Migrants and Health Status: Assessing Adherence to Treatment in Noncommunicable Diseases is Important

Sir,

I went through with considerable interest the article by Bener which highlights the health problems in migrant workers of South Asian origin who work in Qatar.[1] The process of migration can entail several health risks because of lifestyle and environmental changes apart from stressors related to adjusting in a different sociocultural environment.[2] The World Health Organization therefore recognizes avoiding disparities in health status and access to health services to be a major public health goal.[3] The following study limitations are discussed in context of the present study which can be addressed in future studies on the subject:

1. Factors related to migration are known to increase the risk of developing noncommunicable diseases (NCDs) such as diabetes, hypertension, and heart disease. Bener in this study included workers who were residing in the country for at least 12 months. However, the study did not collect patients' history with regard to the duration since diagnosis of NCDs such as diabetes in the workers which precluded the possibility of identifying whether a significant proportion of the migrants had preexisting NCDs or did they develop NCDs sometime during their stay in the country. NCDs such as diabetes also increase the risk of developing complications which worsen health status. Moreover, migrants with preexisting diseases are associated with adverse health outcomes especially when lacking access to health facilities.[4] They are also more likely to be nonadherent to their recommended treatment.[5] Therefore, researchers should also consider assessing medical adherence in migrant patients afflicted with NCDs such as diabetes, hypertension, and/or heart disorders which require lifetime treatment and good availability and accessibility to affordable healthcare services
2. The nonresponse rate in the study was very high (27%) despite the study not involving any mail-based questionnaires. The presence of high proportion of nonrespondents can render the study results susceptible to nonresponse or participation bias should the responses of those who did not respond differed significantly from those who responded. However, the reasons for nonresponse have not been elaborated by the author. Furthermore, it is not stated whether nonresponse was higher across urban or nonurban areas
3. The author could have collected data for variable recording the duration of stay in the country to find out whether it was an independent predictor of the outcome "health problem" by including it in the regression model.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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Received: 13 Nov 17 **Accepted:** 25 Nov 18
Published: 17 May 19

References

1. Bener A. Health status and working condition of migrant workers: Major public health problems. Int J Prev Med 2017;8:68.
2. Gushulak B, Weekers J, MacPherson D. Migrants and emerging public health issues in a globalized world: threats, risks and challenges, an evidence-based framework. Emerg Health Threats J 2009;2:e10. doi: 10.3134/ehtj. 09.010.
3. WHO. Health of Migrants: Report by the Secretariat. Available from: http://www.who.int/hac/techguidance/health_of_migrants/B122_11-en.pdf. [Last accessed on 2017 Nov 14].
4. Moynihan B, Gaboury MT, Onken KJ. Undocumented and unprotected immigrant women and children in harm's way. J Forensic Nurs 2008;4:123-9.
5. Nguyen N, Achusim LE. Medication adherence in an immigrant population: Vietnamese Americans. Drug Benefit Trends 2000;14:35-39.

Access this article online	
Quick Response Code:	Website: www.ijpvmjournal.net/www.ijpm.ir
	DOI: 10.4103/ijpvm.IJPVM_498_17

How to cite this article: Basu S. Migrants and health status: Assessing adherence to treatment in noncommunicable diseases is important. Int J Prev Med 2019;10:87.