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Health Status and Occupational Risks among Sri Lankan Migrant Workers: A Cross-Sectional Study

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Background: The migration of Sri Lankan workers abroad has increased, exposing them to occupational hazards, chronic diseases, and psychosocial stress.

Objectives: This study aimed to (i) describe the health status—defined as self-reported chronic diseases, musculoskeletal complaints, and occupational injuries—and psychosocial well-being, assessed through perceived stress, of Sri Lankan migrant workers, and (ii) identify areas for improvement in healthcare support systems.

Methods: A cross-sectional descriptive study was conducted using a self-administered online questionnaire. Participants were categorized as professional, skilled, or non-skilled. Data on demographics, chronic diseases, injuries, harmful behaviours, and awareness of Sri Lankan government healthcare services were collected. Psychosocial well-being was measured using the Perceived Stress Scale (PSS; 0–40, higher = greater stress), and physical health by a self-rated score (1–5, higher = better health). Together, these represented health and well-being. The minimum sample size was achieved.

Results: A total of 1,209 participants (mean age 34–37y; 42.6% female) responded; 80.5% had worked abroad >6 months. Common complaints included joint pain (61.3%), back pain (56.7%), and fatigue (45.0%), often interfering with job performance. Non-skilled workers reported more injuries: slipping (32.8%), cuts/lacerations (26.5%), and burns (14.7%). Chronic conditions included hypertension, diabetes, and asthma (12–20%). Harmful behaviours were frequent, with smoking (27.5%) and alcohol use (42.1%) highest among skilled workers. As data were self-reported, the timing of onset could not be determined. Mean stress scores were 16–17, higher in females. Regression showed female gender ($\beta=1.46$, $p<0.001$) and poorer physical health ($\beta=-1.24$, $p<0.001$) independently predicted stress. Alcohol use showed inconsistent associations, suggesting confounding. Awareness of government healthcare services was limited (~36–41% had never heard of them), and satisfaction was low to moderate.

Conclusion: Sri Lankan migrant workers face a substantial burden of musculoskeletal complaints, injuries, chronic conditions, harmful behaviours, and stress. Limited awareness and low utilization of healthcare services highlight the need for preventive occupational health programs, improved access to support, and targeted mental health interventions. Future longitudinal studies are required to clarify whether chronic conditions and behaviours are pre-existing or migration-related.

Keywords: Sri Lankan migrant workers, Occupational health, Chronic diseases, Psychosocial well-being