11. The Study Team:

Consultant:

Dr. Tophan Pati, MBBS, MD (Psychiatry), Consultant, Research and Development, MIND, Bhubaneswar

Principal Investigator:

Mr. Himansu Sekhar Dutta, M. Sc (Statistics), Programme Officer, Research, Consultancy and Networking, OVHA

Field Supervisor cum Tabulator:

Mr. Nirakar Sahu, Research Assistant, OVHA

Fleld Investigators:

Mr. Prakash Jena

Mr. Pranab Bhoi

Mr. Sukanta Paikray

List of advisors:

We have personally met some of the experts and recorded their valuable suggestions. Few of the advisors were also contacted through mail. These suggestions helped us a great deal in finalising the study topic, contents, methodology and the schedule of the study.

1. Dr. B. B. Hota, Population Research Centre, Vani Vihar, Bhubaneswar
2. Dr. Bhabani Sankar Das, Consultant Neurosurgeon, Cuttack
3. Dr. F. M. Sahu, Professor of Psychology, Utkal University, Bhubaneswar
4. Dr. G. C. Kar, Principal, SCB Medical College, Cuttack
5. Dr. Mira Shiva, Director, Voluntary Health Association of India, New Delhi
6. Dr. N. C. Pati, President, Chetana Institute for Mentally Handicapped, BBSR
7. Dr. P. K. Mohanty, MBBS, MD, Consultant, Bhubaneswar
8. Dr. P. K. Senapati, Joint Director, Medical, DHS, Government of Orissa
9. Dr. Srinivas Murty, Professor of Psychiatry, NIMHANS, Bangalore
10. Mr. Basudev Panda, Executive Director, OVHA
11. Mr. Biswamohan Mohanty, Programme Sub-committee Member, OVHA
12. Mr. D. C. Nayak, Treasurer, OVHA
13. Mr. K. K. Swain, Secretary, OVHA
14. Ms. Kasturi Mohapatra, Open Learning Systems, Bhubaneswar
15. Ms. Namrata Chhadha, Member, State Commission for Women, Orissa

9. List of collaborating NGOs:

The following NGOs helped us a lot during data collection in the below mentioned district and blocks respectively. Most of these NGOs have helped us y sending their staff members with us to the study villages during data collection.

Sl. No	Name of the NGO	Block	District
1.	ADHAR	Luisingha	Bolangir
2.	ADHIKAR	Patnagrh	Bolangir
3.	People's Forum	Belapara	Bolangir
4.	VIKALPA	Bangamunda	Bolangir
5.	Jugasrasta	Bangamunda	Bolangir
6.	SANKALPA	Kantabanjhi	Bolangir
7.	CARE	Chikiti	Ganjam
8.	GPSS	Digapahandi	Ganjam
9.	CARD	Kukudakhandi	Ganjam
10.	KWWO	Chhatrapur	Ganjam
11.	NEC	Bhanjanagar	Ganjam
12.	ARUNA	Aska	Ganjam
13.	Mother Teresa Seva Prastisthan	Banapur and Chilika	Khurda

10. List In-depth interviews:

During in-depth interviews we have discussed with various Doctors and experts in the field of mental health working in the field area and asked them about the link between mental health and migration. We have also recorded their suggestions for improvement of mental health status of migrants and migrant communities. The list of persons contacted for the above purpose in this regard is as follows.

1. Dr. Tophan Pati, Psychiatrist, MIND, Bhubaneswar
2. Dr. Satpathy, Psychiatric specialist, DHH, Bolangir
3. Dr. S. N. Nanda, Psychiatric Specialist, Capital Hospital, Bhubaneswar
4. Dr. Ramprasad Panda, Medicine Specialist, Municipentha, CHC, Ganjam
5. Dr. R. N. Mishra, Medicine Specialist, Kantabanjhi CHC, Bolangir
6. Dr. Nimain Ch. Sahoo, Paediatric Specialist, SDMO, Chhatrapur, Ganjam
7. Dr. Deepak Sahoo, MBBS, Kantabanjhi CHC, Bolangir
8. Dr. Chandrasekhar Tripathy, MD, FIPS, Lecturer in Psychiatry, MKCG Medical College and Hospital, Berhampur
9. Dr. B. N. Mishra, Medicine Specialist, SDH, Bhanjanagar, Ganjam
10. Dr. Anuj Meher, MO, Turekela PHC, Bolangir

- It is essential that information about the treatable nature of mental illness like any other illnesses be widely disseminated through social awareness drives and through various channels of information and media.
- Mental health must form an integral part of the total health programme and as such should be included in all-national policies and programmes in the field of Health, Education and Social Welfare.
- Mental health should be included in the course curricula for various levels of health professionals; suitable action should be taken in consultation with the appropriate authorities to strengthen Mental Health Education components.
- Mental health institutions should have knowledge on the coping-mechanisms as they exist and operate in the migratory communities. It is essential that the role of all mental health institutions becomes more active in concerning themselves with the social mechanisms involving the more important issue of maintaining mental health.
- For PG in psychiatry more number of seats should be created in different medical colleges of Orissa. Available resources should be directed to the establishment and strengthening of psychiatric units in all district hospitals. These units would become foci of an expanding mental health service through setting up out patient clinics and mobile teams. In general terms, this approach would be directed from centre to the periphery.
- Provision of training for different categories of health personnel in basic psychiatric and mental health skills. There would thus be a functional infrastructure before completing, in all instances, a physical independent mental health infrastructure. This approach would basically be directed from the periphery to the centre.

should be encouraged to live in their own homes and to prevent unnecessary admission to residential care.

- Conscious effort must be made to prevent breakdown of informal networks of care, particularly family. We should prevent mental disorders by involving environment, lifestyles and appropriate community services.
- Migratory population should be provided with equitable access in relation to food, housing, transport, culture, health and social services including recreation facilities.
- Provisions in the national mental health programmes should be utilised to initiate district mental health programmes.
- Programmes should also be developed for prevention of harm from alcohol and substance abuse. These programmes should be gender and cultural appropriate and reach out to all segments of the population, including marginalised groups like migratory population.
- Today, mental health does not receive the priority or the resources that are needed. Increased attention to mental health problems is urgently needed. Political will and commitment of the Government is crucial in this regard.
- It is important to enact legislation to support community-based care as well as upgrade mental health institutions. It is time that defunct and outdated laws on mental health are updated and, most importantly, the human rights of the mentally ill upheld.
- In keeping with the Mental Health Act of 1986 the state should develop its mental health services by sending young staff members for training in psychiatry, clinical psychology, psychiatric nursing, counseling, psychiatric social work etc. The mental health component in the training of all health professionals should be strengthened. The medical colleges should be supported to develop their departments of psychiatry.
- There is a great scarcity of trained manpower in neuro sciences. This includes not only neurologists and psychiatrists but also paramedical staff such as counsellors and therapists. In addition, training programmes for general physicians and PHC doctors in mental health need to be developed and implemented on a large scale. Training for community health workers and other community health providers should also be done.
- Mental health hospital beds may gradually be converted to general medical beds. It is better to have mental health units in general hospitals rather than develop vertical programmes for mental health, which are expensive, duplicate efforts and perpetuate stigma.
- Adequate supply of drugs for psychiatry and epilepsy should be made available at district and peripheral health institutions. Drugs for treating these disorders do not reach many people with mental and neurological illnesses. There is a need to address the issue of price, supply and distribution with appropriate tax laws for pharmaceuticals.
- People and communities must be made aware so that they recognise the medical nature of the mental ailments, to help remove the stigma, to ensure that patients are treated and given rehabilitation and a chance to live normally in society. It is imperative that the mentally ill are not isolated or ostracised.

8. Recommendations

Considering the above findings and conclusions the study wishes to recommend the following measures to improve the mental health status of the migrant population.

- Rapid urbanisation, breakdown of the joint family system and migration of young adults from villages in search of employment has led to erosion of the traditional social security network and this has significantly contributed to the burden of mental illness among migrants and their families.
- Efforts must be made to provide employment facilities with appropriate wages throughout the year in the place of origin so that people do not resort to migration. Efforts should be taken to provide Irrigation facilities in the place of origin so that people can be employed in agriculture sector. Small and Medium scale industries should be developed in the area so that people can work in these industries.
- Migrants form Bolangir districts are mostly channelled through Sardars (Middleman), who takes profit in the expense of the migrants. Some efforts must be taken to stop exploitation by those middlemen and factory owners.
- Specific efforts must be made to reduce the mortality, morbidity and disability among migrants to provide them with better health services. Woman labours working in Bricks factories and their children must be provided with health care, Immunisation and education facilities.
- Proper records of migration should be maintained by the Grampanchayats or the Local NGOs so that proper follow up action could be taken when needed.
- Campaign should be initiated for effective health policies and infrastructures for migrants. The mental health policy should emphasise on advocacy to raise the profile of mental health and fight discrimination, policy to integrate mental health into the general health sector, and effective interventions for treatment, prevention and their dissemination.
- Health programmes must have components to address health needs of migrants and migrant communities. All such programmes should have direct interaction with migrants and mobile populations. This contact will provide both insight and opportunities to improve health status of these individuals.
- As migration has impact on the rates of nervous and mental disorders, moderating family burdens by external support must be provided along with mental health promotion. We should try to reduce the family stress that affects mental health by providing appropriate services.
- It is clear that various situations generate psychological stress observed in migrant groups. Distress is also found among the whole family and, in particular, women care givers such as wife of migrants.
- Interventions need to be developed to prevent mental disorders that are prevalent among migrants by adopting recent advances in mental health treatment, care and rehabilitation that emphasise the role of the family and community-based care.
- Measures should be taken to maintain quality of life of migrants by preventing distressing symptoms. Migratory persons suffering from mental disorders

Mental health status:

- 24.35% and 24% of respondents among interstate and intrastate migrants are currently ill while among general population 21.79% are currently ill. So percentage of currently ill respondents is more in case of migrants than for general population.
- Among currently ill persons 49.22% have fever while 14.06% have gastric. Few people are also suffering from Rheumatism, Malaria, Diarrhoea, Skin diseases, Tuberculosis, Hydroxyl, Headache, Anaemia, Typhoid, Hernia, Jaundice, Stone in kidney, Filaria, Blood pressure, and Piles.
- The mean GHQ scores for interstate migrants, intrastate migrants and general population is 3.197, 2.406 and 2.123 respectively. Thus the mental health status of the interstate migrants is the worst among the three groups. The mental health status of intrastate migrants is worse than the general population but better than that of the interstate migrants.
- 35.75% of interstate migrants have GHQ score above 3 while 23.83% of them have GHQ score above 4.
- 29.71% of intrastate migrants have GHQ score above 3 while 15.43% of them have GHQ score above 4.
- 22.91% of general population have GHQ score above 3 while 13.97% of them have GHQ score above 4.
- The percentage of respondents above threshold score is more in case of interstate migrants among the three groups. The same for intrastate migrants is less than the interstate migrants but higher than the general population.
- Among interstate migrants 68.69% rated their quality of life to be poor while 18.65% rated it as neither poor nor good and 11.92% rated it as good.
- Among intrastate migrants 78.29% rated the quality of life as poor while 16.57% rated it as neither poor nor good.
- Among general population 76.54% rated their quality of life as poor while 11.73% rated it as good and 10.61% rated it as neither poor nor good.
- Among interstate migrants 83.42% are very satisfied with their health while 11.92% are dissatisfied with their health.
- Among intrastate migrants 79.43% are very satisfied with their health while 16.57% are dissatisfied with their health.
- In comparison among general population only 59.22% are very satisfied with their own health while 25.14% are dissatisfied with their own health and 15.08% are neither satisfied nor dissatisfied with their own health.
- The mean total quality of life score for interstate migrants, intrastate migrants and general population are 71.435, 74.743 and 78.972 respectively.
- This means that the quality of life of interstate migrants is worse among the three type of respondents while general population
- In view of the above discussions it is clear that the mental health status of the interstate and intrastate migrants is the worse than the general population due to various factors. The mental health status of the intrastate migrants is little better than the interstate migrants.

- Among general population 34.64% are not using any form of tobacco while among interstate and intrastate migrants only 15.03% and 25.14% are not using any form of tobacco.
- 55.44%, 62.29% and 71.51% among interstate and intrastate and general population respectively are not engaged in substance abuse.
- The mean distance of nearest hospital for interstate migrants, intrastate migrants and general population are 2.218, 2.463 and 4.207 respectively.
- For 78.23% interstate migrants the nearest hospital is a private hospital. For 48.43% intrastate migrants the nearest hospital is a PHC while for 28% respondents it is a Dispensary.
- Medicine specialists are available for only 32.12% and 20% respondents of interstate and intrastate migrants respectively. In comparison medicine specialists are available to 46.93% of general population.
- Psychiatrists are not available among 96.37% interstate migrants and they are not available among all the interstate migrants and general population.
- 98.96%, 98.86% and 96.09% respondents among the interstate migrants, intrastate migrants and general population do not consult anyone when feel distressed.
- Respondents found to consult medicine specialist, allopathic doctor and homeopathic doctor and Ayurvedic doctor when mental illness occurs in family. No one was consulting a psychiatrist.
- 33.68%, 28% and 26.82% respondents among interstate migrants, intrastate migrants and general population respectively do not consider insanity of mind to be a disease.
- 33.68%, 28.57% and 27.37% respondents among interstate migrants, intrastate migrants and general population respectively do not think that mental health is treatable like any other disease.
- Among interstate migrants 43.52% needed love and support from others for the mental illness and 34.72% needed employment facilities.
- Among intrastate migrants 35.43% needed love and support from others. In comparison among general population only 18.44% needed help and support from others.
- Migration results in health hazards, family breakdown, worse living conditions, exploitation (physical, emotional, economical and sexual) which makes migratory population more prone to mental illness.
- The present mental health care services available for the migratory population are not adequate considering the existing need. For example in Bolangir district only one psychiatrist is available who is also looking after patients from Bolangir, Kalahandi, Sonepur, Boudh also. Similarly in Berhampur only one Psychiatrist is available.
- We are having only 19 Government psychiatrists to tackle the mental health of the entire state. The doctor population ratio (psychiatrists) is 0.04 per 1 Lakh population. It is very difficult for only one psychiatrist to care for 25 Lakh people. This problem will escalate until such time as the government and voluntary organizations agree to provide sufficient mental health expertise and infrastructure to cope with the immense problem.

- Mean duration of migration of interstate migrants is 7.067 months with a Standard deviation of 3.601 months. 70.65% are migrating for a period of 1-6 months while 27.45% are migrating for a period of 7-12 months.
- All the intrastate migrants are migrating for a period of 1-6 months. The mean duration of migration of intrastate migrants is 2.069 months with a standard deviation of 1.003 months.
- The mean distance of migration of intrastate migration is 319.114 Km with a standard deviation of 98.123 km. 41.71% respondents are migrating to distance of 201-300 km and 31.43% respondents to distance of 301-400 km.
- The mean distance of migration of interstate migration is 2036.435 km with a standard deviation of 438.180 km. 67.88% interstate migrants are migrating to a distance to 1200-2000 km followed by 29.53% migrating to a distance of 2001-2800 km.
- The mean distance of migration of interstate migrants, intrastate migrants and general population is 6.839, 6.217 and 7.212 months respectively.
- The mean number of days working in a month for interstate migrants, intrastate migrants and general population is 27.224, 26.006 and 22.762 days respectively.
- The mean hours working in a day for interstate migrants, intrastate migrants and general population are 11.264, 9.903 and 8.061 hours respectively.
- The mean wages per day of the interstate migrants, intrastate migrants and general population are 112.4, 68.82 and 32.68 respectively.
- 68.91% and 89.15% respondents among interstate migrants and intrastate migrants respectively stated “to get more wages” as the main reason of migration. 27.98% and 9.86% respondents among interstate and intrastate migrants respectively stated “unemployment” as main reason of migration.
- Among interstate migrants 92.23% are migrating without family while among intrastate migrants 93.14% are migrating with family.
- 88.08% and 88% respondents among interstate and intrastate migrants respectively said that if employment facilities are provided at the place of origin then they would not to migrate to other places.
- 91.71% and 72% respondents respectively among interstate and intrastate migrants are feeling depressed anytime while among general population only 41.90% respondents are feel depressed anytime.
- Among the respondents who feel depressed anytime 46.8% are interstate migrants while 33.4% are interstate migrants. Only 19.8% belong to general population.
- When feel depressed 40.48% respondents’ sit alone at home while 22.75% respondent’s contact with friend and 14.81% respondents sleep.
- 95.43% among intrastate migrants do not have any individual recreation facilities where as 34.20% of interstate migrants does not have any individual recreation facilities. Among interstate migrants 43.01% are watching movies while 21.76% are watching TV.
- 84.45%, 98.29% and 92.74% respondents respectively among interstate migrants, intrastate migrants and general population do not have any group recreation activities.

- All the intrastate migratory persons are bricks labours. Among the interstate migrants majority are working in cotton mills (52.85%) followed by daily labour (33.68%). Among general population 53.07% are labour followed by 46.93% are agricultural labour.
- Among interstate migrants 53.89% are married while 44.04% are unmarried. Among intrastate migrants 93.14% are married while 6.29% are unmarried. Among general population 86.59% are married and 8.38% are unmarried.
- The mean number of persons migrated per family for interstate and intrastate migrants are 1.492 and 3.783 respectively.
- The mean family income of interstate migrants, intrastate migrants and general population are Rs. 40746, Rs. 27901 and Rs. 18825 respectively.
- The mean family size of interstate, intrastate and general population are 5.01, 4.84 and 5.11 respectively.
- Among interstate migrants 60.62% are nuclear families and 38.34% are joint families. Among intrastate migrants 68.57% are nuclear families and 31.43% are joint families. Among general population 96.65% are nuclear families and 3.35% are joint families.
- Among interstate migrants 51.81% are from other backward Classes followed by 31.61% General caste. Scheduled Caste and Scheduled Tribe interstate migrants are 6.22% and 10.36% respectively. Among intrastate migrants 50.86% are Scheduled Tribes while 34.86% are Scheduled Castes.
- Most of the interstate migratory workers are residing in rented house (53.4%) followed by 32.1% residing in the hostel provided by employer.
- All the intrastate migrants are living in hostel provided by employer. Similarly all the general population are living in their own houses.
- 57.51% interstate migrants are living in Pucca houses while 97.71% of intrastate migrants are living in Kutcha houses.
- The mean number of persons living in one room for interstate & intrastate migrants and general population are 8.383, 3.314 and 3.039 respectively.
- Among interstate migrants 51.30% had tap water facilities while 35.22% had tube well facilities. Among intrastate migrants, 53.14% have tube well facilities followed by 40% had open well facilities. Among general population, 53.64% have open well facilities followed by 39.66% had tube well facilities.
- All the intrastate migrants and general population use open field for defecation. Among interstate migrants 45.59% use septic latrine followed by 42.49% use open field and 11.92% use Barpali latrine.
- The Mean number of interstate migrants using one latrine is 8.018 with a standard deviation of 5.222.
- Among interstate migrants 83.94% are having electricity facilities while among intrastate migrants only 6.29% are having such facilities. Among general population 5.59% are having electricity facilities.
- Among interstate migrants 57.51% are taking food in hostel or mess followed by 38.86% are cooking their food.
- Among intrastate migrants 94.86% are cooking their food while 4.57% are taking food in hostel or mess. The entire general population sample is cooking their food.

- Government should support some NGOs, who can financially support all suspected people to visit district hospitals for the counselling and testing. Detection camps should be conducted by NGOs, or Government for migrants returning from outside the state then lots of mental illness cases and nutrition deficiency cases can be registered and treated.
- Now in Orissa, Psychiatrists are available at Cuttack, Berhampur, Bhubaneswar, Burla, Rourkela, Sambalpur, Bolangir, Baripada, Koraput, Talcher and Brajarajnagar.
- Awareness of Doctors and paramedical workers about psychiatric illness is less. Majority of mental health cases is referred to psychiatrists from patients to patient. Very few referrals were through Doctor, PHC, CHC etc. If other doctors refer mental health cases then case detection would be more.
- Training programmes should be conducted on psychiatry and mental health for Doctors and paramedical workers.
- MBBS level curriculum should contain sufficient chapters on psychiatry and sufficient question must be there for psychiatry in final examinations. For PG in psychiatry more number of seats should be created in different medical colleges of Orissa.
- There is no provision of further training facilities on psychiatry. So many training programmes on TB, Leprosy and AIDS are conducted.
- Price of Psychiatry drugs is much more. The price should be made low by legislation or by subsidy. Government should supply some common psychiatric drugs in hospitals free of cost. Now medicines are available for other diseases in Government Hospitals. But drugs for psychiatric illness are available in hospitals.
- Awareness generation should be there for Treatability of the disease. People should seek treatment from psychiatric specialists and not by faith healers. Creating positive attitude among family members, physicians and case providers.
- Development of infrastructure such as trained persons, beds, psychiatric social workers
- In each sub-divisional hospital there should be a psychiatric doctor. There should be psychiatric departments in each District Headquarter Hospitals. NGOs should come forward to work in the field of mental health for migratory population. They should find out cases and refer to appropriate hospitals.
- Mental diseases are treatable like any other disease. People must be made aware on this so that people with mental illness come for treatment in more numbers.

7. Conclusions

In view of the above findings we can arrive at the following conclusions.

- Percentages of illiterate population are highest among intrastate migrants (65.14%) followed by 50.28% among general population and 29.02% among interstate migrants.

She has lots of loans to repay. She does not have any land or other form of earnings to repay these loans. For few months she is under acute depression. She sits hours together in one place and does not talk with any one. A psychiatrist must treat her for this depression. The villagers and friends' must support her to overcome her difficulties.

Name: Sukhvinder Kaur, Age 22 years, Husband's Name: Tarun, aged 30 years, Vill: Bhatapada, GP: Barbara, Block: Banapur, Dist: Khurda

She is a girl from Punjab. Tarun had married her when he was working in Punjab. It was a love marriage. The marriage took place four years ago. Just after marriage Rarun took her ton Bhubaneswar and lived there for three months. He could not take her to his village instantly because the Adivasi society will not accept this interstate marriage.

About one year back he took her with him to his village Bhatapada of Banapur in Khurda District and told that she is a Brahmin. The village committee allowed her to the village. They lived there for three months. After three months the husband migrated to Surat in Gujrat.

Now she lives alone and does not have enough to eat. She has gone through so many difficulties and could not live with her husband. She does not have any child. She often complains of loss of appetite and loss of sleep. She often sits alone, stares and thinks lots of things. She often cries for whole night together and could sleep for one hour in the morning.

Since past few months her mental condition has worsened. She urgently needs psychiatric treatment and counselling.

6. In-depth interviews

Summery of findings during in-depth interviews with some key mental health professionals and psychiatrists are as follows

- 30% of the mental illnesses in the study districts are due to migration. Mental health problems of migrants are mostly due to migration, sexual exploitation, financial exploitation and HIV/AIDS.
- During migration a person usually lives without family members. They used to visit prostitutes for their sexual satisfaction, which results in HIV infection. Due to this the whole family of the affected person are under mental depression. Some emotional support to the families of migrants migrating for long period.
- Mental health problems of migrants occur due to the stressful lifestyle coupled with hard labour. They often feel lonely in the absence of their families and friends. Due to low wages compared to hard labour, people are not satisfied.
- NGOs should do counseling of HIV positive persons and their family members so as to reduce the mental stress.

Name: Uma Charan Rout, Age: 28 years, Wife: Urmila Rout, Age: 25 years, Vill: Mani Dei Pentha, GP: Chhana Meri, Block: Sanakhemundi, Dist: Ganjam

Umacharan has migrated to Surat to work in Cotton mills and there he had an affair with two girls who are also working in that mill. He has sexual relationship with them in regular intervals. 4 years after returning from Surat he got married and after marriage he has not visited Surat again but he visited Cuttack to work as a labour and drive Trolley Rickshow for two years.

During this period he used to stay in a rented house, where three other persons are staying with him. He had homosexual relationship with one of the above three persons. Now since 4-6 months he has been infected with HIV virus. Everybody after listening to his story and case history guessed that this HIV virus has come to his body due to the homosexual activity.

His wife and daughter are also tested but they are found negative in testing. Everybody in his father in law's house knows about this case. Due to this everybody keeps distance from him. The discrimination and mental torture of the friends and relatives has been the reason for heavy mental stress for him.

He feels sorry for his activities and relationships, which has resulted in him becoming HIV positive. He thinks, "I myself has ruined my life, my prestige and my image." He cannot be able to work anymore. His wife works to maintain his family, which is very pathetic and insulting also. He needs some psychosocial counselling apart from regular treatment for AIDS.

Name: Basanti, age 22 years, Husband's name: Sukhdev, 40 years, Vill: Bhatapada, GP: Barbara, Block: Banapur, Dist: Khurda

Due to financial problem the father of Basanti could not marry her to a suitable boy, instead she was married to Sukhdev who was aged 40 years against her wish. After one month of her marriage, the husband migrated to Surat. 7 years has passed since the marriage. The husband occasionally sends money. The loan incurred by Sukhdev was repaid from the loan amount.

She has not seen her husband again since last six years. She often has sexual desire and could not fulfil it due to the absence of her husband. Due to this she has lost her mental balance. Often she cries and sits alone for hours together. She has lost her sleep and appetite.

She was going through a mental turbulence. She also does not have anybody with whom she could share her feelings. The society does not allow her to establish other emotional relationships. Establishing other sexual relationships is out of the question. She does not have any scope for entertainment, amusement or recreation facilities.

Name: Duryodhan Dora, 40 years, Wife: Uma Dora, age: 35 years, Vill: Kansamari, GP: Singhapur, Block: Sanakhemundi, Dist: Ganjam

Duryodhan Dora aged about 40 years lives in Kansamari village of Sanakhemuhdi Block in Ganjam district. He has two children, a son of 7 years and a daughter of 3 years. He visited Mumbai a number of times for work and earn more money.

There he used to take alcohol with friends and visited prostitutes number of times. He is detected HIV positive. HIV virus has not affected his wife and children. But he keeps this thing secret form his wife because he does not have courage to say this thing to his wife.

He is suffering from different diseases and cannot able to work any more. His wife used to work to maintain the family. Sometimes he used to keep sexual relation with his wife by using condoms. He is under heavy mental strain and repents all times as to why he visited those prostitutes in Mumbai.

Sunita Bisoi, Age: 20 years, Father: Juranath Bisoi, Age: 50 years, Vill: Singhapur, GP: Singhapur, Block: Sanakhemundi

Sunita Bisoi aged about 20 years has married to Prasant Bisoi since one year. Prasant left her within one month of marriage to visit Surat to work in a Cotton mill. His family members especially the wife was under pressure because when her husband goes outside for long 7-8 months, she cannot be able to fulfil her emotion and sexual needs. Sunita has intercourse with her husband for only about 8-10 times during last one year. Now she was under lots of mental stress.

Before marriage her husband also used to visit Surat number of times for work in Cotton mills. There he used to have sexual contact with prostitutes from whom HIV virus attacked him. Sunita noticed that his husband’s health is decreasing day by day. After few months Prasant died of AIDS.

Prasant died about 10 days back. So Sunita became a widow recently. She also feels that HIV virus has transmitted to her from her husband. She is sure that she would die within few months. Her mental condition is not OK due to the double burden of losing her husband and acquiring HIV. She has lost her interest in life and remains always in a shocking state, in another world. Always she remains under heavy strain and sometimes she develops suicidal tendency. Her society and relatives has not been very kind to her. Their eye always moves around her and speaks lots of things. Her father is interested to get her married again. But she is not interested for this, as she knows that she will die of AIDS soon. She does not know what to do and who can help her. The psychosocial counsellors could be of great help to her. She must be tested for HIV. If she is found positive, then she should be treated accordingly. If she is HIV negative then she could lead a normal life and she could be married soon.

Santosh is always thinking, “Why I visited those prostitutes. Due to that momentary pleasure now I am suffering a lot”. Now Santosh can’t able to work & they have already sold every thing in their house for their survival. And now they are hopeless for their future.

They are now very ill. Now they are suffering from different illnesses and they do not have any earning. They have already sold their belongings. Even the Almirah her wife had brought during the marriage was also sold. They have already sold their land. They have only the house. They are now worried about how to manage for the few months of life left.

Name – Bideshi Lenka, Age – 30, Wife- Krishna Lenka, Age – 25, Village/G.P. – Sidheswar, Block – Digapahandi, District – Ganjam.

Bideshi Lenka migrated to Mumbai to work there because they do not have any work near his village. At Mumbai he started to earn money on his own and there is nobody to look after him. He had made friendship with few other such migrants and they used to make small parties among friends. In these parties they used to take alcohol & after that they used to visit prostitutes.

After Bideshi’s marriage when he again visited Mumbai for work the same life style continued. After taking alcohol he couldn’t able to control himself from visiting prostitutes. Due to sexual contact with prostitutes HIV virus attacked him.

Now his condition is not good. He may not remain alive more than two to three months. He knows that death is certain in few months. For this Bideshi, his wife and other family members are constantly under strain.

His wife constantly abuses him “Why you used to visit those Prostitutes. This had made our future dark”. Sometimes she also cries before him with heavy heart. This creates lots of mental stress. He also thinks about the future of his wife and his son after his death. The wife also worried about the future life of her son without the presence of his husband.

Now there is no sexual relationship between Bidesi and his wife. He often thinks, “Why I could not able to control myself & visited prostitutes, which had ruined my life totally. It had also ruined my parents life also, because I am the only son of my parents.”

Due to this the whole family is under tremendous mental strain. Some counselling facilities are needed for the family to give them relief from the mental strain. Psychosocial counselling must be provided to the entire family with appropriate treatment for AIDS for the patients.

After four months of marriage again his mental condition became unstable again. His attitude became very furious. Now his father has died and there is nobody to control him. His wife is now very depressed and hopeless about her future.

His wife goes out as daily labour to maintain his family. She does not want any help from others. If only his husband will be OK then every thing will be OK. Ram needs psychiatric treatment and rehabilitation measures.

Name: Jagir Sahoo, Mother: Chandrama Sahoo, Vill: Manikpur, GP: Jakara, Block: Digapahandi, Dist: Ganjam

Jagir moved to Koraput in search of employment. There he stayed in a mess, where he used to cook for the people in the mess. After few months he left that place due to not sufficient amount of remuneration. Then he remained in a hotel for few months and left that place also. Within this period he was under heavy strain regarding his income there and he cannot able to get any good job which will fulfil his wants.

And here in home his sold father & mother were living in very bad condition because, they have no land for agriculture & any other good source of income. Therefore in Jagir's mind there are lots of tension regarding all these things and slowly these heavy strain on his head moves towards mental imbalance of Jagir.

After his mental imbalance takes place he return back to his home. And now such condition takes place that his mother used to beg for her livelihood & Jagir used to roam around & eat whatever he gets from others & some time from a near by temple.

Name- Santosh Bisoi Age – 32, Wife Banita Bisoi Age – 27, Village- Sidheswar, G.P.- Sidheswar Block- Digapahandi District- Ganjam.

Santosh Bisoi belongs middle class family of Sidheswar, near Digapahandi. His mother is old and he is the only earning member of the family. He is a migrated labour who visits Mumbai seasonally. He is detected HIV Positive & residing at village Sidheswar with his wife & children.

He is very ill & it seems that, he is going to be alive for only two to three months more. He already transmitted this serious disease to his wife also. His 2nd child has expired due to AIDS at the age of six months. Now his wife has given birth to a 3rd child. The doctor said that after six months we would make a test for detection of HIV.

Before Santosh's marriage, when he was working in Mumbai, he used to visit prostitutes for 3 to 4 times without using any condoms. He used to take alcohol with his friends & after that they used to visit prostitutes. It seems that AIDS virus entered into his body during that time. Both husband and wife is very much mentally distressed.

the field and other people who are working there, only two of them came forward and dig the ground to bury the dead body. There is no chance to bury him according to the Hindu rituals.

After such a deadly shock when she requested her owner to leave them, so that they can return back to the village, her owner said, “You can not go back now, wait for your Sardar to come back”. I shall take money form your Sardar and then I can leave you.

So forcefully with a broken heart and unbalanced mind she has to remain there for 4 months. In this four months she only load bricks in trucks and if she was not able to work due to any health problem, then she was not able to get any money for food. And after four months when her Sardar went there, after listening every thing he brings her back with him to her home.

Name: Dutika Nag, Age: 35, wife of Goutam Nag, Age: 40, Village: Chacherbeng, GP: Nunhad, Block: Belpara, Dist: Bolangir

Dutika Nag has six-member family, who was living under acute poverty. Last year Dutika visited Hyderabad with family and used to work there in lots of adversity. This year her husband went alone with her son and daughter because she is expecting one house under Indira Awas Yojana and some person should be present in the village when enquiry officers will come for that.

She now has lots of tension. She always thinking about her family who are at Hyderabad. For this she was not able to concentrate over anything. She was not able to sleep well. She does not cook regularly and sometimes take Bhang to over come this mental stress. She sometimes is awakened at middle of night by some unknown voices, which tells terrible things about his husband and other family members.

Name: Ram Krushna Pradhan, S/o: Late Dandapani Pradhan, Vill: Manikpur, GP: Jakora, Block: Digapahandi, Dist: Ganjam

Ram went to Koraput 4 years ago and has not returned home since then. After 4 years news came from his friends in Koraput that he is mentally out of order. After listening this, his father moved to Koraput and brought Ram back with him to the village. In Koraput he was working under a Contractor as labour in Nalco, Damanjodi. Lots of problems were there with the contractor regarding payments.

This problem increased to such an extent that the contractor with help from local people gave lots of physical torture to Ram due to which slowly his mental balance deteriorated. After few months of treatment when Ram’s mental condition improved, his father arranged his marriage.

have to come to my place for sex, otherwise, I shall not pay you any money for the food for the treatment of your husband".

From that day onwards forcefully with a heavy heart she has to go to her owner for sex every time he wants. When Rukmani's husband came to know about the matter, he used to argue with the owner and threatened him to disclose this matter. So one night the owner and his people took him out and tied him with a tree and bit him with a stick severely. They tortured him with electric current too.

As Rukmani's husband is very weak due to illness so he cannot be able to resist this torture with electric current and died in the spot. Next day police came to do the investigation and send the dead body for post-mortem. The owner bribed the police so that the police did not take any action on him.

Then this Sardar told Rukmani to go home because the report of post-mortem would be declared after two months. He gave her Rs. 2000/- and some extra amount for travel. Here the Sardar promised Rukmini to give her Rs. 60000/- as compensation of her husband's death. Later the Sardar had totally forgotten about the compensation money.

So Rukmani came to the police station to file a case. When the Sardar came to know about this he came to the police station and called Rukmani outside the police station and taken signature in a paper and paid her Rs. 10000. Then he threatened "If you will complain again in the police station I shall not give the rest of the money". After taking this money Rukmani has performed the "Sudhi Kria" function of her husband.

Now after three months there is no response from the Sardar about rest of the money. And now Rukmani's daughter is staying with her Grand Father and mother and Rukmani is staying alone in a small hut in her husband's village. She has lost her mental balance and needs urgent psychiatric treatment. There is no way of income and she hardly got one meal per day.

Name: Sabitri Sabar, Age: 35, wife of Mangal Sabar, Village: Chaulia, GP: Nunhad, Block: Belpara, Dist: Bolangir

This family moved towards Hyderabad (Pathanchor) with a Sardar for brick making work. After one or two months her husband fell ill seriously. But there is not support or help from owner of that bricks factory. Sabitri has only Rs. 150 with her and after spending that much of money she was not able to do anything. She is completely helpless. One doctor of small dispensary advised her to take her husband to a big hospital but when she went to her owner and beg to help her, he very rudely cancel her application.

So, helplessly her husband died in that place and even after death there is no physical help also. Her owner only says to bury the dead body in nearby field. With lots of pain and strain she and her 10 year old son took the dead body to

We advised him to visit a psychiatrist at Bolangir. But the family members are not interested to take him to Bolangir because it might be a costly affair. Instead they are interested to take help from the faith healer or Gunia of the Village.

Name: Kusumlata Suna, Age 30, W/o: Keshab Suna, Vill: Chacherbeng, GP: Nunhad, Block: Belpara, Dist: Bolangir.

Last year the family of Kusumlata migrated to Hyderabad for bricks making. When they started the journey from Orissa by train, accidentally she and her husband remained in different boogie. Due to this she became very afraid.

The whole boogie was full of persons wearing black dress for a month long religious Devotion popularly known as “Ayappa Swami Brata”. It was her first train journey. She has never seen those types of people dressed in black from foot to head. She was afraid of those people particularly because of the colour of the dress. She was able to meet her husband after the train arrived at Hyderabad. After this she started to behave in a strange way. They knew that this incident has resulted in deterioration of her mental stress.

People noticed that whenever she saw a man wearing black full pant and shirt, she thought the man would do some harm to him. She started to think many absurd things and started to hear voices. She started to scream at those voices. She also started to scream at any person who was wearing black full pant and shirt. This behaviour slowly moved her mind towards insanity and she become more violent day by day. Sometimes she behaved normally and sometimes she behaved in this strange way.

She remained at Hyderabad for 7 months and returned back to Orissa but her behaviour was like that, no change took place. In Hyderabad she consulted a Doctor but there was no improvement. She was in such a mental state after returning from Hyderabad that she was afraid of the man wearing black full pant and shirt. She was send to her parent’s house for few days. This also did not work. Once her brother was wearing black full pant and shirt. She could not recognise him and started to scream.

After some months her mental problem slowly vanished and now she is fine. This happened due to good support, love and affection from the family and neighbours.

Name: Rukmani Meher, Age: 22, Wife of Benudhar Meher, Age: 26, Vill: Kushapalli, GP: Halenbhata, Block: Turekela, Dist: Bolangir

This family of Rukmani moved to Hyderabad with a Sardar. There after working for few months her husband fell ill seriously. After a little treatment that factory’s owner forced him to do the work but due to his illness he can not be able to do the work. The owner also bit him sometimes for this. After that secretly he used to threaten Rukmani Meher. He said “Your husband cannot work, therefore you

Brindaban used to have sex with other women workers of the area. This resulted in increased quarrel among the couple. Sukun was on mental stress due to this. In the meantime one among the three children living in the village fell sick.

Due to lack of proper care and treatment the child died. This incident coupled with bad behaviour of her husband worsened the mental condition of Sukun. Her in laws also tortured her and did not give her enough to eat. So after her return she lost her mental balance. She did not know what she was saying, why she is saying and to whom she is saying.

In this situation if she could have been taken to a psychiatrist for treatment, she could become normal. But instead of this, she was being tortured and so her condition worsened day by day. Migration has resulted in the present mental condition of Sukun. She lost her mental balance due to migration. All the hardships and trouble has come his way due to migration.

Name: Dharam Das, Age: 15 years, Son of Gobinda Das, Vill: Chacherbeng, GP: Nunhad, Block: Belapara, Dist: Bolangir

One Sardar of Khorkhora village took Dharam Das and one of his friend to Hyderabad for Bricks work. They used to load Bricks in trucks. They were kept in a small room which was locked from outside in the evening and again opened in the morning. They only used to give 1 kg of rice to eat. They were not free to go anywhere alone. Some persons guarded our movements all the time. Due to this they were in constant mental stress and tension. They often tried a lot to run away from there but were not successful.

Once Dharam got a chance to post a letter to their house in Orissa. After getting this letter Dharam's father and his friends went there. It took three days for them to locate Dharam and other labours by the help of some other labours who went form Orissa to work in Hyderabad.

Once when they were moving with a loaded truck, they saw their parents but signalled them not to come near them. This is because, if somebody will see this then it will simply be impossible for him to be free. In the evening when they got a chance and they come to their parents. They decided to immediately start their journey towards Orissa.

Some persons were also at the Railway station looking for them. But somehow they were successful to avoid them and reached Orissa safely. Now sometimes this Sardar threatens them and they fear that he may harm them. For this they were constantly under strain. They do not go anywhere in odd hours. They also fear to go anywhere alone. Sometimes they saw the scenes of Hyderabad in their dreams. This person we interviewed seemed to be under some mental stress and we felt that he needs medical attention and counseling.

were threatened with pistol and knife. Even if they visited the market one of the guards with loaded pistol came with them and kept an eye over them.

They lived in a tunnel like house, which is very unhygienic, and sometimes they were not allowed to visit open field for defecation. So they have to defecate on the side of the living place and cover that by putting some soil over that. After one year when they asked for payment the factory owner and his people behaved vary rudely and started showing bad manners to female persons living with them.

This behaviour slowly moved to such an extent that they have started sexual harassment with the unmarried girls living with them. Every night they forcefully took one of the girls to their room and threatened others that if anybody says anything they will simply shoot the person and throw the dead body in the lake. The respondents also suffered a lot of sexual harassment and they could not do anything. When they were pulled from their hut in front of their family members and villagers they suffered lots of humiliation.

The family members were also helpless and were suffered lot of humiliation. The factory owner and his people bribed two of the labours and they helped them to do all wrong things. The labours have to work for 18-20 hours a day without sufficient rest, which automatically lead to different types of health problems.

One of the labours Pabitra the uncle of Padma returned back because his wife was pregnant and she was not able to do the work. On request they let him go home, but they have not allowed his elder brothers daughter Padma Majhi. Due to this sexual harassment now Padma is 8 months pregnant.

After return Pabitra informed this to the police the district administration and the NGO Adhikar, who is working in the area. Adhikar took the issue forward and Jatin Kumar Patra, Member Secretary, Adhikar co-ordinated the rescue of all these people. Now all the people are rescued. The Sardar, the Factory owner and their gang are now behind the bars.

Sukun Mallick, Age: 40, Wife of: Brundaban Mallick, Vill: Kanhei Jhala Jhakari, GP: Kanhei Jhala, Block: Belpara, Dist: Bolangir.

In general the residents of Bolangir district resort to migration to other states to eradicate their poverty. Due to acute shortage of water, agriculture was not possible. So the poor people migrate to other states and engaged in brick making and other labour work. One among them is the family of Brundaban Mallick of Kanhei Jhola village.

Each year he migrates to Hyderabad with his family. He used to leave his elder children with his parents at the village. Brindaban and his wife Sukun work together for a living and send money to the village.

5. Case Studies

In this chapter we have presented few case studies to substantiate the mental health status of migratory population. People in Bolangir district are mostly migrating to Andhra Pradesh particularly to Hyderabad-Secunderabad and nearby areas. They work there in Brick factories as Brick making labourers. They work in a team of three to make bricks. So the wages per day is for a team and not for a person.

A Sardar is a person who acts as a middleman between the Factory Owner and labourers. He supplies labourers from the villages of Bolangir district and gets his commission. Sometimes he gives advance to the labourers and brings them to the spot for work. For making one thousand Bricks a team of three gets about Rs. 180/- per day. After deducting the advance, the rest amount was paid to the labourers. They were provided with shelter and food that was generally substandard and often they were made to work for long hours without sufficient rest and adequate nutrition.

People from Bolangir also migrate to Cuttack-Bhubaneswar and nearby areas to work as brick labourers, construction labourers and general labourers. The working conditions for them are little bit better then the former group.

People from Ganjam mostly migrate to Surat, Mumbai, Ahmedabad and other places for work in cotton mills, iron factory and Salvaging, working in various Shops and as daily labour.

The working condition of the above migrants coupled with various other factors made them prone to mental illness. Lets now consider few case studies in detail. We have often not used the real names of the victims in the narratives.

Name: Padma Majhi, age 16 years and Gauri Age: 17 years, Vill: Nagaphena, Saraswati Bariha, age 15 years, Vill: Belghar {GP: Juba, Block: Belpara, Dist: Bolangir.}

Total 12 persons of 4 families have wanted to earn more money for their living. Therefore they moved towards Secunderabad City led by a Sardar who gathered them from the village. They worked in a brick factory for one year and after that the factory owner did not give them any money. So all of them left the place and waited in the station for five days. After that another Sardar and Owner of a brick factory came and asked them to work for them. They escorted them to the factory at Bhart Nagar, Secunderabad, where they came to see the rough side of the picture.

They were paid only Rs. 100 per week for three persons, which is lower then the prevalent rate. They are forced to eat rice with a boiled potato or tomato. They were tortured and sometimes beaten. They did not have enough to wear. One person had only one cloth to wear. They use this one cloth day and night. They

Table 52: Self-satisfaction with own health

Respondent type	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Very satisfied	Total
Interstate migrants	2	23	7	161	193
%	1.04	11.92	3.63	83.42	100
Intrastate migrants	0	29	7	139	175
%	0	16.57	4.00	79.43	100
General population	1	45	27	106	179
%	0.56	25.14	15.08	59.22	100
Total	3	97	41	406	547
Percentage	0.5	17.7	7.5	74.3	100

Among interstate migrants 83.42% are very satisfied with their health while 11.92% are dissatisfied with their health. Among intrastate migrants 79.43% are very satisfied with their health while 16.57% are dissatisfied with their health. In comparison among general population only 59.22% are very satisfied with their own health while 25.14% are dissatisfied with their own health and 15.08% are neither satisfied nor dissatisfied with their own health.

Table 53: Total quality of life (QOL) score

Respondent type	Mean QOL Score	SD	Total
Interstate migrants	71.435	9.549	193
Intrastate migrants	74.743	7.297	175
General population	78.972	9.676	179
Total	74.960	9.447	547

The mean total quality of life score for interstate migrants, intrastate migrants and general population are 71.435, 74.743 and 78.972 respectively. This means that the quality of life of interstate migrants is worse among the three type of respondents while general population

Table 50: What is wrong with the currently ill persons

What is wrong with health	Interstate migrants	Intrastate migrants	General population	Total	%
Fever	26	20	17	63	49.22
Gastric	5	9	4	18	14.06
Rheumatism	1	3	4	8	6.25
Malaria	2	2	3	7	5.47
Diarrhoea	1	3	1	5	3.91
Skin diseases	3	0	2	5	3.91
Tuberculosis	2	2	1	5	3.91
Hydroxyl	2	0	1	3	2.34
Headache	1	1	1	3	2.34
Anaemia	0	1	2	3	2.34
Typhoid	1	1	0	2	1.56
Hernia	1	0	0	1	0.78
Jaundice	1	0	0	1	0.78
Stone in kidney	1	0	0	1	0.78
Filaria	0	0	1	1	0.78
Blood pressure	0	0	1	1	0.78
Piles	0	0	1	1	0.78
Total	47	42	39	128	100

Analyzing what is wrong with the currently ill persons 49.22% have fever while 14.06% have gastric. Few people are also suffering from Rheumatism, Malaria, Diarrhoea, Skin diseases, Tuberculosis, Hydroxyl, Headache, Anaemia, Typhoid, Hernia, Jaundice, Stone in kidney, Filaria, Blood pressure, and Piles.

Table 51: Rating of quality of life by the respondent

Respondents type	Very poor	Poor	Neither poor nor good	Good	Total
Interstate migrants	2	132	36	23	193
%	1.04	68.39	18.65	11.92	100
Intrastate migrants	1	137	29	8	175
%	0.57	78.29	16.57	4.57	100
General population	2	137	19	21	179
%	1.12	76.54	10.61	11.73	100
Total	5	406	84	52	547
%	0.9	74.2	15.4	9.5	100

Among interstate migrants 68.69% rated their quality of life to be poor while 18.65% rated it as neither poor nor good and 11.92% rated it as good. Among intrastate migrants 78.29% rated the quality of life as poor while 16.57% rated it as neither poor nor good. Among general population 76.54% rated their quality of life as poor while 11.73% rated it as good and 10.61% rated it as neither poor nor good.

Table 48: General health questionnaire (GHQ) Score

Respondent type	Mean GHQ Score	SD	GHQ score > 3	%	GHQ score > 4	%	Total
Interstate migrants	3.197	2.662	69	35.75	46	23.83	193
Intrastate migrants	2.406	2.134	52	29.71	27	15.43	175
General population	2.123	1.880	41	22.91	25	13.97	179
Total	2.592	2.304	162	29.62	98	17.92	547

The mean GHQ scores for interstate migrants, intrastate migrants and general population is 3.197, 2.406 and 2.123 respectively. This implies the mental health status of the interstate migrants is the worst among the three groups. The mental health status of intrastate migrants worse than the general population but better than that of the interstate migrants.

35.75% of interstate migrants have GHQ score above 3 while 23.83% of them have GHQ score above 4. 29.71% of intrastate migrants have GHQ score above 3 while 15.43% of them have GHQ score above 4. 22.91% of general population have GHQ score above 3 while 13.97% of them have GHQ score above 4.

Table 49: Respondents reported being currently ill

Respondent type	Currently ill	Currently not ill	Total
Interstate migrants	47	146	193
%	24.35	75.65	100
Intrastate migrants	42	133	175
%	24.00	76.00	100
General population	39	140	179
%	21.79	78.21	100
Total	128	419	547
Percentage	23.40	76.60	100

24.35% and 24% of respondents among interstate and intrastate migrants are currently ill while among general population 21.79% are currently ill.

Table 46: Treatability of Mental illness like any other disease

Respondent type	Yes	No	Total
Interstate migrants	128	65	193
%	66.32	33.68	100
Intrastate migrants	125	50	175
%	71.43	28.57	100
General population	130	49	179
%	72.63	27.37	100
Total	383	164	547
Percentage	70.0	30.0	100

33.68%, 28.57% and 27.37% respondents among interstate migrants, intrastate migrants and general population respectively do not think that mental health is treatable like any other disease.

Table 47: Help needed from others for the mental illness

Respondent type	Love & support	Employment facility	Treatment facilities	Can't Say	Total
Interstate migrants	84	67	1	41	193
%	43.52	34.72	0.52	21.24	100
Intrastate migrants	62	1	26	86	175
%	35.43	0.57	14.86	49.14	100
General population	33	0	14	132	179
%	18.44	0	7.82	73.74	100
Total	179	68	41	259	547
Percentage	32.72	12.43	7.5	47.35	100

Among interstate migrants 43.52% needed love and support from others for the mental illness and 34.72% needed employment facilities. Among intrastate migrants 35.43% needed love and support from others. In comparison among general population only 18.44% needed help and support from others.

Table 44: Consultation when mental illness occurs in family

Respondent type	Medicine specialist	Allopathic doctor	Homeopathic doctor	Ayurvedic doctor	Total	%
Interstate migrants	0	1	0	1	2	18.2
Intrastate migrants	0	2	0	0	2	18.2
General population	3	3	1	0	7	63.6
Total	3	6	1	1	11	100
%	27.3	54.5	9.1	9.1	100	

Respondents found to consult medicine specialist, allopathic doctor and homeopathic doctor and Ayurvedic doctor when mental illness occurs in family. No one was consulting a psychiatrist.

Table 45: Consider insanity of mind to be a disease

Respondent type	Yes	No	Total
Interstate migrants	128	65	193
%	66.32	33.68	100
Intrastate migrants	126	49	175
%	72.00	28.00	100
General population	131	48	179
%	73.18	26.82	100
Total	385	162	547
Percentage	70.4	29.6	100

33.68%, 28% and 26.82% respondents among interstate migrants, intrastate migrants and general population respectively do not consider insanity of mind to be a disease.

Table 42: Availability of Psychiatrist

Respondent type	Available	Not available	Total
Interstate migrants	7	186	193
%	3.63	96.37	100
Intrastate migrants	0	175	175
%	0	100	100
General population	0	179	179
%	0	100	100
Total	7	540	547
Percentage	1.3	98.7	100

Psychiatrists are not available among 96.37% interstate migrants. Psychiatrists are not available among all the interstate migrants and general population.

Table 43: Consult anyone when feels distressed

Respondent type	Yes	No	Total
Interstate migrants	2	191	193
%	1.04	98.96	100
Intrastate migrants	2	173	175
%	1.14	98.86	100
General population	7	172	179
%	3.91	96.09	100
Total	11	536	547
Percentage	2.0	98.0	100

98.96%, 98.86% and 96.09% respondents among the interstate migrants, intrastate migrants and general population do not consult anyone when feel distressed.

Table 40: Type of hospital (the nearest hospital)

Respondent type	Dispensary	PHC	CHC	SDH	Other Govt. Hospital	Private hospital	Total
Interstate migrants	7	9	13	6	7	151	193
%	3.63	4.66	6.74	3.11	3.63	78.23	100
Intrastate migrants	49	69	21	0	0	36	175
%	28.00	48.43	12.0	0.00	0.00	20.57	100
General population	20	49	58	22	23	7	179
%	11.17	27.38	32.4	12.29	12.85	3.91	100
Total	76	127	92	28	30	194	547
Percentage	13.89	23.23	16.8	5.13	5.48	35.47	100

For 78.23% interstate migrants the nearest hospital is a private hospital. For 48.43% intrastate migrants the nearest hospital is a PHC while for 28% respondents it is a Dispensary.

Table 41: Availability of Medicine specialist

Respondent type	Available	Not available	Total
Interstate migrants	62	131	193
%	32.12	67.88	100
Intrastate migrants	35	140	175
%	20.00	80.00	100
General population	84	95	179
%	46.93	53.07	100
Total	181	366	547
Percentage	33.1	66.9	100

Medicine specialists are available for only 32.12% and 20% respondents of interstate and intrastate migrants respectively. In comparison medicine specialists are available to 46.93% of general population.

Table 38: Type of substance use (except nicotine abuse)

Respondent type	Alcohol	Opium	No abuse	Total
Interstate migrants	81	5	107	193
%	41.97	2.59	55.44	100
Intrastate migrants	57	9	109	175
%	32.57	5.14	62.29	100
General population	46	5	128	179
%	25.70	2.79	71.51	100
Total	184	19	344	547
Percentage	33.64	3.47	62.89	100

55.44%, 62.29% and 71.51% among interstate and intrastate and general population respectively are not engaged in substance abuse. 41.97%, 32.57% and 25.70% among interstate and intrastate and general population respectively are taking alcohol. 2.59%, 5.14% and 2.79% among interstate, intrastate and general populations respectively are abusing Opium.

Table 39: Distance of nearest hospital

Respondent type	Mean	SD	1-5 km	6-10 km	11-15 km	16-20 km	Total
Interstate migrants	2.218	2.442	177	14	1	1	193
%	-	-	91.71	7.25	0.52	0.52	100
Intrastate migrants	2.463	1.504	170	5	0	0	175
%	-	-	97.14	2.86	0.00	0.00	100
General population	4.207	4.079	158	7	8	6	179
%	-	-	88.27	3.91	4.47	3.35	100
Total	2.947	3.004	505	26	9	7	547
Percentage	-	-	92.32	4.75	1.65	1.28	100

The mean distance of nearest hospital for interstate migrants, intrastate migrants and general population are 2.218, 2.463 and 4.207 respectively. For 91.71%, 97.14% and 88.27% of respondents among interstate migrants, intrastate migrants and general population the distance of hospital is between 1-5 kilometers.

Table 36: Group recreation activities

Respondent type	Community centre	Playing Cards	Nothing	Total
Interstate migrants	2	28	163	193
%	1.04	14.51	84.45	100
Intrastate migrants	0	3	172	175
%	0.00	1.71	98.29	100
General population	9	4	166	179
%	5.03	2.23	92.74	100
Total	11	35	501	547
Percentage	2.01	6.4	91.59	100

84.45%, 98.29% and 92.74% respondents respectively among interstate migrants, intrastate migrants and general population do not have any group recreation activities. Among interstate migrants 14.51% are playing cards. Among general population 5.03% have community centre facilities.

Table 37: Type of Tobacco use among respondents

Respondent type	Cigarette	Bidi	Chewing tobacco	No use	Total
Interstate migrants	60	15	89	29	193
%	31.09	7.77	46.11	15.03	100
Intrastate migrants	0	43	88	44	175
%	0.00	24.57	50.29	25.14	100
General population	0	43	74	62	179
%	0.00	24.02	41.34	34.64	100
Total	60	101	251	135	547
Percentage	10.97	18.46	45.89	24.68	100

Among interstate migrants 46.11% are using chewing tobacco while 31.09% are smoking cigarettes and 7.77% smoking Bidis. Among intrastate migrants 50.29% are chewing tobacco while 24.57% smoking Bidis. Among general population 41.34% are chewing tobacco while 24.02% are smoking Bidis. Among general population 34.64% are not using any form of tobacco while among interstate and intrastate migrants only 15.03% and 25.14% are not using any form of tobacco.

Table 34: Activities when felt depressed

Activities taken	Interstate migrants	Intrastate migrants	General population	Total	%
Contact with friend	43	27	16	86	22.75
Drinking alcohol	7	0	2	9	2.38
Visit to market	17	8	2	27	7.14
See movies	26	2	0	28	7.41
Sleep	11	29	16	56	14.81
Sit alone at home	54	60	39	153	40.48
Telephoning home	19	0	0	19	5.03
Total	177	126	75	378	100
Percentage	46.8	33.4	19.8	100	

When feel depressed 40.48% respondents' sit alone at home while 22.75% respondent's contact with friend and 14.81% respondents sleep. Few respondents are also found to be drinking alcohol, visit to market, see movies and telephoning home when depressed. So it was obvious that majority of respondents do not have enough coping mechanism when they feel depressed.

Table 35: Individual recreation activities

Respondent type	Watch TV	Watch movies	Puja	Nothing	Total
Interstate migrants	42	83	2	66	193
%	21.76	43.01	1.03	34.20	100
Intrastate migrants	0	3	5	167	175
%	0.00	1.71	2.86	95.43	100
General population	2	5	5	167	179
%	1.12	2.79	2.79	93.30	100
Total	44	91	12	400	547
Percentage	8.04	16.64	2.19	73.13	100

Analysing the above table we gather that 95.43% among intrastate migrants do not have any individual recreation facilities where as 34.20% of interstate migrants does not have any individual recreation facilities. Among interstate migrants 43.01% are watching movies while 21.76% are watching TV.

Table 32: Feel distressed mentally anytime.

Respondent type	Yes	No	Total
Interstate migrants	177	16	193
%	91.71	8.29	100
Intrastate migrants	126	49	175
%	72.00	28.00	100
General population	75	104	179
%	41.90	58.10	100
Total	378	169	547
Percentage	69.1	30.9	100

91.71% and 72% respondents respectively among interstate and intrastate migrants reported to be feel depressed anytime while among general population only 41.90% respondents reported to be feel depressed anytime.

Table 33: How often felt depressed

Respondent type	Daily	Twice a week	Once a week	Once in 15 days	Once a month	< once a month	Total	%
Interstate migrants	40	42	37	29	10	19	177	46.8
Intrastate migrants	26	18	20	20	16	26	126	33.4
General population	15	14	11	4	21	10	75	19.8
Total	81	74	68	53	47	55	378	100
Percentage	21.4	19.6	18.0	14.0	12.4	14.6	100	

Among the respondents who feel depressed anytime 46.8% are interstate migrants while 33.4% are interstate migrants. Only 19.8% belong to general population.

Table 30: Migrating with/without family.

Respondent type	With family	Without family	Total
Interstate migrants	15	178	193
%	7.77	92.23	100
Intrastate migrants	163	12	175
%	93.14	6.86	100
Total	178	190	368
Percentage	48.4	51.6	100

Among interstate migrants 92.23% are migrating without family while among intrastate migrants 93.14% are migrating with family.

Table 31: Facilities needed in place of origin.

Respondent type	Employment facilities	Irrigation facilities	Land provided by govt.	Bank loan facilities	Total
Interstate migrants	170	1	22	0	193
%	88.08	0.52	11.40	0.00	100
Intrastate migrants	154	12	0	9	175
%	88.00	6.86	0.00	5.14	100
Total	324	13	22	9	368
Percentage	88.04	3.53	5.98	2.45	100

88.08% and 88% respondents among interstate and intrastate migrants respectively said that if employment facilities are provided at the place of origin then they would not to migrate to other places. 11.40 respondents among interstate migrants said that if government provides land then they would not migrate to other places. Among intrastate migrants some mentioned that irrigation facilities, as Bank loan facilities are needed so as not to migrate to other places.

Table 28: Wages per day

Respondent type / Wages per day in Rs.	Mean	SD	20-49	50-99	100-149	150-200	Total
Interstate migrants	112.4	45.63	14	51	72	56	193
%	-	-	7.25	26.42	37.31	29.02	100
Intrastate migrants	68.82	24.42	3	147	21	4	175
%	-	-	1.71	84.00	12.00	2.29	100
General population	32.68	8.16	163	16	0	0	179
%	-	-	91.06	8.94	0.00	0.00	100
Total	72.38	45.07	180	214	93	60	547
Percentage	-	-	32.91	39.12	17.00	10.97	100

The mean wages per day of the interstate migrants, intrastate migrants and general population are 112.4, 68.82 and 32.68 respectively. Among interstate migrants 66.33% have wages above Rs. 100 per day while among intrastate migrants 84% have wages between Rs. 50-99. Among general population 91.06% have wages between Rs. 20-49. So obviously people are migrating because they are getting more wages after migration.

Table 29: Main reason for migration.

Respondent type	More wages	For exposure	Family pressure	Influence of friends	Unemployment	Total
Interstate migrants	133	3	2	1	54	193
%	68.91	1.55	1.04	0.52	27.98	100
Intrastate migrants	156	0	0	0	19	175
%	89.15	0.00	0.00	0.00	9.85	100
Total	289	3	2	1	73	368
Percentage	78.5	0.8	0.5	0.3	19.9	100

68.91% and 89.15% respondents among interstate migrants and intrastate migrants respectively stated “to get more wages” as the main reason of migration. 27.98% and 9.86% respondents among interstate and intrastate migrants respectively stated “unemployment” as their main reason of migration.

Table 26: Number of days working in a month

Respondent type	Mean	SD	15-24 days	25-27 days	28-30 days	Total
Interstate migrants	27.224	1.941	3	104	86	193
%	-	-	1.55	53.89	44.56	100
Intrastate migrants	26.006	1.567	1	152	22	175
%	-	-	0.57	86.86	12.57	100
General population	22.762	4.912	88	48	43	179
%	-	-	49.16	26.82	24.02	100
Total	25.382	3.686	92	304	151	547
Percentage	-	-	16.82	55.58	27.60	100

The mean number of days working in a month for interstate migrants, intrastate migrants and general population is 27.224, 26.006 and 22.762 days respectively. So the mean number of days working per month is more for the two types of migrant populations. Among interstate migrants 53.89% are working for 25-27 days a month while 44.56% work for 28-30 days per month. Among intrastate migrants 86.86% work 25-27 days per month while 12.57% work 28-30 days per month. Among general population 49.16% work for 15-24 days per month while 26.82% work for 22-27 hours per month and 24.02% work for 28-30 days per month.

Table 27: Number of hours working in a day

Respondent type	Mean	SD	6-7 hours	8-9 hours	10-12 hours	13-18 hours	Total
Interstate migrants	11.264	1.901	1	33	151	8	193
%	-	-	0.52	17.10	78.24	4.15	100
Intrastate migrants	9.903	1.793	0	69	100	6	175
%	-	-	0.00	39.43	57.14	3.43	100
General population	8.061	0.572	6	163	10	0	179
%	-	-	3.35	91.06	5.59	0.00	100
Total	9.781	2.038	7	265	261	14	547
Percentage	-	-	1.28	48.45	47.71	2.56	100

The mean hours working in a day for interstate migrants, intrastate migrants and general population are 11.264, 9.903 and 8.061 respectively. Among interstate migrants 78.24% work for 10-12 hours per day while among interstate migrants 57.14% work for 10-12 hour per day while 39.43% work for 8-9 hours per day. In comparison, 91.06% general population works for 8-9 hours per day.

Table 24: Distance of migration of interstate migration

Distance in Km	Frequency	Percentage
200-300	5	2.59
301-1199	0	0
1200-2000	131	67.88
2001-2800	57	29.53
Total	193	100

The mean distance of migration of interstate migration is 2036.435 km with a standard deviation of 438.180 km. 67.88% interstate migrants are migrating to a distance to 1200-2000 km followed by 29.53% migrating to a distance of 2001-2800 km.

Table 25: Number of Months working in a year

Respondent type	Mean	SD	<= 3 month	4-6 month	7-9 month	10-12 month	Total
Interstate migrants	6.839	2.432	21	64	79	29	193
%	-	-	10.88	33.16	40.93	15.03	100
Intrastate migrants	6.217	1.268	2	124	44	5	175
%	-	-	1.14	70.86	25.14	2.86	100
General population	7.212	1.821	0	87	64	28	179
%	-	-	0.00	48.60	35.75	15.65	100
Total	6.762	1.959	23	275	187	62	547
Percentage	-	-	4.20	50.27	34.19	11.34	100

The mean distance of migration of interstate migrants, intrastate migrants and general population is 6.839, 6.217 and 7.212 months respectively. Among interstate migrants 40.93% are working for 7-9 months followed by 33.16% working for 4-6 months. Among intrastate migrants 70.86% are working for 4-6 months followed by 25.14% working for 7-9 months.

Table 22: Duration of migration of interstate migrants

Duration of migration	Frequency	Percentage
1-6 months	85	70.65
7-12 months	101	27.45
13-24 months	7	1.90
Total	193	100

Mean duration of migration of interstate migrants is 7.067 months with a Standard deviation of 3.601 months. Majority of respondents (70.65%) are migrating for a period of 1-6 months while 27.45% are migrating for a period of 7-12 months and 1.90% migrants migrate for a period of 13-24 months.

However, all the intrastate migrants are migrating for a period of 1-6 months. The mean duration of migration of intrastate migrants is 2.069 months with a standard deviation of 1.003 months.

Table 23: Distance of migration of intrastate migration

Distance in Km	Frequency	Percentage
130-200	25	14.29
201-300	73	41.71
301-400	55	31.43
401-600	22	12.57
Total	175	100

The mean distance of migration of intrastate migration is 319.114 Km with a standard deviation of 98.123 km. 41.71% respondents are migrating to a distance of 201-300 km followed by 31.43% respondents to a distance of 301-400 km.

Table 20: Electricity facilities

Respondent type	Yes	No	Total
Interstate migrants	162	31	193
%	83.94	16.06	100
Intrastate migrants	11	164	175
%	6.29	93.71	100
General population	10	169	179
%	5.59	94.41	100
Total	183	364	547
Percentage	33.5	66.5	100

Among interstate migrants 83.94% are having electricity facilities while among intrastate migrants only 6.29% are having such facilities. Among general population 5.59% are having electricity facilities.

Table 21: Facility for food

Respondent type	Cooking	Hostel or Mess	Restaurant	Total
Interstate migrants	75	111	7	193
%	38.86	57.51	3.63	100
Intrastate migrants	166	8	1	175
%	94.86	4.57	0.57	100
General population	179	0	0	179
%	100	0	0	100
Total	420	119	8	547
Percentage	76.8	21.8	1.5	100

Among interstate migrants 57.51% are taking food in hostel or mess followed by 38.86% are cooking their food. Only 3.63% are taking food in a restaurant. Among intrastate migrants 94.86% are cooking their food while 4.57% are taking food in hostel or mess. Only one respondent is taking food in restaurant. The entire general population sample is cooking their food.

Table 18: Type of latrine facilities

Respondent type	Open field	Barpali latrine	Septic latrine	Total
Interstate migrants	82	23	88	193
%	42.49	11.92	45.59	100
Intrastate migrants	175	0	0	175
%	100	0	0	100
General population	179	0	0	179
%	100	0	0	100
Total	436	23	88	547
Percentage	79.7	4.2	16.1	100

Among interstate migrants 45.59% use septic latrine followed by 42.49% use open field and 11.92% use Barpali latrine for defecation. All the intrastate migrants and general population use open field for defecation.

Table 19: Number of persons using one latrine

Number of persons using one latrine	Frequency	Percentage
1-5	43	38.74
6-10	47	42.34
11-15	9	8.11
16-20	12	10.81
Total	111	100

The Mean number of persons using one latrine is 8.018 with a standard deviation of 5.222. From the above table it is evident that the number of persons using one latrine is very high for the interstate migrants.

Table 16: Number of persons living in one room

Respondent type	Mean	SD	1-2	3-5	6-10	11-40	Total
Interstate migrants	8.383	7.597	17	73	68	35	193
%	-	-	8.82	37.82	35.23	18.13	100
Intrastate migrants	3.314	1.25	51	112	12	0	175
%	-	-	29.14	64.00	6.86	0.00	100
General population	3.039	1.242	80	90	9	0	179
%	-	-	44.69	50.28	5.03	0.00	100
Total	5.013	2.245	148	275	89	35	547
Percentage	-	-	27.06	50.27	16.27	6.40	100

The mean number of persons living in a room for interstate migrants, intrastate migrants and general population are 8.383, 3.314 and 3.039 respectively. So more numbers of interstate migrants are living in one room.

Table 17: Type of drinking water facilities

Respondent type	Pond	River	Open well	Closed well	Tube well	Tap	Total
Interstate migrants	10	2	10	4	68	99	193
%	5.18	1.04	5.18	2.08	35.22	51.30	100
Intrastate migrants	0	8	70	4	93	0	175
%	0.00	4.57	40.00	2.29	53.14	0.00	100
General population	0	12	96	0	71	0	179
%	0.00	6.70	53.64	0.00	39.66	0.00	100
Total	10	22	176	8	232	99	547
Percentage	1.8	4.0	32.2	1.5	42.4	18.1	100

Among interstate migrants, 51.30% have tap water facilities followed by 35.22% have tube well facilities. Among intrastate migrants, 53.14% have tube well facilities followed by 40% have open well facilities. Among general population, 53.64% have open well facilities followed by 39.66% have tube well facilities.

Table 14: Type of residence of interstate migratory workers

Type of residence	Frequency	Percentage
Own house in slum area	13	6.7
Rented house in slum area	15	7.8
Rented house	103	53.4
Hostel provided by employer	62	32.1
Total	193	100

Most of the interstate migratory workers are residing in rented house (53.4%) followed by 32.1% residing in the hostel provided by employer. 6.7% and 7.8% interstate migrants are living in own house in slum area and rented house in slum area respectively. All the intrastate migrants are found to be living in hostel provided by employer. Similarly all the general population are living in their own houses.

Table 15: House type

Respondent type	Kutcha	Semi kutcha	Pucca	Total
Interstate migrants	28	54	111	193
%	14.51	27.98	57.51	100
Intrastate migrants	171	4	0	175
%	97.71	2.29	0.00	100
General population	80	75	24	179
%	44.69	41.90	13.41	100
Total	279	133	135	547
Percentage	51.0	24.3	24.7	100

57.51% interstate migrants are found to be living in Pucca houses while 97.71% of intrastate migrants are living in Kutcha houses. So living condition of interstate migrants is better.

Table 12: Place of migration of interstate migrants

Place of migration	Frequency	Percentage
Gujrat	131	67.86
Maharastra	30	15.53
Andhra pradesh	8	4.15
Chhatisgarh	5	2.59
Karnataka	5	2.59
Assam	2	1.04
Bhutan	2	1.04
Delhi	2	1.04
Goa	2	1.04
Tamil Nadu	2	1.04
Himachal pradesh	1	0.52
Jammu and kashmir	1	0.52
Mizoram	1	0.52
Nagaland	1	0.52
Total	193	100

Among interstate migrants 67.86% are migrated to Gujrat followed by 15.53% to Maharastra and 4.15% to Andhra Pradesh. Few respondents were also migrated to Chhatisgarh, Karnataka, Assam, Bhutan, Delhi, Goa, Tamil Nadu, Himachal Pradesh, Jammu and Kashmir, Mizoram and Nagaland.

Table 13: Caste of respondents

Respondent type	SC	ST	OBC	General	Total
Interstate migrants	12	20	100	61	193
%	6.22	10.36	51.81	31.61	100
Intrastate migrants	61	89	23	2	175
%	34.86	50.86	13.14	1.14	100
General population	32	45	79	23	179
%	17.88	25.14	44.13	12.85	100
Total	105	154	202	86	547
Percentage	19.2	28.2	36.9	15.7	100

Among interstate migrants 51.81% are of other backward Class followed by 31.61% General caste. Scheduled Caste and Scheduled Tribe interstate migrants are 6.22% and 10.36% respectively. Among intrastate migrants 50.86% are Scheduled Tribes while 34.86% are Scheduled Castes.

Table 10: Place of interview of intrastate of migrants

Place of migration	Frequency	Percentage
Ganjam	70	40
Khurda	105	60
Total	175	100

We have interviewed 60% of intrastate migrants in Khurda district and 40% of intrastate migrants in Ganjam district.

Table 11: Place of origin of intrastate migrants:

Place of origin	Frequency	Percentage
Bolangir	95	54.3
Nuapara	16	9.1
Ganjam	13	7.4
Bargarh	10	5.7
Mayurbhanj	10	5.7
Bhadrak	8	4.6
Boudh	7	4.0
Sonepur	7	4.0
Sundargarh	6	3.4
Balasore	1	0.6
Khurda	1	0.6
Sambalpur	1	0.6
Total	175	100

Among the intrastate migrants 54.3% belongs to Bolangir district followed by 9.1% from Nuapara and 7.4% from Ganjam district. 5.7% respondents each from Bargarh and Mayurbhanj districts is found. Some respondents' form Bhadrak, Boudh, Sonepur, Sundargarh, Balasore, Khurda and Sambalpur are also found.

Table 8: Family size.

Respondent type	Mean	SD	2-5	6-8	9 or more	Total
Interstate migrants	5.01	1.65	127	61	5	193
%	-	-	65.80	31.61	2.59	100
Intrastate migrants	4.84	1.79	115	56	4	175
%	-	-	65.71	32.00	2.29	100
General population	5.11	2.09	109	59	11	179
%	-	-	60.89	32.96	6.15	100
Total	4.99	1.85	351	176	20	547
Percentage	-	-	64.17	32.18	3.65	100

The mean family size of interstate, intrastate and general population are 5.01, 4.84 and 5.11 respectively. 64.17% families the family size is 2-5 persons followed by 6-8 persons in 32.18% and above 9 persons in 3.65% families. There is no significant difference between the family sizes among interstate, intrastate and general populations.

Table 9: Family type

Respondent type	Nuclear	Joint	Extended	Total
Interstate migrants	117	74	2	193
%	60.62	38.34	1.04	100
Intrastate migrants	120	55	0	175
%	68.57	31.43	0.00	100
General population	173	6	0	179
%	96.65	3.35	0.00	100
Total	410	135	2	547
Percentage	75.0	24.6	0.4	100

Among interstate migrants 60.62% are nuclear families and 38.34% are joint families. Among intrastate migrants 68.57% are nuclear families and 31.43% are joint families. Among general population 96.65% are nuclear families and 3.35% are joint families.

Table 7: Annual income (in Indian Rupees)

Respondent type	Mean	SD	8000 – 20000	20001-40000	40001-80000	Above 80000	Total
Interstate migrants	40746	24340	41	77	65	10	193
%	-	-	21.24	39.90	33.68	5.18	100
Intrastate migrants	27901	13458	65	84	25	1	175
%	-	-	37.14	48.00	14.29	0.57	100
General population	18825	10617	126	43	10	0	179
%	-	-	70.39	24.02	5.59	0	100
Total	29368	19584	232	204	100	11	547
Percentage	-	-	42.41	37.30	18.28	2.01	100

The mean family income of interstate migrants, intrastate migrants and general population are Rs. 40746, Rs. 27901 and Rs. 18825 respectively.

Among interstate migrants 39.90% have annual income of Rs. 20001-40000 followed by 33.68% have annual income of Rs. 40001-80000 and 21.24% have annual income Rs. 8000-20000. Only 5.18% have annual income above Rs. 80000.

Similarly among intrastate migrants 48.00% have annual income of Rs. 20001-40000 followed by 37.14% have annual income of Rs. 8000-20000 and 14.29% have annual income Rs. 40001-80000. Only 0.57% has annual income above Rs. 80000.

Among general population 70.39% have annual income Rs. 8000-20000 followed by 24.02% have annual income of Rs. 20001-40000. Only 5.59% have annual income above Rs 40000.

Table 5: Marital status

Respondent type	Married	Unmarried	Widow	Widower	Total
Interstate migrants	104	85	3	1	193
%	53.89	44.04	1.55	0.52	100
Intrastate migrants	163	11	0	1	175
%	93.14	6.29	0.00	0.57	100
General population	155	15	8	1	179
%	86.59	8.38	4.47	0.56	100
Total	422	111	11	3	547
Percentage	77.2	20.3	2.0	0.5	100

Among interstate migrants 53.89% are married while 44.04% are unmarried. Among intrastate migrants 93.14% are married while only 6.29% are unmarried. Among general population 86.59% are married and 8.38% are unmarried. The percentage of unmarried persons is comparatively more in case of interstate migrants. Percentage of widow and widower are less in all the three groups.

Table 6: Number of persons migrated in the family

Respondent type	Mean	SD	1	2-4	5-8	Total
Interstate migrants	1.492	0.919	132	57	4	193
%	-	-	68.39	29.53	2.08	100
Intrastate migrants	3.783	2.596	11	112	52	175
%	-	-	6.29	64.00	29.71	100
Total	2.582	1.728	143	169	56	368
Percentage	-	-	38.86	45.92	15.22	100

The mean number of persons migrated for interstate and intrastate migrants are 1.492 and 3.783 respectively. The percentage of 2-4 persons migrating in family for intrastate migration is 64%. The percentage of 1 person migrating in family is 68.39% for interstate migrants. So more numbers of family members are found to be migrating for intrastate migration. For interstate migration people are interested to migrate alone in most cases.

Table 3: Education status

Respondent type	Illiterate	Literate	1-5 std	6-7 std	8-10 std	Above Matric	Total
Interstate migrants	56	0	56	27	46	8	193
%	29.02	0.00	29.02	13.99	23.83	4.14	100
Intrastate migrants	114	2	34	12	12	1	175
%	65.14	1.14	19.43	6.86	6.86	0.57	100
General population	90	4	46	15	19	5	179
%	50.28	2.23	25.70	8.38	10.61	2.80	100
Total	260	6	136	54	77	14	547
Percentage	47.4	1.1	24.9	9.9	14.1	2.6	100

Percentages of illiterate population are highest among intrastate migrants (65.14%) followed by 50.28% among general population and 29.02% among interstate migrants.

Table 4: Occupation

Respondent type	Bricks labour	Agr. labour	Salvaging	Cotton mills	Iron work	Shop work	Daily labour	Total
Interstate migrants	10	0	7	102	4	5	65	193
%	5.18	0.00	3.63	52.85	2.07	2.59	33.68	100
Intrastate migrants	175	0	0	0	0	0	0	175
%	100	0	0	0	0	0	0	100
General population	0	84	0	0	0	0	95	179
%	0	46.93	0	0	0	0	53.07	100

All the intrastate migratory persons are bricks labours. Among the interstate migrants majority are working in cotton mills (52.85%) followed by daily labour (33.68%). Among general population 53.07% are labour followed by 46.93% are agricultural labour.

4. Findings of the Study

The findings of the study are given below in tabular form. Most of the tables are self explanatory in nature. However, each table follows few lines that explains and analyses the table and its significant features. Among total respondents the interstate migrants, intrastate migrants and the general population are 35.3%, 32.0% and 32.7% respectively.

Table 1: Age structure

Respondent type	Mean age	SD	Age group in years			
			16-24	25-45	46-66	Total
Interstate migrants	28.44	8.35	68	120	5	193
%	-	-	35.23	62.18	2.59	100
Intrastate migrants	35.43	10.05	24	130	21	175
%	-	-	13.71	74.29	12	100
General population	39.41	11.89	14	124	41	179
%	-	-	7.82	69.27	22.91	100
Total	34.27	11.13	106	374	67	547
%	-	-	19.38	68.37	12.25	100

The mean age of total sample is 34.27 years with a standard deviation of 11.13 years, minimum age is 16 and maximum age is 66 years. Among interstate migrants the mean age is 28.44 years with a standard deviation of 8.35 years. 62.18% of the interstate migratory persons were of 25-45 year age group. Among the intrastate migrants the mean age is 35.43 years with a standard deviation of 10.05 years. 74.29% of the intrastate migrants are of 25-45 year age group. Respondents of 16-24 year age group are 35.23% among interstate migrants, which is more than that of the other two groups.

Table 2: Sex structure

Respondent type	Male	Female	Total
Interstate migrants	185	8	193
%	95.85	4.15	100
Intrastate migrants	148	27	175
%	84.57	15.43	100
General population	146	33	179
%	81.56	18.44	100
Total	479	68	547
%	87.6	12.4	100

Among interstate migrants, 95.85% are male while 4.15% are female. Among intrastate migrants, 84.57% are male while 15.43% are female. Among general population 81.56% are male while 18.44% are female. The female percentage is more for general population and for intrastate migrants than interstate migrants.

Multistage Stratified Random Sampling method would be adopted. The three districts of Khurda, Ganjam and Bolangir were selected as these three districts have highest number of migratory population. The sample size was drawn using proportional allocation in the selected districts.

We have interviewed total of 547 samples in Ganjam, Bolangir and Khurda districts of Orissa. We have also interviewed key mental health care providers, key NGO functionaries, and taken few case studies to supplement the information gathered through schedules. We have interviewed recently returned Interstate migrants at their places of origin. Intrastate migrants were interviewed in their place of migration. General population was interviewed at their normal place of residence.

The draft schedule was duly pre-tested by administering them to few respondents. Necessary changes were made to the draft schedule after the pre-testing. Three expert and experienced field investigators carried out the data collection. The training of the field investigators was carried out during 18th to 20th December 2003 at OVHA Office, Bhubaneswar and at MIND, Satyanagar, Bhubaneswar. Topics covered during the training were as follows.

- Introduction to the study, objectives, methodology, whom to interview.
- Discussion on Socio-economic Demographic Schedule,
- Discussion on how to prepare case studies:
- Discussion on General Health Questionnaire and Quality of life Questionnaire at MIND, Satyanagar, Bhubaneswar
- Practical sessions of using Socio-economic Demographic Schedule, General Health Questionnaire and Quality of life Questionnaire
- Mock interviews and real interviews

The data collection activity was carried out during the month of January and first half of February 2004. The data tabulation and analysis was done during first half of March 2004 and the draft report was ready by end of March 2004.

The analysis and tabulation was done using EPI Info Version 6, a word processing, database, and statistics program for public health. This was produced by the Division of Surveillance and Epidemeology, Epidemeology Program Office, Centre for Disease Control and Prevention (CDC), Atlanta, Georgia 30333 in collaboration with the Global Programme on AIDS and World Health Organization (WHO), Geneva, Switzerland.

2. Study Objectives:

To identify socio-economic and psychosocial factors leading to migration
To assess whether migratory population have more mental health problems than general population.
To identify causes of mental health problems among the migratory population.
To assess the health care services available for the mentally ill persons
To suggest possible measures of intervention to mitigate mental health concerns of migrant population through policy and programme interventions

3. Materials and Methods:

The study topic, overall content and format of the schedule and methodologies were developed in consultation with experts in the field of mental health in Orissa. We have interviewed three types of respondents, viz, Interstate migrants, Intrastate migrants and general population. The respondents were interviewed in person using three types of schedules mentioned below.

1. Socio-economic and demographic schedule:

The socio-economic and demographic schedule contained various items like, age, sex, education, occupation, marital status, annual income caste, and housing conditions at place of migration. We have included various details of migration such as duration, distance, reasons of migration and mental health care facilities such as recreation, substance abuse, type of hospital, distance, availability of psychiatrist and medicine specialist. It contained 31 items and was designed to be easy to administer as well as acceptable to the respondents. The schedule was fairly short and objective in nature.

2. General Health Questionnaire:

The General Health Questionnaire (GHQ) contained 12 items, was designed to be a screening test aimed at detecting psychiatric disorders among respondents in community settings and non-psychiatric clinical settings. The questionnaire was easy to administer, was acceptable to respondents, fairly short and objective in the sense that it did not require the person administering it to make subjective assessments about the respondent. It aimed at detecting various forms of psychiatric disorders and its focus was on psychological components of ill health.

3. Quality of life Questionnaire:

It consists of 28 items for understanding individual level satisfaction. This assessment asks how one feels about quality of life and other areas of life. The questions are simple and was suitable to be administered or by an interviewer. It is suitable to be used where quality of life is amongst one of several parameters being assessed. It is further used to compare quality of life of different sections of the populations.

drug addictions and personality problems. About 20-25% of outpatients at primary care centres come with psychosomatic symptoms. About 10-20 per thousand of the population are affected by a serious mental disorder at any point in time (point prevalence).

The main burden of psychiatric morbidity in the adult population consists of acute mental disorders; chronic or frequently recurring mental illnesses; emotional illness such as anxiety, hysteria, neurotic depression; alcohol abuse, and alcohol and drug dependence and psychiatric disturbances among children. No factual data are currently available regarding the loss of productivity, of income and even of life due to mental illness. But it should be pointed out that suffering due to mental illness often is not confined to the affected individual, but it causes dysfunction of entire families.

There are many people in tenuous situations in areas to which they have migrated for economic or political reasons, who do not have adequate access to health care and are at great risk from disease, reproductive, mental and other health problems. In order to achieve mental health promotion for migratory population we need to identify factors leading to ill health.

How are we to imagine the complex connections between migration, and mental health? We have to consider multiple reasons why prevalence of various health conditions may differ between migratory and non-migratory groups. It may be because they represent the low social class and thus have worse life chances, because different cultural patterns influence health behaviour, or because the stress and trauma the migratory population experience have health impacts.

The factors affecting mental health is probably more complex than those affecting physical health because cultural and environmental factors also affect diagnosis and identification? Education and class differences between migrant and mainstream groups will be confounded with differences in prevalence of a mental health condition, which is itself sensitive to culture.

The disease, the man and the world goes together, and cannot be considered separately as things in themselves. Consequently we will argue that, if we take up mental health promotion among migrants, we will have to work with different migrant groups to achieve it. Specific conditions like depression, anxiety and loneliness that can cause individual migrants distress. The composite measure of depression, loneliness, isolation and boredom was affected by different factors in different groups.

Alcohol abuse especially amongst poor migrants is particularly deleterious as precious wages are wasted on alcohol rather than on food, education and health. Considering these aspects we have taken up the present study on situational analysis of mental health among migratory population of Orissa.

STUDY ON MENTAL HEALTH

1. Introduction:

Orissa is one of the most backward states in India. A large number of its inhabitants live in the villages. It has a wide track of hills and forests along with a coastline. The socio-economic character of the state is in an alarming state. There are various pockets recording a large number of migrations. Poverty and migration related mental health disorders are reported at many places.

Mental health is not mere absence of mental illness. Good mental health is the ability to respond to the many varied experiences of life with flexibility and a sense of purpose. Mental health can be defined as a state of balance between the individual and the surrounding world, a state of harmony between oneself and others, a coexistence between the realities of the self and that of other people, and that of the environment.

Mortality statistics underestimate the burden from non-fatal conditions such as neuro-psychiatric disorders, which include both mental and neurological diseases. These conditions have been ignored for long as they are absent from ‘cause of death’ lists. When disease burden measurement includes “time lived with disability”; several of the neuro-psychiatric disorders become leading causes of disease burden.

There are many myths and beliefs, which is a barrier to the treatment of the mentally ill. Psychotic illnesses are considered a "Curse from Gods" or manifestations of evil spirits or punishment for sins in the past life. Generally, people do not sympathise with a mentally ill person, because they impart a character value to the patient, and believe that the person lacks the will power to pull him or herself up and is just not making an effort. Many times patients are ignored, isolated or taken to sorcerers and faith healers and treated with rituals rather than with appropriate medications.

Mental ill health causes much suffering, disability and death. Some patients are unable to work, some suffer overwhelming fears, and others grapple with constant negative thoughts, and may turn to alcohol. Links have been found between some mental disorders and adverse social conditions such as poverty, unemployment, illiteracy, homelessness, gender discrimination and migration.

Psychosocial factors induce all kinds of illness not simply mental ones. They include conditions such as essential hypertension, peptic ulcer and bronchial asthma. Mental health covers a wide range of conditions from those as severe as psychotic depression or acute schizophrenia to the less severe anger and frustration that causes distress among the migratory worker and their families.

The burden of suffering from mental illness is large enough to make it an issue of public health importance. Two percent of the population suffers from severe mental morbidity at any point of time and ten percent from neurosis, alcohol and