

OVERVIEW OF THE FINDINGS

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The findings of this project have given us an insight of the health status and some of the health problems of the foreign workers currently employed in Malaysia.

Socio-demographic profile.

The estimated number of legally registered foreign workers in Malaysia is 900,000 comprising mainly Indonesians (70%) and Bangladeshis (24%), followed by Others (Philippines, Thailand, Myanmar, Sri Lanka, Pakistan and India). However, in this study because of problems with logistics a non-probability sampling method was used. Study subjects were selected from 3 predetermined study locations. Hence the composition of the study population did not reflect the true composition of the foreign workers in this country. This study population comprised 47.9% Bangladesh workers, 14.8% Indonesians, 13.7% Thais, 12.4% Myanmar, 9.9% Pakistanis and 1.3% Others.

Male foreign workers were over represented in this study population (male : female = 7 : 1). And the workers were mainly in the 25 – 34 year age group (62.5%).

In terms of education, among the Bangladesh workers 54.8% had achieved secondary education, while majority of Thais and Indonesians had only primary education. Most of the respondents in this study were engaged as factory workers (35.7%), followed by construction workers (18.3%), agriculture workers (13.6%) and service workers (13.3%).

Health status

The physical examinations and chest X-ray findings did not reveal any significant abnormalities. This is not surprising since these workers had cleared their pre-employment medical examination before coming to this country. However, it was interesting to note, that the mean eosinophilia count among these study subjects was 7% suggesting that these workers may be having occult parasitic infection which was not detected earlier using the routine laboratory tests.

The morbidity pattern of these foreign workers was mainly confined to injuries and accidents, musculoskeletal problems and gastrointestinal complaints. These complaints mainly occurred among the 45 – 54 years age group.

Almost 90% of the foreign workers sought treatment at the modern health care facilities, of which one-third utilized the government health facilities.

One-third of the foreign workers (especially those in the younger age group) reported having taken health supplements. Only two-thirds of the health care costs of these foreign workers were subsidized by their employers.

High risk behavior

Majority (98%) of the respondents denied taking any drugs, while only 4% did admit to consuming alcohol and less than one-third were currently active smokers.

Only 5% of the respondents reported having sex with a commercial sex partner while 7% of the respondents reported using condoms during sexual intercourse.

Limitations

The findings of this study must be interpreted with caution in view of the limitations inherent in this study. The sample was not representative because it was selected using non probability sampling from predetermined study locations. Hence in this study sample, the distribution of the various nationalities of foreign workers employed in Malaysia did not reflect the true composition.

Inaccuracies in the study findings may arise because some of the topics touched on sensitive issues such as sexuality and the respondents may not be giving the real (true) answer.

Bias may arise due to self selection (of study subjects) and problems with recall of remote events or exposure.

Discussion and Conclusion

The in-migration of foreign workers has important public health implications because it is a potential route for disease transmission. New diseases may be intro-

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duced into the country and diseases which have been eradicated may re-emerge among the local population. The emergence of new diseases and re-emergence of previously eradicated diseases will have grave public health implications because the local population has no or decreased immunity against these diseases.

The mobility of foreign workers within the country sometimes makes it difficult for the health authorities to track the source of infection.

Foreign workers who are carriers of diseases such as Hepatitis B and HIV (which have a window period) will test as negative and hence will not be detected during the pre-employment medical examination. Thus it is essential that these foreign workers undergo a full medical examination and screening within 3 to 6 months after entry into Malaysia and annually throughout their employment period in Malaysia.

The current physical examination and screening procedure does not guarantee that these workers are totally disease-free. Therefore, we need to re-look at the current examination content, criteria and procedures to rectify any deficiencies in the current system.

The authorities need to devise a mechanism to ensure that foreign workers or their employers purchase a medical insurance so that the public sector health facilities and personnel are not overloaded and overworked.

The authorities have already in place a mechanism to prevent medically UNFIT foreign workers from entering this country. However, it is the large number of undocumented and illegal foreign workers that pose a bigger threat to the wellbeing of the nation's health. As long as employers are willing to take a risk by employing illegal foreign workers, all the efforts that the government has undertaken to safeguard the nation's health will be rendered futile.