

## **Need Assessment Study on Living Working Conditions of Migrant Workers and their Vulnerability to AIDS.**

### **Introduction**

Tirupur is situated 55 kms northwest of Coimbatore. The population is 6,39,500. The estimated numbers of workers are 2,25,000. There are 12 trade unions with a membership of 46,151 and number of units where trade units operating are 1,887. There is one government hospital and 5 primary health centers. 16,400 child labourers are working in different units. The total amount of export in 1999-2000 was Rs.4000 crores. 378 companies hold membership in Tirupur Exporters Association. In the 70's exports of small quantities of banians and other inner garments were made from Tirupur. Early in the 80's exports of knitwear, mainly basic T-shirts were made in small quantities. Export of other items of knitwear gained momentum from 1985 onwards. In the late 80's knitwear industry diversified very quickly and took up manufacture and export of other outer garments viz. Cardigans, dresses, skirts, trousers, ladies blouses, jersey, pullovers, nightwear. Support of the government in the form of higher investment limit allowed for ancillary industrial undertakings including hosiery industry to avail the facilities earmarked for SSI units and liberalized industrial policy, the hosiery industry in Tirupur transformed itself into the knitwear capital of India in less than three decades. Today the annual export earnings of Tirupur hosiery industry are of the order of Rs. 3000 crores. The share of Tirupur in the annual value of knitwear exports from India is around 36%.

Besides, knitwear units catering for exports and local markets, there are large number of other ancillary and supporting industrial units operating for the manufacture of elastic tapes, zips, buttons, cartons, printing of tables, polythene bags and other packing materials. Knitwear and ancillary industries in Tirupur together provide employment to nearly 2.5 lakhs people. To trace back the history of migration, people gained entrance as construction workers and placed themselves in hosiery industries later on.

### **Objectives of the study**

- To find out the pushing and pulling factors of migration
- To find out the living and working conditions of migrant workers including wage pattern, facilities available at Tirupur and to address the health issues particularly on HIV / AIDS.

The study analyses through group discussions with men, women, trade union members, employers and interaction with medical community of Tirupur about HIV / AIDS

related issues, they are an integral part of the study. It is a necessity for any satisfactory intervention strategies for the betterment of migrants. It is our responsibility to create awareness in the minds of workers regarding the internal and external life conditions.

### **Our responsibility is to highlight the following**

Push pull factors of migration, social and economic conditions, literacy level, trade union role, living standards conceptualize occupational health and safety, vulnerability to AIDS / HIV and STD's

### **Methodology**

Structured, pre-tested questionnaire used to collect data from chosen samples. Data were analyzed through quantitative and qualitative methods. Data processing was done using Microsoft Excel, Microsoft Access and Microsoft Word. Duration of the study planned for 3 months. Questionnaire schedule administered through field surveyors.

### **Three different questionnaires were used for the following targets**

Questionnaire for workers, Questionnaire for employers, Questionnaire for trade unions. (See annexure)

### **Sample Description**

1. Samples for workers category - 310  
Samples for employer's category - 17  
Samples for trade unions - 10
2. Focus group discussions were conducted for men, women
3. In-depth interviews with employers, Trade union members and Medical specialists were conducted.

### **Area selection**

Avinashi Road	-	290
Palladam road	-	65
Mangalam Road	-	40
Kangayam Road	-	61
Perumanallur Road	-	54
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Total	-	510
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### **Limitations of Study**

- Sample size is very small for the findings to be generalized
- Time span is less to study the sample 310

### **Definition of terms**

**Migrant** – Person who has been living at Tirupur from the time of shifting and should have spent 1-10 years of stay at Tirupur. People who have lived more than 10 years are not called migrants but as permanent and not included for the study.

**Worker** – Under the factories Act (1948) a worker is defined as a person employed directly or through any agency including a contractor whether for wages or not, to any manufacturing process or in cleaning any part of the machines premises used for a manufacturing process or in any other kind of work incidental to or connected with the manufacturing process or the subject of the manufacturing process. Taking cognizance of the Act, worker in the study refers to any person employed in any one of the following units – knitting, stitching, dyeing, bleaching, printing, embroidery, compacting, raising, calendaring by an employer directly or through an intermediary work. The managerial supervisory, technical and clerical staffs are also included in this study.

**Working Conditions** – It means the actual conditions under which the workers perform their task after they are placed on job. That may include the length of work, wages, security measures, exposure to physical hazards and industrial disease, conditions pertaining physical arrangements, regular intervals, canteen, creche, lightening, availability of certain basic amenities like drinking water, conservancy arrangements etc. Satisfactory working conditions help to improve the health and work efficiency of migrant workers, which leads to happiness and job satisfactions.

**Living Conditions** – It refers to the socio – economic characteristic of the workers and the availability of basic amenities like housing, lavatory facilities, drinking water etc.,

Workers life conditions does not match with definitions given according to the labour laws.

### **Frame work of the study**

#### **A. Migrant Workers Report:**

1. General information of migrant workers
2. Economic conditions
3. Living conditions
4. Working conditions

#### **B. Indepth interviews**

1. Employers Report
2. Trade Union Report
3. Medical specialists views on migrant workers vulnerability to HIV / AIDS

### **C. Focus group discussion:**

1. Migrant Women Workers
2. Migrant Men Workers

## **MIGRANT WORKER'S REPORT**

### **1. General Information of Migrant Workers:**

Migrant workers were interviewed in their living areas. 53% have migrated in the last Five years. 42% of migrant workers have shifted in the period of 5-10 industries entered as construction labourers from southern part of Tamilnadu districts like Madurai, Theni, Dindigul, Ramanathapuram, Viruthunagar, Sivagangai, Tirunelveli, Kanyakumari and Tuticorin, Coimbatore and Erode districts, Central and Eastern districts like Trichy, Tanjore, Karur, Pudukottai and Nagapatinam districts and also from neighboring states like kerala and Karnataka, Migrant workers play an important role in the economy. They have become an important source of foreign exchange for government of India. Migrant worker's gained entrance into the knit city through contractors and they are low skilled workers from lower income families with agricultural background. Agricultural failure due to drought conditions, poverty in their native is pushing factors. Employment opportunity is the pulling factors.

It is caste – oriented society and caste system is hierarchical arranged in the community. Migrant worker's population is more among backward and scheduled caste. Occupational and educational and educational opportunities for the members of this community are limited. They are from Telugu linguistic background. They entered as temporary worker's and slowly established in work life and now they are qualified for any hard work and eventually they never returned to their home and home visits are very few in a year. Problems faced during migration are house, food, employment, money and water. They were helped to get a job through relatives, contractors and direct appointments.

47% have migrated with family. 18% migrated with parents. 11% migrated with their spouse.

### **2. ECONOMIC CONDITIONS**

Working conditions of migrant workers reveal that there is a wide contract in economic and social aspects and they do not have strong economic growth. Income of the migrant worker's is not equally distributed. Income is not sufficient to maintain family which, mostly have more than 4 persons. Only 15% of migrant workers earn more than Rs. 4000/- per month and nearly 14% of them earn around Rs. 3000/- to 4000/- per month. 69% of them earned less than Rs. 3000/- Migrant workers spend heavily on food and house rent i.e.

around 16% of their income. Education, water, clothes, entertainment, tobacco/alcohol, medical and other expenses are covered from the remaining 40%.

19% of them have debt up to Rs. 5000/-. 17% of them have debts up to Rs. 10000/-. 9% have debts more than Rs. 10000/-. There are more than 10000 small lenders roaming in the slum areas to give loans interest rate of more than 20% of the principle amount.

Very few migrants are Self-employed and other huge numbers of migrants work as casual or seasonal labourers. But one advantage is migrants remaining as workers in regular, continuous employment and work opportunities are always available. How far migrant workers standard of life, working culture, social life can be improved through economic liberalization and macroeconomic stabilization, is doubtful. There is no balance is payments according to the payment of minimum wage. They do not have any liquid saving and many families are caught in the hands of moneylenders and spend their income on paying the interest on loans received. Since everyone is working in a family, there is a tendency to shift from lower to middle class. But these workers have the tendency to send their income on consumption and materialism. (E.g A family with too much debts would spend on buying a Television than paying for interests on loans. Such attitudes make them suffer from 'debt crisis'. They have not learnt to live within their pockets. Saving practices would prepare them to return to their native with financial securities.

### **3. LIVING CONDITIONS:**

Most of the Migrant Workers have a house size of less than 100 Sqft and nearly 43% of Migrant workers live in house size between 100-200 Sqft and live in tiled houses. The migrant workers suffer from personal inadequacies. The only employment for which he can qualify may be casual or seasonal and wages are low. He / She cannot earn a living wage. Many live in slum region. Labour market though available, their lives are depressed. Migrant workers are denied the well – paid occupation because he is not educated to equip him / her with needed skills. He / She fails to find new employment because they do not know any other work. If they quit this work, they have to settle down either with a domestic or agricultural works, which they do not prefer. These are matters for which the individual is not responsible and over which he / she has no control. The low income of the poor is reflected in a low level of living, in substandard housing, deficient diets and inadequate medical care. Children attend inferior schools. They live in town slums and houses are constructed with single room and many own a house. There are no baths and toilet facilities and living places are over crowded and streets are littered with waste.

Houses and the environment are not kept clean. The darkness and dampness of slum dwellings – the lack of sunlight and fresh air inside the house contribute to respiratory diseases. Inadequate provision for sanitation and for the storage of food cause digestive ailments. Over crowding and lack of immunization spread the communicable diseases. They do not supplement their diet with nutrients and they are not aware of preparation of low costs food. Malnutrition checking their growth in height and weight and all these results in impairments of strength and vitality. It damages their mental and physical conditions. It leads to absenteeism and high labour turnover. It retards their level of living. They have more expenses with less income. In many families father, mother and dependents are working. They all should be sheltered. Clothed and fed and medical expense of them should be met. With less earned income and with expenses multiplied, the family suffers a heavy blow.

#### **4. WORKING CONDITIONS:**

They work for 12 hours in a day. It depends on the work order and working hours are not specified in the labour contracts. Since they are casual and seasonal labourers, any law does not protect them. Industries are not according to the labour standards law and they do not stick to regular working hours of 8 hours a day and 48 hours in a week. The overtime hours are not regulated by labour standards of law. Workers are given 10-15 minutes break / interval after working continuously for 5 hours. But in many firms, they are given less than the prescribed time. Many times break time is not arranged properly when they work in shifts, or is continuous or urgent conditions. It is the responsibility of the employer.

Leave arrangements are not negotiated and specified in the contract. Workers take on day off for every seven days worked. If the work order is more, this is over looked. If the worker takes leave for personal matters for 2 or 3 days, he / she is not replaced in the job and filled with an other worker since the availability of the labour is cheaper. Employers cannot accept any absenteeism. The worker should move to an other industry. Workers are not aware of their casual leave, sick leave, occupational accident sick leave and the procedure involved in it. They do not enjoy any social insurance and security schemes. The work life has not provided them with adequate information. Labour safety and health law are not adopted. Specific health examinations are not done at the time of engaging them into hazardous work like dyeing bleaching.

Medical aid is provided for minor injuries at work place. Workers should show some interest to attend safety and hygiene training programmes, which help them to prevent from accidents and keep them physically fit. If they are educated, they can observe for safety and health regulations at their work place. The power to report any violation at their work place to

the concerned authorities is again doubtful. 60% of them felt that they have poor seating arrangements to their work place. 54% has felt that they have less spacing facility and the distance between two workers are very less. 73% said that they do not have creche facility. ¾ of them said that the transportation facility to reach their company is not provided. 62% have said that the toilet facilities id bad and 29% say that there is no canteen facility in their company.

Migrant workers are vulnerable and if they are not more exploitable than local workers, companies will no hire them. The local workers do not feel migrant workers as external groups. They are not considered a threat for competing, against the jobs/ interests. There is a good relationship between migrants and local workers. There is no job security and any time they can be kicked out.

## **B. Indepth Interviews:**

### **1. Employers Report:**

Quota policies have established heavy industrial and trade competitions. Knitting garments export has been increased 52%. Hence quotas be increased to European countries and for America in –group 2 section 50% should be increased. Increase in the cost of threads directly affects the export and the price raise are unpredictable and lots of fluctuations are encountered. It affects the internal trading too. To reduce the price raise, government should stop exporting cotton.

Tirupur is export oriented and has brought changes in the amount of employment. During busy season, the works are more. To fulfill the job requirements, people come from different parts of Tamil Nadu and neighboring states, mainly from southern parts of Tamil Nadu. There is practice of employing them as casual workers either through contractors or through direct employment. Workers change their jobs from one company to other based on the number of orders. Except dyeing, other units are not hazardous. If a person has skills in tailoring and it related works, he / she can gain an important place in any industry. We recruit unskilled workers with minimum educational qualifications and with poor socio – economic status. We train them slowly and skills can be acquired to accomplish the work demands. Migration is more because it is an industrial area with good work opportunities, high salary, continuous flow of income, urban life, can eat variety of food, can dress up to suit the trend, can have growth, development and progress in social and economic dimensions. They migrate due to agricultural failure and lack of job opportunities on their native place.

Workers are uneducated, migrate with an attitude that they can be employed and meet their basic needs of their life. They choose work based on their skills, physical conditions and salary. They do grass root level works for at least 1 year and get trained and are promoted. Workmanship of a worker is equal to work expectations. Without the migrant population, works at Tirupur is impossible. Huge work demands are reached through migrant work force. Labour inadequacies are compensated and increased the work output. Native or Tirupur does not go for work and they have their own family hosiery business and trained from their childhood days and they are into the subcontracting works. Natives rent out their houses for migrants and gain income through migrant workers. There is no work competition between natives and migrant workers. Natives are economically benefited due to massive flow of migration.

Migrant workers are flexible, can work round the clock, assume responsibilities and have enormous physical dexterity. Sustainability of work done only by the employers and not by the migrant workers. At the time of recruiting, few questions like where does they live? Why did he come to work? Where was he working? Will he/she behave well if employed? Will he/she work continuously? Why they leave previous work? Were asked. Information regarding work background is paid attention and focus on social and personal life is not considered.

Hosiery industries are moving towards modernization in terms machinery designs, textile designs and recent technology. This can lead to the reduction of massive flow of migration and such situation might prevail in the future to compete with export markets and manpower is replaced by machine power. High interest rates, increased production cost, wrong business calculation, technical faults, frequent labour strikes and salary demand leading to close down of companies. This will not affect the migrant workers because availability of jobs is more and workers change to other companies easily.

This is serious deterioration in standard of living due to flow of migration internally. Migration has influenced food habits, religious ceremonies and dressing etc. Cost of living and house rents are high. Population has increased. There is continuous work and flow of salary but economic flow is not channeled properly in terms of its wage and ending up in extravagant spending activities, benefits like financial advances are given for emergencies like death, wedding, transport allowances, tiffin, tea at free of cost, medical allowances for industrial accidents, ESI, bonus, cash gifts during festive time and birthdays, May day celebrations and canteen facilities at minimal rates. Workers are respected for the work they do and we care for them. Since workers are employed on casual and seasonal basis and through contractors, they do not come under any labour laws and there is no job security. If



the worker has skills, they can continue in any job. There is no discrimination in terms of caste, wage pattern, promotion. His /her years of work experience are accountable.

Employers do not allow any negative outbursts like communal violence, incidents like death, missing and arrest at work place. Minor injuries have been reported. Any one who does not meet the work standards, is sent out. In private sectors, employers cannot be strict on working hours. If the worker decides to leave, they can go. If they were pointed out for their mistakes, they would leave the job and join elsewhere. Women workers are preferred than men workers. Women do work correctly and assume more responsibility. Men have smoking habits and take more intervals. Both men and women enter into work life at the age 16. Men are occupationally productive till the age of 35 and women till 40 years. Work opportunities are more for youngsters between the age of 16-20. Married women are not preferred. Migration has increased the number of commercial sex workers. Chances to make sexual advances are more. Workers are not forced but they do it voluntarily for economic gains. Every working population is aware of HIV / AIDS and STD's whenever a place is crowded, spread of those are fast and easier through direct contacts.

Workers do not take it seriously and very careless about it and many times ignore the preventive measures since most of them indulge in sexual acts under the influence of alcohol. Weekends they spend on nightlife and major entertainment's are drinking and watching movies. There are few libraries, youth clubs and botanical garden. They do not make use of them. After work either they lock themselves inside their houses or roam aimlessly. Reason for termination of workers are chronic absenteeism, continuously producing poor quality items, if they disobey their higher ups, if they are negative provocative.

Workers do not want to join any trade union for the payment of subscription and they seek them for timely help. Workers should be trained to reduce absenteeism, make forced savings, on moral standards and self – discipline, work skills, drug de-addiction, health care, HIV / AIDS, blood and eye – donation, knowledge on computers, e-commerce, co-operative stores, using things that are bio – degradable, awareness on public health, nutritional aspects, occupational safety. Tirupur is polluted with cotton dust and exhaust from factories, no public toilet facilities, no food roads to connect the interior parts of Tirupur town inadequate water facilities, congested areas, congested living areas. In future, due to various constraints to industries, there are possibilities of re – location of these industries. Atmosphere would be in such a way that everything should be available inside the work place. It is going to be stronger in industrial population and strategies should be planned right now to meet various effects.

## **2. Trade Union:**

There is told number of 46,151 (approx.) in all trade unions. Among them male members are 32,555 (approx.) and female members are 13,602 (approx.). No of companies where trade unions are established are 1,887. Recent ongoing activities are working for wage increase, bonus, medical, ESI, protection of labour rights, solving labour disputes, labour welfare, personality development labourers, working for job security, political classes for labourers etc. Workers come from southern parts of Tamil Nadu.

Most of the migrant workers are absorbed in dyeing and leaching industries where they virtually live like bonded labourers. Workers do not have knowledge on labour laws and rights, WTO regime. There are exploitative working conditions in terms of low wages, long working hours, over load of work, verbal abuse. Many of the companies do not allow workers to go home on holidays. Employment contract exists and terms of it are against the rights of the labourer.

No discrimination exists based on religion, caste and sex. Unequal payment exists. Since it is casual and seasonal work, there is no job security, Canteen, ESI benefits available in big concern. Toilet facility is available but is not kept clean. The impact of WTO regime would be reduction of labour force, unemployment problems for skilled workers, growing temporary workers status for labourers, more pressure on trade union, more labour disputes, uncertain future for workers, more pressure on worker to stop becoming member of trade union, threat to fundamental human rights of workers. Employment opportunities to unskilled and agricultural failure and drought conditions force the workers for migration.

## **3. Medical Specialist Report**

According to them, nearly 50% of patients do not come to the doctor immediately for treatment. Most of them approach medical shops and practice of self – medication is widely in use. Only when they become extremely physically deteriorated, they approach any medical consultant. Self – medication practices should be stopped if the government genuinely warns health care facilities to be implemented to the poorest of the poor. Still there are some superstitious practices being used to cure physical ailments, in the name of religion. There is a clear specific reason why people go for self – medication.

Govt. hospitals and inpatients facility centers are far away from the main town. Hence poor get medicines from the medical shops and from the quacks. Cotton dust, increased vehicle dust smoke from medicines and exhaust smoke have increased the number of bronchitis leading to wheezing problems, allergic conditions like sneezing, Rhinitis (Running

nose) and skin disorders (itching skin & eruptions). Water borne diseases like malaria are increasing due to stagnation of water, untreated water and increased number of mosquitoes, which lead to itching of skin also. Using of open toilet is practiced due to water scarcity, which caused easy spread of gastric –enteritis and helminthes (worms) spread. Children – group is being affected due to the above reasons.

When focused on to women group, most of the women and mothers are anemic. Working women population is more at Tirupur. There are high possibilities of these women indulging in extra marital relationships with multiple sex partners, which has been the root cause for sexually transmitted diseased.

Women are reluctant to confess their problems mainly genital and gynecological. Even to a female specialist, most women do not come out openly and try to conceal the fact. Still the medical practitioners probe it. Doctors feel that in their statistics, they find, nearly 50% of the married couples does not wash their genitals immediately after the sexual intercourse, because of the Indian culture, Combined family systems, most of the families living in single rooms. Many houses do not have attached toilet or bathroom facilities and they may not have them or use the common toilet and bathroom. Under these circumstances they feel reluctant to come out and wash their private areas. Men are reluctant to bring their spouses for treatment because of fear complex and social stigmas the genital and other body skin surfaces. Pollution level should be controlled and brought down by checking the exhaust of vehicles and dyeing factories. We should increase the growth of trees.

Water contamination and sanitation works should be taken care by periodical bleaching. Increase the number of public toilets with adequate water supply. Drainage should be taken care without any stagnation. Women desertion should gain attention because the immediate victims are children group whose life would be full of aberrations and it is questionable.

#### **D. Focus Group Discussion:**

##### **1. MIGRANT WOMEN WORKERS:**

Another important issue is the increasing number of unskilled women workers joining the migrant labourer category. Young girls at the age of 16 are preferred in the hosiery industry for their efficiency in work output. Employment is promised for this age group and families having young girls are also sure of their economic returns. Many women are from village and they come to industrial area for work due to poverty and abandonment by husbands is the most common reasons. Many girls and women are recruited and invariably face exploitative working conditions like low wages, long hours of work, physical and verbal abuses. Sexual abuses were not reported in the interview, might be there was silence on those issues due to

the fear of persecution and social rejection and discrimination. There are employment contracts but more often they are not followed and mostly violated.

Many women are ignorant about facilities they are entitled for and do not know about workers rights issues. There is continuous flow of work and taking days off is very difficult at workplace in terms of overload of work and poverty conditions push them to work continuously since a day off would lead to reduction in their salary. It creates a difficult situation for them to seek assistance and prevent them from socializing with other workers and enrich their knowledge with legal benefits, rights and grievance redress procedures. Even if women voice out her rights at work place, she is exposed as morally corrupted individual and dismissed from work by the employers. They are ignorant about their rights and benefits like minimum wage, days off, holiday's etc. there have been reports of miscarriages and health problems like pulmonary disorders among women workers because of continuous overtime and long hours of work in standing position.

There is another dimension of problem is being opened up for women workers. Their social and personal needs are not fulfilled and women become very depressed and often fall into love affairs, which mostly may not have happy end. Emotional vulnerability becomes an advantage for others and they are exploited and channeled wrongly. It might encourage the concept of single mother's in the women workers population. Many women have fixed their aim in earning money and careful about being trapped in unwanted situations. At home, Since both partners could not be treated simultaneously because of the non- co-operation of the women fold, the ping – pong infections continue

This is one of the prime reasons that we are not able to stop the spreading of genito – urinary diseases. A specialist has recorded a running case of 1,585 who are affected by venereal diseases, in a year. As such Tirupur population generally come with complaints of eye irritation, continuous eye tearing problems. Increasing number of STD cases is prevalent among daily wage labourer's categories, he / she should know that it could be a consequence of a venereal disease.

### **Prevention strategies:**

Doctors feel that government does not recognize private genito-urinary specialists. Any civil body or NGO's do not get their services and nobody approaches them or includes them in any preventive programmes. They must get the advice of the specialist's. No medical clinic at the government hospital and no qualified specialist in most of the government hospitals to treat STD's and AIDS. General population should have the awareness on sexually transmitted diseases apart from HIV.

Usage of condoms and advertisements of asking people to use condoms for safe sex by the government and by NGOs have given a wrong idea to the public that by using condoms all sexually transmitted diseases and HIV infection can be prevented and hence, most of the sexually active age groups indulge in extra marital relationship rampantly. Thinking that they have been saved from STD's but the quality of the condom used is not upto the mark because lot of patients getting genital condoms would prevent them from gaining sexual satisfaction.

Patients under the influence of alcohol in extra marital sex and they do not properly fix condoms and may not use them. Condoms should be advertised to be used only as family planning devices and not for anything else. Paramedical professionals should be educated, encouraged to help the doctors and must motivate them not to discriminate the HIV +ve patients. Because some people hesitate even to touch patient's private parts while examining or testing. Once an individual is detected for HIV +ve and Aids affected, they vanish and do not return for further treatment and follow up. Mainly HIV +ve patients drop out from further medical help out of fear of being socially isolated. Most of them financially cannot meet the Anti – viral therapy.

Sex education should be given from high school level and should be implemented at 6<sup>th</sup> or 7<sup>th</sup> standards. Teachers should be given proper training about how to teach sex education for young children. Awareness to report to the nearest medical practitioners by the population of any abnormality notice over women are also breadwinners. Usually gender relation is patriarchal and recent trend is towards matriarchal and women are gaining bigger role in decision – making.

## **2. MIGRANT MEN WORKERS:**

With young and adult men, especially single men, who migrate to knit city borrow loans from moneylenders at their native places and enter Tirupur. Adult men mortgage / sell their property or lands and come to Tirupur with their families. Some men come to Tirupur leaving their family behind. After entering, they face problem with stay, food which is expensive at Tirupur. They enter Tirupur as strangers and exhaust their money on rent, on food and daily necessities. They also loose their money to middlemen who gives false promises for employment. Finally, they have to depend on other migrated workers and take up jobs in dyeing and bleaching factories. These single men were made to live in house with single room, in congested area and provided with little sleeping place and inadequate water and toilet facilities, with little medical facilities, by their employers. Migrant workers either stay within the work campus or accommodate our side. Food is being provided at lesser price for workers inside the work campus. Migrant workers enter hosiery industries with ambition and

dreams and they are with social costs and break up of families. They should organize their liquid savings, which they earn through intense working hours to support their families and pay back their debts. With exploitative work, low wages, they become permanently in debts, this state forces them to live in cramped in overcrowded rooms and do overtime every day. Many do second jobs in other factories too. Many men spend their earnings on nightlife, on drinks, on movies.

### **MIGRANT WORKERS VULNERABILITY OF HIV / AIDS, STD's:**

Interview schedule administered reveals deficiency of information related issues on HIV / AIDS and STD's. But the fear prevails among migrant workers. They are aware about these issues through mass media, friends etc. report says that they are holding certain knowledge that is against HIV / AIDS, leading to misconceptions. **Our responsibility was not to screen migrant workers with HIV / AIDS, but aim is to analyze the workers level of perception on the concept of dreadful disease and perception on the preventive measures and method of transmission of the virus.** AIDS is the single greatest threat to economic, social and human development. Migrant workers population suffers from shame and silence to reveal information on reproductive health. Internal migration has increased the number of people indulging in sexual contacts with non – regular partners. **Young men and girls are becoming the vulnerable groups.** Overtime works and late hours of work provide the opportunity for both sexes. Focus the attention on the young working population who get into work life at the age of 16 and are sexually active and sexually curious. They engage in casual or paid sex.

**Finding of Migrant workers study on the vulnerability to HIV / AIDS, STD's are as follows:**

#### **Finding on general health care:**

25% of migrant workers does not use any medical counseling. They neither approach Govt., hospital nor private practitioners. It reveals that they practice self – medication and suffer from poor health. Migrant workers are reluctant to utilize Govt hospital because it lacks good hygienic atmosphere, good doctors, medicines and good services. Nearly ¼ of them do not indulge in any of medical counseling, since they are poor even to pat nominal fees involved in Govt., hospitals.

#### **Findings of Genito – Urinary health conditions:**

13% of the migrant workers reported pain or irritation during urination. The research assumed, they might have this problem due to dehydration, body heat and tropical, since they work for long hours in adverse hot climate inside and outside work areas. Is our assumption right? Does it need to be probed?

### **Finding on Workers Perception on HIV / AIDS:**

Nearly 10% of the workers are unaware of AIDS. 34% of the workers do not know how AIS spread. 25% does not know how to prevent AIDS. Mostly they are not aware about repeated use of Syringes and unchecked blood transfusion can spread AIDS.

Findings on questions that tests their level of knowledge in facts and misconception, it reveals that, nearly 70% feel that hand shake, kissing, sharing of toilet and cloths with AIDS patient will be dangerous. 15% of migrant workers felt that mosquito will be reason for spreading of AIDS.

### **Findings on the Treatment and cure of AIDS :**

Nearly 59% said that there is no chance to cure AIDS. 18% said AIDS can be cured. 33% had no idea about curing AIDS. It indicates that nearly 42% of migrant workers are ignorant about the potential danger of AIDS.

### **Findings on STDs:**

Only 32% expressed their confidence on the possibility of curing sex diseased. 1/3 of the migrant workers do not have even the slightest idea about sexually transmitted disease.

### **Findings on HIV / AIDS, STDs impact on the society:**

Very few have viewed that AIDS cannot affect our society. It indicates lack of seriousness about the potential danger of AIDS.

### **Findings on the spread of AIDS / HIV through commercial sex workers:**

70% of the migrant workers felt that any relationship with commercial sex workers will spread AIDS. 30 % of the workers felt it will not spread commercial sex workers. 21% of the workers remained silent.

### **Findings on the use of Condoms:**

22% do not know from where to get condoms. 11% of them have no idea about the use of condoms. 13% do not use condoms. 10% said that they get condoms with poor quality.

### **Findings on the role of Trade Union on Protection of HIV / AIDS, STD affected workers:**

64% said that they would not get the help from Trade Unions if AIDS affect them. 29% remained silent. Only 7% have the confidant that Trade Union renders help to HIV / AIDS affected individuals.

Study has proved that migrant workers have low level of knowledge on HIV / AIDS, STD's. They have heard those terminologies but do not know exactly what it is and what it can cause to them. It is essential to help the community to set up much needed AIDS programmes. It has devastating impact on all aspects of human lives and on social and economic development. It is creating an emergency to establish and strengthen resources and net works of influence for working together through strategic alliances with Trade Union, Employers, Workers, Media and community – based groups.

The outcome of the need assessment study has intensified the need to implement a PILOT INTERVENTION programme to create awareness on facts and prevention of HIV / AIDS, STD's among workers at Tirupur in hosiery industries.

Educate them on prevention, care on HIV / AIDS, would reduce the vulnerability of individuals in future. For the adult workers, favorable attitudes and positive behavior towards safety sex measures needed to prevent HIV infection should be imparted. Educate them about reproductive health activities and attention paid to effects of drugs on sexual behavior. Special focus should be paid on single and married women and educate them on the use of contraceptives and condoms and regular medical checkups of genitor urinary organs. Workers are scared of contracting HIV / AIDS, but still engage in unprotected sex. Workers population should be educated about general health and hygiene and on how to keep body parts and private areas clean. Voluntary HIV counseling should be imparted at work place.

Workers do not go to the doctors until they are serious. Till then, they are self – medicated. This would prevent early detection of illness. They would prefer to take the money back home or spend on other things than being using it for medical expenses. They toil for 6 days and in the weekend they compensate for their hard work – going out with friends, engaging in casual or paid sex. Heterosexual transmission of HIV / AIDS infection is more. When a migrant worker goes home with contracted HIV / AIDS, they she/he can pass on to her/ his spouses. It is also possible that in the absence of migrant worker, his/her spouse may engage in casual sex or extra marital relationships. Both are vulnerable. Women lack the power to negotiate for safer sex; do not disclose sexual fidelities and lack of knowledge on STD's, HIV / AIDS. They should be taught to protect their health by themselves.

## **CONCLUSION**

Perception on the status of migrant workers in terms of social, economic and health issues reveal that factors influencing migration are too strong and limited infrastructure facilities available at Tirupur on the verge of continuous deterioration. Recent wage



settlement reached between the seven trade unions and the employers fixed a minimum wage of Rs.104/- per day, which is not sufficient and this settlement is not uniform. Living wages for workers are moving towards stagnation and this trend should be analyzed at the background of soaring cost of living of Tirupur and nation wide inflation of prices of essential commodities and services.

Health standards are most to any minimum standards. The quality of HIV / AIDS related health problems among migrant workers will increase in the context of large number of young men and women working together for long hours, lack of recreation for these young migrant workers. Poverty increases the chance of numerical growth of amateur commercial sex workers. More sexual encounters with multiple sex partners and poor literacy on safe sex, general health conditions should be addressed by improving the standard of the state medical services and non-governmental organization should conduct non-formal health services in the slums.

Migrant workers future depends on multiple factors like implementation of labour laws, international labour standards, policies of international financial institutions of Tamilnadu, state and national policy on protection of water resources, co-operation and support of employers in the development of Tirupur town and it's people for more financial input to local administration for development and maintenance of infrastructure facilities like road, electricity, sanitation and water etc.,

### **NEEDS AND STRATEGIES**

- We have to recognize the basis of labour migration and the use of cheap migrant labour force as a part of neoliberal capitalist exploitation.
- Migrant labour force cannot stand in isolation and link them with labour movements and be an integral part of labour movement
- Grass root groups like NGO's should increase their role in the organisation of mobilization of migrant workers income / savings
- Trade Unions should be educated to revitalize their power of collective bargaining in wage fixing and leave benefits etc., and trade union should motivate the workers population to become a member in any one of the Trade Unions.
- Workers should be educated on the conditions of work rights and benefits in the employment contract, avenues for complaint, assistance and counseling.
- The Employers should insist forced savings
- Education workers on gender equality and reproductive health. Educate women to negotiate for safer sex

- Educate workers on safety and health regulations
- Enrich workers knowledge about nutritive low costs food and methods of preparation
- Voluntary HIV / AIDS, STD's counseling should be given at workplace
- NGO's, Trade Unions, workers should work together so that they can elevate their needs to the policy makers.
- Government should be responsible to make and implement policies that are consistent with what they have declared.

## **FUTURE INTERVENTION PROGRAMMES BY 'SAVE'**

### **LABOUR EDUCATION CENTRE**

- It will be a resource centre for Trade Unions and workers
- It will provide information on labour issues of all concerned sectors
- It will be a regular training center – for workers, trade union leaders and members of Trade Unions.
- It will conduct campaigns to workers enrollment in Trade Unions
- It will provide educational courses for women and men workers
- It will initiate trainers training programmes for Trade Union members
- It will conduct consultative workshop on labour issues among employers and Trade Unions
- It will play facilitator's role in initiating dialogue between employers and Trade Unions on working conditions of workers.

Migration is inherent in human beings. It is coping mechanism to the natural and human made imbalance in the environment. A migrant worker changes his / her residence permanently or temporarily with different motivation. But people migrating to Tirupur are 'Economic Migrants' who leave to seek improvement in their economic well being. They are shifting from their native place due to ecological crisis. Government should help by adopting an environmental orientation to stabilize the rural Tamilnadu's agriculture and environment in order to stop migration towards Tirupur or any other places. Common effluent treatment programme must be fully implemented to prevent further pollution of river Noyyal and develop better ground water system.

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