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Migrant Labourers and their Health & Hygiene

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Abstract

In this research article, the writer has attempted to talk about the issues identifying with health and hygiene of migrant labourers. Since ages, the migratory working procedure is extremely widespread in India that offers individuals to chance to trade their specialized aptitude and technical expertise. As we realize that India is the nation of 'unity in diversity' and enhanced with multitalented exercises in various zones, by realizing that reality, we should permit the population to move by which it will make the people exchange their aptitude starting with one place then onto the next. Regardless of realizing that reality, we are yet to make the ideal framework which will help the migrant workers to keep their health protected and make them breathe with hygienic conditions.

Introduction

Migrant Labourers of unorganized sectors are the most vulnerable community in India. It has been observing since long by the people of India that those types of laborer neither get appropriate facilities nor they get proper remuneration from their employer, in that situation they keep on struggling to defend their regular expenses they do come across and also keep on tackling many hurdles only to keep up their routine life uninterrupted. They also stumble upon for health check up for them and for their children as well. It is crystal clear that in our country almost all migrant labourers are engaged in working in unorganized sectors where not only the male labourers but women and child labourers are also exploited by their employer, in spite of that, government is yet to formulate the authentic policy or law to protect those migrant labourer from that hazardous circumstances.

In the last survey, conducted by NSSO in the year 2009-10, announced that there are 46.5 crore unorganized laborer in our country, out of those greater part i.e. 43.7 crore are unorganized labourer and remaining 2.8 crore labour are from organized sectors. There are various categories of

labour force in unorganized sectors like agricultural and allied services; in those classifications, by far most of workers i.e. 52 percent are engaged in agriculture sectors and rest of labourer are from non-agricultural services like construction work, household work, bidi makers and mechanical/ industrial work and many more.

The most vital range that we are going to talk is concerning to migrant labourers and their poor health conditions due to inaccessibility of basic amenities and their cleanliness condition, not only that but also about critical situations like poor living condition, poor compensation that they deal with their regular life.

Maximum numbers of migrate labourers belong to socially deprived group or from tribal cluster, their internal mobility from one place to another is a regular habit, because of this type of habit they somehow manage to get various types of job in multiple places because of that they do not get right place to settle that compel them to go on with very muddled conditions of life.

Additionally that, many seasonal workers are also moving from one place to another, however at the occasions of implanting and harvesting they generally keep themselves busy in agricultural

work in their native place, and rest of the time they normally move to city along with family to work in different unorganized sectors.

Objective

1. To identify problems of migrant workers deal with every day.
2. To understand the hygienic conditions of the area where migrant workers reside.
3. To know the health condition of the migrant workers and their family.
4. To examine the government laws towards migrant workers health and hygiene.

Analysis

1. To identify problems of migrant workers deal with every day.

Migrant workers encounter various problems in their daily life like they normally work in a deplorable working condition, long hour duty is a common observable fact for them and in return to that they get very low wage that normally does not match with the policy made in Indian labour laws. Most of the migrant workers are illiterate and they do not have knowledge about labour laws, precisely they do not have any ideas about their rights and privileges. The most important issue, which has become very common practices of the contractor since long that wage of women labour is very low as compare to male labour, moreover, women and child labour are exploited and sexually abused by intermediaries. Social security is almost negligible or non- present. In addition, non- existent of proper shelter and basic sanitation are also very common problems of migrant labour. Children education and their health safety are also routine problems face by the migrant labour.

2. To understand the hygienic conditions of the area where migrant workers reside.

So far as living standard of migrant labourers of various sectors in towns and metro cities are concerned, they live in a deplorable conditions such as crowding, inadequate sanitation and

dilapidated structures, majority of them by and large come from rural area, and numerous are additionally migrating from exceptionally remote or tribal territory of the nation, when they come from their area, they always take a halt either in the pavement or pedestrian, many of them build very small hut to sleep at night time, and in day time women use that hut as their changing room, they do not have any provisions, as such for drinking water, the most significant issue is to be taken very gravely that they do not have any place for toilet and bath, in that situation they generally use the park or any open grounds adjacent to their place to get themselves eased from that problem . That pattern of living styles not only affects to the migrant workers but also it compels to make living conditions appalling to the permanent resident of that region.

A wide range of migrant construction workers in small urban areas reside also in dreadful conditions. In majority of places where they work on temporary or contractual status do no longer get proper washrooms and drinking water. They live in a very unhygienic or insanitation conditions which are very much friendly for quite a number of contaminated as well as many other types of diseases. Majority of them live in temporary shelters, are not consummately blanketed from sunlight, rain and cold and in addition to that the temporary drainage system make the place horrible to live in, and in the rainy session, that usually turn into a nightmare for them. They frequently confront different patterns problems in different session

3. To know the health condition of the migrant workers and their family.

Migrant workers are working in callous and terrible circumstances and living with their family in unhygienic conditions that make them susceptible to suffer from various types of contaminated as well as occupational diseases. In the working sites employers do not bother to maintain proper working condition, moreover they do not take any necessary safety measures to

protect workers from accidents. Migrant workers suffer from different types of diseases in different sites like, those, who are engaged in quarries, construction sites and mines suffer from various health hazards, out of those majorities suffer from lung diseases. Workers, particularly those who are working in tile manufacturing and brick kilns suffer from different occupational health hazards such as sunstroke, body ache, and skin irritation (NCRL, 1991). As the employer does not follow safety measures, accidents are quite frequent. It is very difficult for migrants' labourers to access in various health and family care programs due to their temporary status.

There are bunches of proofs that women workers are constantly denied of maternity leave by the contractors, moreover they are normally instructed to continue their duty immediately after childbirth. They do not get crèche facilities for their children, so they have to get along with their children in the workplace, where children get exposed in the same condition, which make experience the ill of different health hazards.

Migrant workers are prone to following types of diseases

- i. There is high possibility of suffering from malaria because the construction site makes positive conditions for mosquito breeding.
- ii. Few workers are suffering from various types of skin diseases such as bacterial, viral or fungal infections - contact dermatitis, and eczematous rash infections, irritant contact dermatitis and allergic contact dermatitis. Furthermore Pyogenic bacterial infections inclusive of ecthyma secondary pyoderma pitted keratolysis. Scabies is also common diseases of skins due to overcrowding stay and close contact because maximum numbers of migrant workers stay in and around of the construction site.
- iii. Requirement of bathrooms and toilets is highly essential in work place and one of

the most important issue is to be considered that prolonged work procedure and stringent working conditions sometime forces workers to preserve urine in the bladder for a long time that may persuade bacterial augmentation and finally twist into chronic infections

- iv. Muscular-skeletal injuries musculo-skeletal wounds, construction workers are more prone as compare to other workers. Postural changes in posture like bowing forward and sometime backward or standing for a long time and weight bearing bring about spinal pain, low back torment and pain in neck et cetera.
- v. Typhoid- Due to contact in different alfresco unhygienic environment, where oral transmission very high, there is a probability of maximum numbers of Typhoid cases of construction workers.
- vi. Hepatitis A-Jaundice – There is probability of hepatitis jaundice out breaks due to high risk of water contamination.
- vii. Viral fever or respiratory infections is very common diseases due to overcrowding at the work site camps.
- viii. Some workers are also suffering from gastrointestinal problems such as abdominal pain, constipation, loose motions, and loss of appetite - because workers are exposed to various types of parasitic agents or infective agents and chemical agents at the work place and the place where they reside with their family.
- ix. Cancer-and hypertension: - Construction worker are high risk population of cancer and hypertension because of heavy consumptions of tobacco and alcohol.
- x. Stress and Psychiatric problems: - Migration from one place to another is a tremendous stressful and tiresome process that turns them to isolate from the family. In addition to that, very pitiable livelihood and living condition, job uncertainty, geographical isolation and

want of entertainment, consumption of drug and alcohol and relationship problems may turn them to Psychiatric illnesses.

4. To examine the government laws towards migrant workers relating to health and hygiene.

Few common labour laws are applying or both organized and unorganized sectors as well

1. Workman compensation Act, 1923.
2. Payment of wages Act, 1936
3. Minimum Wages Act, 1948
4. Bonded Labour Act, 1976
5. Contract Labour (Regulation and Abolition Act), 1970
6. Inter-State Migrant Workmen (Regulation of Employment and Conditions of Service) Act (1979)
7. Child labour (Prohibition & Regulation Act), 1986
8. Building and other construction works (Regulation of employment and condition of service Act) 1996.
9. Unorganized Workers Social Security Act (2008)

“There is one legislation known as Inter-State Migrant Workers Act, 1979 which aims to safeguard migrants. However, it is obsolete and is hardly enforced anywhere. A serious constraint in framing an effective policy is the lack of credible data on incidence of seasonal migration. Census and NSS that have a significant impact on policy making are unable to capture seasonal and circular migration. Migrants may also be missed out in BPL Surveys. Above all, they are unable to participate in the formal electoral system and are denied a fundamental citizenship right - their right to vote.”¹

Source¹ Labour and Migration in India, Ajeevika bureau

The most important law is “The Inter-State Migrant Workmen (Regulation of Employment and Conditions of Service) Central Rules, 1980”

1. The contractor shall ensure provision of suitable and adequate medical facilities for outdoor treatment to the migrant workman free of cost
2. In the course employment if any one hospitalized (either employee or family member), entire expenses (hospital expenses, medicines and travelling etc.) should be borne by contractor.
3. Contractor must provide first-aid box for minimum one hundred and fifty workmen and must contain all types of protective equipments or must follow the directions provided in the law.
4. Contractor must provide protective equipment and cloths – like in below 5 degree Celsius, contractor should provide woolen cloths once in a three years and once in two years where temperature is below 20 degree Celsius.
5. Drinking water, latrines, urinals and washing facilities.- Contractor must provide drinking water latrines, urinals and washing facilities within seven days of the commencement of employment of migrant workmen.

Latrines shall be provided in every establishment on the following scale, namely: -there shall be at least one latrine for every 25 females; there shall be at least one latrine for every 25 males:

In every establishment where 20 or more migrant workmen in which employment of migrant would like continue for three months, the contractor shall provide and maintain two rooms of reasonable dimensions for the use of their children under the age of six years, within fifteen days of the commencement of the employment of not less than twenty women as migrant workmen in new establishment.

Conclusion and Recommendations

It is obvious that the internal migration in India is very common habits since old era. It is also evident that without the internal migration it is very difficult to exchange the technique and

different concept, which in turn leads to growth and development. Despite knowing the importance of migration, government still far away to make the perfect policy for them, moreover it has been noticing by the people of India that the migratory labourers, who are mostly working in unorganized sector, are regularly being exploited by the employer or intermediaries.

Despite having few laws relating to health and hygiene, (as discussed above) almost all migrant labourers are the still the most underprivileged population, who are habituated to get deprived from the facilities of medical treatment, children's education, and social security.

They regularly work in unhygienic conditions, under heavy sunlight and in a high altitude with tremendous cold wave that turn them into patient of lungs infection (pneumonia) and various acute skin infections also. They also work in a construction company, where they also meet many accidents; in addition to that they also suffer from muscular-skeletal problems, various skin infections, malaria, jaundice-hepatitis and many more. It is already understood from above discussion that migrant labourers are very much vulnerable population; It is also understood from the issues discussed above that in India migrant labourers are prone to different types of diseases because of their regular contact with multi-environmental conditions and very low rating working conditions. But unfortunately, despite those problems, migrant workers do not get proper facilities of medical treatment.

Recommendations

- i. Government must make a team for strict vigilance so that migrant workers must get the full rights of the law.
- ii. The Labour Protection Act should be amended so that migrant workers should have proper protection under law.
- iii. There must be government counselor near to the work site, who can guide the migrant workers as and when required.

- iv. Government must make regular awareness program so that migrant labours can understand their rights of law.
- v. Every worker must have the bank account and all payment must be made through bank. Contractor should help the migrant employee to open bank account or they should help the migrant workers to continue the account if any worker already has the account in different place.
- vi. Contractor must report to the government inspector of that particular area about worker remuneration and rest facilities every month, failing of which, government should have the mandatory policy to cancel the registration of that contractor.
- vii. As we know that many NGO's like Avert Society in Maharashtra, Disha Foundation, CARE India, Indian Social Institute Labour and migration Unit – Bangalore, Human Rights Law Network, Kerala creates awareness among migrant labourers about the health issues. In spite of that Government should introduce more NGO to create awareness about laws of health and hygiene, not only to the employee but also to the employer, who are also unaware about laws to be applied to develop the working condition of the migrant labor.

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