers. *Journal of Public Health, Oxford University Press, 27*(1), 49-54. 10.1093/pubmed/fdh207

Shakya, P., Tanaka, M., Shibanuma, A., & Jimba, M. (2018, September 7). *Nepalese migrants in Japan: What is holding them back in getting access to healthcare?* PLOS. Retrieved December 21, 2023, from https://doi.org/10.1371/journal.pone.0203645

Smith, J. P., Traynor, S. M., & Kawachi, I. (2017). *Income inequality and health: A casual review* (Vol. 198, 6-13). Social Science & Medicine.

THE WORLD MEDICAL ASSOCIATION, INC. (1964, June). *THE WORLD MEDICAL ASSOCIATION, INC. DECLARATION OF HELSINKI Ethical Principles for Medical Research Involving Human Subjects.* The World Medical Association. Retrieved December 18, 2023, from https://www.wma.net/wp-content/uploads/2016/11/DoH-Oct2008.pdf

United Nations Development Programme. (2022). *Human Development Report 2021/2022: Uncertain Times, Unsettled Lives: Shaping our Future in a Transforming World.* UN. https://reliefweb.int/report/world/human-development-report-20212022-uncertain-times-unsettled-lives-shaping-our-future-transforming-world-enruzh?gclid=Cj0KCQjw756lBhDM

ARIsAEI0Agl87fdHaWDEsicCPTjGp_vGcoIW9gXp34bEYHRZ_byEG7eVwRnIqwsaAqM0EALw_wcB

United States Department of State. (2022). *Maldives - United States Department of State. Department of State.* Retrieved December 23, 2023, from https://www.state.gov/reports/2022-trafficking-in-persons-report/maldives/

Vito, E. D., Waure, C. D., Specchia, M. L., & Ricciardi, W. (2015, October 2). *HEaltH EvidEncE nEtwoRk syntHEsis REPoRt 42 Public health aspects of migrant health: a review of the evidence on health status for undocumented migrants in the European Region.* Public health aspects of migrant health: a review of the evidence on health status for undocumented migrants in the European Region. Retrieved November 10, 2023, from https://apps.who.int/iris/handle/10665/326342

World Health Organisation (WHO). (2022, July 20). *World report on the health of refugees and migrants.* World Health Organization (WHO). Retrieved November 10, 2023, from https://www.who.int/publications/i/item/9789240054462

World Health Organization (WHO). (2009, October 30). *Dengue guidelines for diagnosis, treatment, prevention and control : new edition.* World Health Organization (WHO). Retrieved December 18, 2023, from https://apps.who.int/iris/handle/10665/44188

Xiong, M. Z., & Zhao, P. (2021, September 16). *Health service utilisation among African migrants in China: a nationwide cross-sectional study.* PubMed. Retrieved December 22, 2023, from https://pubmed.ncbi.nlm.nih.gov/34531207/