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"An Analysis of Health-Seeking Behaviors Among Unskilled Internal Migrant Populations in Jorhat City, Assam"

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1. INTRODUCTION:

Health-seeking behavior encompasses the actions and decisions individuals make to maintain, improve, or restore their health, including seeking professional medical care and adhering to prescribed treatments (MacKian, 2003). This concept spans a range of activities from preventive measures (Mechanic, 1968) to curative treatments and rehabilitation. Understanding these behaviors is crucial for developing public health interventions and policies that ensure equitable access to healthcare services for all populations.

Migration, defined as the movement of people from one geographical location to another, can be temporary or permanent, voluntary or forced. It has significant social, economic, and cultural implications (Castle et al., 2014). Advances in transportation and technology have made migration an international phenomenon, with urbanization and industrialization further accelerating the process. In East and South Asia, internal migration driven by rapid urbanization is particularly notable (Peng et al., 2019). Migration profoundly impacts health-seeking behaviors, as evidenced by the healthcare challenges faced in Europe and other regions with high migration rates (Sansus et al., 2020). In Asia, Africa, and Latin America, internal migration accounts for 40 percent of urban growth, with internal migrants being three times more numerous than international migrants (Chacko and Price, 2016). In India, internal migration is driven by economic disparities and the quest for better opportunities (Muktiar & Sharma, 2019).

Migrant workers, defined as labor groups working temporarily in non-registered locations, contribute significantly to economies but face health inequalities (Hargreaves et al., 2019; Ghosh, 2012; Borah, 2022). For instance, Zhang et al. (2015) found that migration reduces the likelihood of maintaining health records, affecting healthcare utilization. The health-seeking behavior of migrant workers, which impacts their health-related quality of life, is often influenced by unstable employment, poor working conditions, and limited access to healthcare services (Liang et al., 2014; Gransow and Zhou, 2012). In Jorhat City, Assam, internal migration has resulted in a diverse population with varying health needs. Addressing these needs is crucial for developing effective public health strategies (International Organization for Migration, 2013).

Migrant workers face unique challenges in accessing healthcare, such as language barriers, cultural differences, socio-economic constraints, and lack of health literacy. They often do not qualify for medical subsidies or healthcare financing schemes available to citizens (Guinto et al., 2015). Studies indicate that these barriers can lead to delayed care and underutilization of preventive services (Mahon, 2016; Lopez, 2017). International discourse emphasizes the need for inclusive healthcare systems that

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address the specific needs of migrant populations. The World Health Organization advocates for policies that uphold the right to health for all migrants, regardless of their legal status or socio-economic conditions. Countries with significant internal migration, such as India, must develop strategies to address these health disparities effectively.

This study aims to explore the health-seeking behaviors of unskilled internal migrants in Jorhat City, Assam, within the broader context of migration and health. By examining the factors influencing these behaviors and the challenges faced in accessing healthcare, the research seeks to contribute to the development of targeted interventions that promote health equity and improve outcomes for internal migrants in Assam.

2. OBJECTIVES:

- To identify and categorize the prevalent health-seeking behaviors among migrants in Jorhat City, Assam,
- To explore the various factors influencing health seeking behavior among them

3. LITERATURE REVIEW AND THEORETICAL FRAMEWORK:

Internal migration significantly surpasses international migration in terms of volume, as highlighted by the Human Development Report (2009), which estimates that the number of internal migrants is approximately four times higher than that of international migrants. This trend points to a greater propensity for migration within national boundaries, reflecting its substantial impact on economic growth, social interaction, and urban development. The World Migration Report (2015) notes that urbanization, defined as "the increasing proportion of a population living in urban areas," is driven by factors including natural population growth, rural-to-urban migration, the expansion of metropolitan areas, and the creation of new urban centers.

While internal migration can stimulate economic activity by providing inexpensive labor to urban centers, it also poses significant health challenges. Studies indicate that migrant workers, particularly those in construction, are at heightened risk for a range of health issues. Adsul et al. (2011) found that many migrant workers aged 15-45 suffer from health problems such as fever, respiratory infections, malaria, and an increased risk of cancer. Similarly, Bener (2017) reported health issues among urban migrant workers, including back pain, headaches, cardiopulmonary diseases, gastrointestinal problems, and mental health conditions like fatigue, depression, anxiety, and stress. These findings are corroborated by a systematic review by Paudyal et al. (2020), which highlights that migrant workers face significant health risks due to poor working environments and inadequate healthcare access, leading to loneliness, social isolation, and other occupational health problems.

Research by Zhang et al. (2015) shows that migrant workers often return to their places of origin when their health deteriorates, and Peng et al. (2019) found that internal migrant workers in China are less likely to use healthcare services compared to local residents. This reluctance extends to high-level hospitals, which are more frequently utilized by urban residents (Zhang et al., 2015). Jin et al. (2016) also noted that migrants face limited social welfare benefits in host cities, including inadequate working conditions and social medical insurance, while Kunpeuk et al. (2020) identified barriers to health insurance access such as poor law enforcement and lack of awareness among migrant workers.

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Eric Hanson (2003) discussed factors contributing to migrants' health issues, including occupational risks, poverty, inadequate living conditions, and cultural barriers. He noted that migrants often underreport medical problems due to limited healthcare access and fear of losing income. Chatterjee (2006) added that health risks among mobile populations are influenced by individual health awareness, social support, and government policies. Borhade (2011) highlighted the general poor health status of migrant laborers compared to non-migrants and noted that legal protections are often underutilized. While some initiatives like the National Urban Health Mission (NUHM) aim to address these issues, Akram (2014) found that many migrant workers rely on private or NGO clinics for medical care due to accessibility issues. Nguyen and White (2007) observed that although temporary migrants in urban Vietnam might appear healthy initially, their health deteriorates more rapidly than that of other urban residents, with female migrants being particularly vulnerable. Improving health outcomes for urban migrants requires better access to healthcare, sanitation, and hygiene.

The Andersen Behavioral Model of Health Service Utilization is a well-established framework used to understand how different populations use health services. Initially developed in 1968 and refined over time, this model examines health service use through three main factors: predisposing characteristics (such as demographic details, social structure, and health beliefs), enabling resources (personal, family, and community resources), and need (both perceived and evaluated) (Andersen, 1995). These factors interact to influence individuals' health service behaviors.

In its subsequent revisions, the model expanded to include the healthcare system’s role, incorporating elements like policy, resources, and organization. This phase highlighted how the healthcare system mediates between population characteristics and health behaviors. Later, the model added the external environment as a new determinant and expanded outcomes to include not only health service utilization but also personal health practices. The latest phase of the model integrates all these determinants—healthcare system, external environment, and population characteristics—while recognizing that outcomes also feedback into these characteristics (Andersen, 1995).

Building on Andersen’s work, researchers like Helena Legido-Quigley et al. (2019) have explored immigrant health service utilization by categorizing barriers into areas such as governance, financing, service delivery, and healthcare-seeking behavior. This study emphasized environmental factors and healthcare systems but did not explore the interactions between these elements.

Yang and Hwang (2016) proposed a detailed model focusing on immigrant health service utilization. They categorized determinants into macro-structural factors and population characteristics, including predisposing factors, enabling resources, and needs. This model, aligned with Andersen’s framework, also considered the impact of non-health policies and divided resources into financial, social, and healthcare access. They identified specific immigrant-related factors, like unique health needs and transnational healthcare access, offering a nuanced approach to understanding health service use among immigrants.

Applying the Andersen Model to unskilled internal migrant populations in Jorhat City, Assam, helps to analyze factors influencing their health-seeking behavior. Predisposing factors in this context include demographics, literacy, occupational status, and health beliefs, which may lead to preferences for traditional remedies. Enabling factors such as income, financial constraints, health insurance availability, and healthcare accessibility are crucial in determining migrants' ability to access health services. In

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Jorhat City, low income, lack of insurance, and limited healthcare infrastructure are significant barriers. Need factors, including self-assessed health and clinical evaluations, are essential in understanding health-seeking behaviors. The Andersen Model provides a structured approach to identify barriers, assess needs, and develop interventions to improve healthcare access and outcomes for migrants.

4. METHODOLOGY:

Study Design: To examine health-seeking behaviors among internal migrants in Jorhat City, Assam, a qualitative research design was employed. This approach utilized in-depth interviews and observational methods to gather detailed insights into the experiences of unskilled migrant workers from different states in India. By using these qualitative methods, the study aimed to uncover aspects of healthcare access that quantitative data might miss, such as traditional health beliefs, stigma, language barriers, and economic hardships. It also investigated how social networks and informal support systems impact healthcare decisions and explored coping strategies used by migrants in dealing with health issues. The focus on qualitative data provided a comprehensive understanding of both barriers and facilitators to healthcare access specific to this population.

Study Area: The research was conducted in Jorhat district, situated in the central Brahmaputra Valley of Assam, India. Jorhat, the administrative center of the district, is bordered by Majuli, Nagaland, Sivasagar, and Golaghat. Known for its small-scale industries, including cane and bamboo work, silver jewelry, and various agro-based sectors, Jorhat had a population of 1,092,256 according to the 2011 census. The district has a population density of 383 people per square kilometer, with a growth rate of 9.21% from 2001 to 2011. It has a literacy rate of 83.42% and a sex ratio of 956 females per 1,000 males. The census recorded about 101,345 internal migrants in Jorhat, who had moved within the district or from other parts of Assam or India for various reasons.

Sampling: The study used purposive sampling to focus on unskilled migrants aged 18-40 years. This age group was selected because it represents a significant portion of the labor force, characterized by high mobility and economic activity. Purposive sampling allowed the researchers to target participants who met the criteria of being unskilled migrants within this age range, ensuring that the data collected was relevant to understanding the specific health-seeking behaviors and challenges faced by younger migrants. This approach aimed to provide insights into socio-economic factors, health awareness, and cultural attitudes towards healthcare, which are crucial for tailoring policies and interventions for this demographic.

Data Collection Method: Data collection involved both primary and secondary sources. Primary data was obtained through in-depth face-to-face interviews and observations, while secondary data came from literature, journals, and government reports. From May to July 2024, researchers conducted interviews with 90 respondents. The semi-structured interviews allowed for an in-depth exploration of individual experiences, attitudes, and perceptions related to health-seeking behaviors. Observations complemented these interviews by providing additional context on social, cultural, and economic aspects affecting migrants' health.

Ethical Considerations: The study adhered to ethical research practices. Verbal consent was obtained from all participants, ensuring that their participation did not cause physical or psychological harm. Participants' real names were not used to maintain anonymity and confidentiality.

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5. RESULTS AND DISCUSSION

5.1 Demographic Profile: Internal migrant workers of jorhat city, Assam mainly constitutes with unorganized sector, they are primarily unskilled migrant workers. Workers in this sector more likely to be poor and destitute due to irregular nature of employment and low income. In the context of urban centre unorganized sector workforce mainly comprise of manual labourers like construction workers, head-load workers labourers employed in manufacturing, trade, transport, communication, service and self- employed like street vendors, hawkers, etc. (Pillai, 1996). Nevertheless, the available statistics indicate that the unorganized sector contributes more than 64 per cent to the national income in terms of value added (CSO 1992). But this sector doesn't provide any legal provision for income generation and health and security measure as well. To understand the health seeking behavior of the internal migrant workers of Jorhat city, demographic profile of the respondents is pivotal. The study sample comprises internal unskilled migrants residing in the Jorhat city Assam. The demographic breakdown revealed that the majority of participants were between the ages of 18 and 40, with a mean age of 29. Gender distribution was skewed towards males, accounting for 65% of the sample, while females comprised 35%. The educational background varied significantly, with 40% having completed primary education, 30% secondary education, and 20% with no formal education. A small percentage, around 10%, had pursued higher education. The participants predominantly belonged to low-income households, earning below the poverty line, with most working in informal sectors such as construction, domestic work, and street vending. The study's demographic analysis highlights the vulnerabilities and socio-economic challenges faced by this migrant population, which are critical in understanding their health-seeking behaviors and access to healthcare services.

Demographic Characteristic	**Details**
Age Range	18-40 years
Mean Age	29 years
Gender Distribution	65% Male, 35% Female
Educational Background	
- Primary Education	40%
- Secondary Education	30%
- No Formal Education	20%
Income Level	Below the poverty line
Employment Sectors	Construction, domestic work, street vending

5.2 Health-Seeking Behaviors among migrant workers:

According to the World Health Organization (WHO), health is defined as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." This comprehensive definition underscores the importance of considering a holistic view of health, which is crucial for understanding health-seeking behavior. Health-seeking behavior involves the actions individuals take to promote, maintain, or restore health, influenced by their perceptions of health and illness. Health-seeking behavior is influenced by an individual's beliefs about health and illness, which are shaped by personal experiences, social interactions, and cultural norms. This behavior is also impacted by perceived severity and susceptibility to illness, perceived benefits and barriers to taking action, and cues to action (Rosenstock, 1974). The relationship between health and health-seeking behavior is deeply interconnected, as individuals' understanding of what constitutes health significantly impacts their actions towards achieving it. Health-seeking behavior is crucial for improving a population's health, as it

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aids in understanding their health experiences, thereby facilitating quicker diagnosis and treatment (Abongile, 2010). Additionally, cultural, social, and economic factors shape health-seeking behaviors by influencing how individuals recognize symptoms, decide on treatment options, and utilize healthcare services. Thus, the definition of health plays a critical role in guiding health-seeking behaviors, shaping how individuals interact with the healthcare system and manage their well-being.

In the light of the understanding health of migrants, there is an increasing need to ascertain the health seeking behavior of this population as they are significant for urban centers of Assam and Jorhat as well. Among this population Health-seeking behaviors encompass a range of actions and choices made to address health issues and maintain well-being. Health issues among migrant workers present a significant public health challenge due to the unique vulnerabilities and barriers this population faces. Many studies indicate that workers in the informal sector are at risk of various occupational illnesses, including musculoskeletal disorders, malaria, hypertension, respiratory conditions, mental health issues, gastritis, skin diseases, and other work-related ailments (Adei et al., 2019; Ametepeh et al., 2013). Migrant workers of Jorhat city also not left behind from such diseases. Migrant workers often experience poor working and living conditions, limited access to healthcare, and exposure to occupational hazards, which contribute to a higher prevalence of health problems such as infectious diseases, chronic illnesses, and mental health disorders. To prevent such diseases migrant workers take actions according to their ability. The actions including level of savings, health insurances, social support, use traditional medicines, approaching community healers etc. Shamsu-Deen and Adadow (2019) identified factors influencing health-seeking behavior among female migrant head porters in Accra, Ghana, including health insurance, savings levels, social support, marital status, and education. This section presents findings on the types of health-seeking behaviors observed among migrants of Jorhat city. There exist various types of health seeking behaviors, that are mention below-

Using Self-Medication and Traditional Remedies as a health seeking behavior to prevent diseases:

A significant portion of migrants, around 92%, rely on self-medication[1] and traditional remedies[2] as their primary approach to managing health issues. This tendency is influenced by cultural beliefs, previous experiences, and limited access to formal healthcare services. Studies have highlighted this prevalent use of self-medication among ethnic minorities (Scheppers et al., 2009), international migrants in developed countries (Besson & Wollf, 2007), and internal migrants in China (Peng et al., 2010). The study reported Migrant workers of Jorhat city use common traditional remedies[2] include herbs, homeopathic treatments, and culturally familiar practices. They frequently use items like ginger, honey, garlic, and herbal teas to treat common ailments such as colds and respiratory infections. For digestive issues, remedies like antacids, chamomile tea, and peppermint are popular among them. Due to the physically demanding nature of their work, migrants also use over-the-counter pain relievers and traditional treatments like hot compresses and herbal oils for muscle and joint pain. Skin issues are treated with topical creams and traditional applications like aloe vera and turmeric paste. Additionally, traditional remedies are used for menstrual cramps and reproductive health issues, with options including ginger tea and fenugreek seeds. These practices are influenced by cultural familiarity and the accessibility and affordability of these treatments compared to formal healthcare options. Byron Good (1994) emphasizes the importance of cultural competence among healthcare providers to improve migrant health outcomes.

Believe in Informal Healthcare Providers for cure diseases:

The study reported 90% Migrant workers often turn to informal healthcare providers[3]. 20% of the migrants who use traditional remedies to cure diseases also go for informal health care providers

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simultaneously. Informal providers include traditional healers, community health workers, pharmacists, and unlicensed practitioners. According to them these providers often located within the communities they serve, making healthcare more accessible to them. Most of the respondent opinioned that services provided by Informal Healthcare Providers are typically more affordable than those offered by formal healthcare institutions, which is crucial for low-income migrants. Additionally, they share similar cultural and linguistic backgrounds with their patients, which enhance understanding and trust. Therefore, Migrants feel more comfortable to seeking help from them, who are familiar with their traditions and beliefs. Thus the informal health care providers include in the action of health seeking behavior of the migrants. Additionally, due to barriers such as cost, language differences, and cultural discrepancies with formal healthcare systems, motivate migrants to go for informal health care providers. Informal providers manage chronic conditions like hypertension and diabetes and offer care for family planning, menstrual disorders, and prenatal and postnatal care. They also treat respiratory conditions and dental issues, stomach pain, kidney stones etc. In this regard a street vendor from Jorhat taken as a case.

Case 1: *Two months ago I had severe stomach pain. Despite using traditional remedies, I didn't find relief. My family urged me to go to Jorhat Medical Hospital, where an ultrasound revealed kidney stones. The doctor recommended surgery, but I couldn't afford it. Instead I went back to my home state of Uttar Pradesh and visited a traditional healer in my village. He gave me some herbal medicine, and within ten days, my kidney stones were gone.*
Although informal providers play a vital role in filling gaps left by formal healthcare systems, But many respondent also opinioned that the quality and safety of their care can vary, posing potential risks.

Formal Healthcare Utilization in health seeking behavior among migrants:
Despite using traditional self-remedies and seeking help from informal healthcare providers, about 6% of migrants use formal healthcare services[4]. This utilization is influenced by the severity of illness, perceived quality of care, and availability of financial resources or health insurance. A study by Srivastava & Sasikumar (2019) revealed that migrants also use community-based insurance, employer health benefits, or rely on savings and social networks to finance their healthcare, which helps them access formal healthcare institutions. This is also applicable to migrant workers in Jorhat city. Economically, urban migrants in Jorhat prefer government healthcare facilities over private ones due to cost concerns and the availability of free and quality treatments. They often visit Primary Health Centres for this reason. Khanna (2011) noted that government facilities are a common source of medical care in many slum areas. For migrant workers in Jorhat, they have been going to formal healthcare institutions, mainly Jorhat Medical Hospital, for the past two and a half years. They hope to receive good healthcare and benefit from free medical subsidies, which can reduce financial barriers and make formal healthcare more accessible. However, almost 30% of respondents had a different opinion. They argued that the promise of free medicines is often not fulfilled. In hospitals, they are frequently asked to buy medicines from pharmacies, and only receive paracetamol tablets for free. One 28-year-old migrant shared his experience, highlighting these challenges.

Case 2: *A few weeks ago, a friend of mine broke his hand while working at a construction site. We went to Jorhat Medical Hospital for treatment, which cost three thousand rupees, including the ultrasound, plaster, and medicine. The hospital did not provide free tablets and injections, only provide a free ointment.*

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However, many respondent argued frequent relocations and unstable living conditions lead to discontinuity in formal healthcare, resulting in fragmented treatment and poor health outcomes. Moreover, Migrants face additional challenges, such as language barriers and discrimination, which further hinder access to formal healthcare. Many are also unaware of available health insurance options, due to informal employment and lack of awareness (Srivastava & Sasikumar, 2019). These may be reasons why only 6% of migrant respondent utilize formal health care as a health seeking behavior.
The above findings of this study provide a comprehensive understanding of health-seeking behaviors among migrants in Jorhat City, Assam, in alignment with the research objectives, using Anderson Health Service Model. The findings identifying and categorizing prevalent health-seeking behaviors, revealed that migrants primarily engage in self-medication, utilize traditional remedies, and seek care from informal healthcare providers. Correspondently, 6% of migrant workers sought for health care at hospital and clinic. This motivate by the financial status of the such respondents. These behaviors are also consistent with existing literature, which highlights the reliance on culturally familiar and accessible healthcare options among migrant populations due to various constraints.

5.2 Associating Factors Influencing Health Seeking Behavior among migrants:
Above mentioning health seeking behavior of migrant workers of Jorhat city influence by various factors. The study found 94% of the migrant population of Jorhat city seek health care outside the formal health facilities of Jorhat city.This section evaluates the factors influencing such health seeking behavior of migrants of Jorhat City:

Migrants often face unique barriers that hinder their ability to obtain necessary healthcare, impacting their health outcomes. Davis et al., (2006) argued Migration itself also has a major impact on access to and utilization of health services by migrant and host population. There are many barriers to access health services for migrants, such as the fact that migrants need documents to be able to get healthcare services without fear (Castaneda, 2009).

5.2.1 Geographical location:
Migrant workers often live in overcrowded slums and underserved urban[5] or rural areas with limited healthcare access, increasing health risks and the spread of infectious diseases (Yadlapalli et al., 2014; Davies et al., 2006). Study reported many migrants of Jorhat city reside near train crossings, where local flora, including medicinal herbs, are used in traditional remedies for ailments such as headaches, back pain, stomach pain, and colds. In these areas, there is a rich tradition of herbal medicine, passed down through generations, which creates informal healthcare providers. Many residents believe in the efficacy of their traditional medicines[6]. Additionally, economic constraints and limited access to modern healthcare make traditional herbal medicine a cost-effective alternative. The rural and isolated nature of areas near train crossings further limits access to modern healthcare facilities, leading residents to rely more on readily available traditional remedies. Thus, the geographical location of migrant workers influences the use of traditional herbal medicine and healers, shaped by accessibility, economic conditions, and local resources.

5.2.2 Socioeconomic Status:
The financial resources of migrants greatly influence their ability to access healthcare. Most migrant workers earn between 13,000 and 20,000 INR monthly, and financial constraints often lead them to rely on self-medication and informal healthcare providers (Lee et al., 2014). Lower-income migrants face significant obstacles in accessing formal healthcare[4] due to high costs, lack of insurance, and limited

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affordable care options. Therefore the migrant mostly prefer self deportation of diseases and self medicinal practices as their good health seeking behavior. Low-income migrants often live in areas with limited access to healthcare facilities, such as overcrowded slums or remote rural locations. This lack of access compels them to rely on self-treatment and traditional remedies, which are more readily available and familiar. In this regard one of the migrant workers argued

Case 3: *Our economic constraints make it difficult for us to afford expensive pharmaceuticals and modern healthcare services. Hence we mainly prefer Traditional herbal medicine, which is being more affordable and accessible.*

Furthermore, 6% of migrant respondents with moderate income levels tend to opt for formal healthcare services when faced with severe illnesses. This inclination suggests that income plays a role in health-seeking behavior, particularly in accessing professional medical care. It also highlights the importance of financial stability in making healthcare decisions among migrants.

5.2.3 Cultural and Linguistic factor:

Cultural beliefs and language differences significantly impact migrants' health-seeking behaviors. Migrants may prefer traditional remedies and seek care from providers who understand their cultural and linguistic needs. For example, *a migrant selling sugarcane juice reported using warm water with tulsi leaves for headaches and gastric issues.* Language barriers and cultural misunderstandings can hinder effective communication with healthcare providers, leading to inadequate care. In Jorhat City, language differences between migrants and healthcare providers often result in misdiagnoses and inappropriate treatments. A 28 years old construction worker share his case in this regard:

Case 5: *When I was 17, I moved to Jorhat, speaking primarily my local Bihari dialect and with limited proficiency in the city's dominant language. Shortly after, I experienced severe abdominal pain and visited a local clinic. During the consultation, I struggled to describe my symptoms due to the language barrier. The healthcare provider couldn't understand my dialect, misdiagnosed me with a minor stomachache, and prescribed basic antacids. I was used to traditional remedies from my village and hesitated to question the treatment, even though I knew it might not be enough. The provider, unfamiliar with these traditional practices, didn't ask about or acknowledge them. This cultural misunderstanding led me to withhold that I had already tried home remedies without success. As a result, my condition worsened, leading to an emergency hospital visit.*

5.2.4 Legal and Documentation Status:

Undocumented migrants or those with uncertain legal status often avoid formal healthcare services[4] due to fear of deportation or legal consequences (Sciortino & Punpuing, 2009). Legal barriers restrict access to public healthcare, leaving these migrants dependent on emergency care or informal providers. Many are excluded from healthcare insurance[7] due to documentation requirements (Mukherjee & Sahoo, 2019). The study found that 30% of migrants avoided formal healthcare due to their uncertain legal status, lacking identification documents like PAN, voter, and Aadhaar cards. Having moved to Jorhat at a young age with friends or relatives, their primary focus is on earning money, not legal status. As a result, they rely heavily on traditional medicine and informal healthcare providers. A 19-year-old female domestic worker shared similar experiences in this regard.

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Case 5: *I moved to Jorhat at the age of 12 with my didi (sister) and jija (brother-in-law) and started working as a domestic worker in various households. I still don't have any identification documents, which hasn't been necessary for my work. When I'm ill, I usually rely on self-medication using herbs and kitchen products, and sometimes the homeowners I work for give me medicine. I have never used formal healthcare services in Jorhat.*

5.2.5 Health Literacy:

Health literacy[8] significantly affects migrants' ability to navigate and use healthcare services. Low health literacy can lead to delayed care-seeking and reliance on inaccurate non-professional advice. Study reported, *a person with chest pain might mistake it for indigestion based on poor advice and delay seeking emergency care, risking serious health complications.* Shahid et al., (2022) in their Studies show that individuals with low health literacy are more likely to revisit emergency departments and require hospital readmissions compared to those with adequate literacy. Study found almost all the migrant respondent don't aware regarding health literacy[8] such as showing concern on clean water and sanitation, good dietary routine, consult with a doctor during illness etc. They only concern about earn money and got their 3times meal. And mostly believe in self deportation of diseases and relies self medication and traditional remedies.

5.2.6 Social Networks and Community Support:

Social networks[9] and community support significantly influence the health-seeking behavior of migrants, who often rely on these connections for health-related information and emotional support. Advice and recommendations from friends, family, and community members can guide their decisions on when and where to seek care. For instance, migrants may prefer visiting a traditional healer known within their community, based on positive experiences shared by others, rather than opting for formal medical treatment. While this community-driven approach can limit access to formal healthcare, it also offers vital support for those facing barriers to conventional medical services. Strong social networks in host cities also help protect against mental health issues, underscoring the importance of community support in shaping health outcomes.

Social networks[9] and community support play a crucial role in shaping the health-seeking behavior of migrants, who often rely on these connection for health-related information and support. Advice and recommendations from friends, family, and community members can shape their health-seeking behaviors and decisions. Social support, such as marriage and frequent contact with friends, has been shown to reduce stress and isolation among migrants (Xin Meng & Sen Xue, 2020). Study found Migrants often rely on their social connections for advice, resources, and emotional support, especially when navigating unfamiliar healthcare systems. These networks can influence decisions about when and where to seek care, often leading migrants to trust and use informal healthcare providers recommended by friends or family. Study reported, a migrant worker in of Jorhat city may choose to visit a traditional healer known within their community, based on the positive experiences shared by others in their social circle, rather than seeking formal medical treatment. This reliance on community-driven recommendations can sometimes limit access to formal healthcare but also serves as a vital support system for those who may face barriers to accessing conventional medical services. Additionally, strong social networks in host cities can provide protection against mental health issues, highlighting the importance of community support in influencing health outcomes.

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The above finding of this study identified socioeconomic status, cultural and linguistic barriers, legal and documentation issues, and health literacy as significant determinants of influencing health-seeking behavior of migrants of Jorhat city. The study further emphasizes the role of social networks and community support in shaping health-seeking behaviors, as migrants often rely on peer recommendations and community resources for health-related information and assistance.

6. POTENTIAL SOLUTIONS AND RECOMMENDATIONS:

Promoting good health-seeking behavior among migrant populations requires a multi-faceted approach, considering the unique challenges these groups face, such as language barriers, cultural differences, and limited access to healthcare services. Therefore this study try to provide some solutions to promote good health of migrant population of Jorhat city. Such as-

Culturally Sensitive Health Education Programs: Implementing culturally tailored health education programs for migrant populations can greatly enhance health literacy and promote proactive health-seeking behaviors. Involving community leaders and using culturally relevant materials and methods are essential for effectively communicating health information (Shahid et al., 2022; Easton et al., 2013). This approach is particularly crucial, as the study revealed that nearly all migrant respondents lacked basic health literacy. For example, a majority of respondents were unaware of preventive healthcare practices and relied on word-of-mouth information for managing their health concerns, further emphasizing the need for targeted health education initiatives.

Community Health Workers (CHW): Training and employing Community Health Workers[10] (CHWs) from within migrant communities can significantly improve trust and communication between healthcare providers and migrants. The study found that over 90% of migrant respondents relied on community healers or health workers for treating their illnesses. CHWs, serving as cultural intermediaries, health educators, and patient navigators, can enhance access to healthcare services and encourage timely care-seeking behaviors. For instance, many respondents reported that they were more comfortable seeking advice from CHWs who understood their cultural practices, highlighting the importance of culturally sensitive healthcare support (Easton et al., 2013).

Language Support Services: Providing language support services, such as translation and interpretation, is essential for bridging the communication gap between healthcare providers and migrant patients. This can involve hiring bilingual healthcare workers, offering translation services during medical appointments, and providing educational materials in multiple languages (Shahid et al., 2022). The study highlighted that many migrant workers faced misdiagnosis due to language barriers. For example, respondents shared instances where they struggled to understand medical instructions, leading to ineffective treatments. Implementing language support could be a transformative solution, ensuring better health outcomes for these migrants.

Accessible Healthcare Services: Making healthcare services accessible to migrants requires addressing logistical challenges like location, operating hours, and transportation. Given that many migrant workers have low incomes, they often resort to self-diagnosis and self-medication due to the high cost and inaccessibility of formal healthcare. The study found that a lack of nearby clinics and inconvenient operating hours forced many respondents to delay or avoid seeking medical help. Implementing mobile health clinics and extending clinic hours could significantly improve access to care, allowing migrants to

receive necessary treatment without disrupting their work schedules or facing financial strain (Shahid et al., 2022).

By adopting these strategies, healthcare systems can better address the barriers faced by migrant populations, ultimately leading to improved health outcomes and more equitable access to healthcare services.

7. CONCLUSION:

The study on health-seeking behaviors among unskilled internal migrant populations in Jorhat City, Assam, reveals a complex interplay of various factors influencing these behaviors. The prevalent health-seeking behaviors identified include self-medication, reliance on traditional healers, and seeking care at public health facilities, albeit infrequently. Factors such as socioeconomic status, level of education, cultural beliefs, and accessibility to healthcare services significantly shape these behaviors. The study underscores the need for targeted health interventions that address the unique challenges faced by migrant populations, including improving healthcare accessibility, enhancing health literacy, and integrating culturally sensitive approaches to healthcare delivery. This comprehensive analysis highlights the importance of a multifaceted strategy to improve health outcomes and ensure equitable healthcare access for internal migrants in urban settings.

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- Self-medication- Self-medication refers to the practice of individuals treating their own health conditions without professional medical advice.
- Traditional remedies- Traditional remedies are natural treatments derived from cultural practices and passed down through generations to address health conditions.
- Informal healthcare providers- An informal health care provider is an unlicensed individual who offers medical services or advice outside the formal healthcare system.
- Formal healthcare services- Formal healthcare service refers to medical care provided by licensed professionals within an organized healthcare system or facility.
- Underserved urban area- An underserved urban area is a city region lacking adequate access to essential services, including healthcare, education, and infrastructure.
- Traditional medicines- Traditional medicine refers to the use of indigenous knowledge, practices, and natural resources for diagnosing, preventing, and treating illnesses within a cultural context.
- Healthcare insurance- Healthcare insurance is a contract that provides financial coverage for medical expenses incurred due to illness or injury.
- Health literacy- Health literacy is the ability to understand and use health information to make informed decisions about one's health.

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- Social networks- a social network is a structure of relationships and interactions among individuals or groups that influences their social behavior and access to resources.
- Community Health Workers- A community health worker is a frontline staff member who serves as a liaison between healthcare providers and the community, offering support, education, and resources to improve public health outcomes.