# AB045. Chronic disease knowledge among migrant workers in Singapore

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**Background:** Chronic disease knowledge can influence an individual's ability to effectively prevent and manage metabolic diseases such as diabetes, hypertension, and hyperlipidemia. Migrant workers in Singapore, an underresourced population with high levels of undiagnosed chronic disease, may benefit from chronic disease education and outreach efforts. This exploratory pilot study examines the distribution of chronic disease knowledge amongst migrant workers in Singapore by using a convenience sample of individuals visiting a migrant worker healthcare center.

**Methods:** A cross-sectional, interviewer-administered survey was carried out with 229 international migrant workers visiting HealthServe, a clinic located in Geylang, Singapore that exclusively serves migrant workers. The survey contained a self-designed questionnaire asking participants about their knowledge of chronic diseases, with a focus on diabetes, hypertension, and high cholesterol. Correct responses to 25 questions were added to form a total score. Logistic regression was used to assess predictors of adequate chronic disease knowledge.

**Results:** The vast majority of participants identified themselves as Bangladeshi (92.6%), while less than 10% identified as either Indian, Malaysian, or Chinese. The mean age of respondents was 36 years, and one-third of respondents had at least one of the chronic conditions of

interest (diabetes, hypertension, and hyperlipidemia). An attention-check question was answered correctly by 94% of respondents. The mean total score was 20 correct out of 25. Preliminary analysis showed that migrant workers with chronic disease morbidity had higher odds of having chronic disease knowledge [OR, 3.74; 95% confidence interval (CI): 1.42–9.80; P<0.05] as compared to those with no chronic disease. A higher age was also correlated to a higher chronic disease knowledge score (P<0.05).

**Conclusions:** In general, migrant workers visiting HealthServe are well informed about chronic diseases, particularly those who are older or have a chronic disease. Certain areas that are slightly weaker could be targeted by future education and outreach programs.

**Keywords:** Chronic disease knowledge; migrant workers; diabetes; hyperlipidemia; hypertension

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### Footnote

*Conflicts of Interest:* The authors have no conflicts of interest to declare.

*Ethical Statement:* The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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