

# Suffering Continues....

A study on occupational health issues faced by migrant labourers in Ghaziabad



Sahbhagi Shikshan Kendra  
A Centre for Participatory Learning



## Abstract

The freedom to choose an occupation and to earn a livelihood is a basic human right. Working in a safe and secure environment is also an equally important right. The advent of globalization has brought enormous growth in the unstructured sector, but simultaneously, the loose implementation of labour laws at workplaces results in a high rate of health risks involved in this sector.

The current study aims to investigate the health risks faced by migrant labourers who are involved in different occupations and are knowingly or unknowingly exposed to health risks that their occupations may entail. Since the present study focuses on occupational health risks, its thematic areas include the general profile and occupational health issues of migrant labourers in the unstructured sector. To increase the qualitative richness of the study, due emphasis is given to surveyors' observations during the collection of information and analysis of findings.



## Table of Contents

1. Introduction	4
2. SSK Intervention	6
3. Ghaziabad City: An Overview	7
4. Conducting the Research	8
5. Exploring a Few Key Points	10
6. Occupational Health Issues of Different Occupational Groups	
◆ Pillow-Makers	12
◆ Ragpickers	16
◆ Construction Workers	20
◆ Rickshaw Pullers	25
◆ Domestic Workers	29
7. Non-Occupational Determinants of Migrants' Health	33
8. Concluding Remarks and Recommendations	34

## 1. Introduction

The issue of migration develops new implications when looked at from the point of view of occupation-related health risks. A migrant labourer who lives in a land far from his own, in order to earn his living puts his greatest asset—his health—at stake to sustain his and his family's lives and well-being.

Occupational illness normally develops over a period of time because of the nature of work and workplace conditions. The International Labour Organization (ILO) and the World Health Organization (WHO) elaborate upon occupational health as follows:

The main focus in occupational health is on three different objectives: (i) the maintenance and promotion of workers' health and working capacity; (ii) the improvement of working environment and work to become conducive to safety and health and (iii) development of work organizations and working cultures in a direction which supports health and safety at work and in doing so also promotes a positive social climate and smooth operation and may enhance productivity of the undertakings. The concept of working culture is intended in this context to mean a reflection of the essential value systems adopted by the undertaking concerned. Such a culture is reflected in practice in the managerial systems, personnel policy, principles for participation, training policies and quality management of the undertaking.

The conditions set forth above are far from reality if we consider the present condition of migrant labourers in the unorganized sector in India. Hazardous work environments, inadequate safety measures and inaccessible public health services are just some of the issues they face.

For a labourer, health and physical well-being are vital for him to earn a living. Injury or Ill health may keep him from going to work, attending to family responsibilities and from participating fully in other important activities. Ill health may often prevent labourers from going to work, and this "unemployment period" takes a heavy economic and social toll.

Internal labour migration has become an important livelihood strategy for many across the country. These migrants are often neglected or excluded from various welfare programs of the

state, such as programs related to education, health, adequate living conditions, minimum wages and freedom from exploitation and harassment. This negligence and pervasive apathy increases the vulnerability of migrants and leads to poor health.

The current study focuses on migrant labourers of Ghaziabad, Uttar Pradesh, which is part of the National Capital Region (NCR) and in recent years has witnessed rapid growth in the manufacturing and construction sectors. Ghaziabad city is home to a vast number of migrant labourers, who are engaged in various livelihood activities but can barely earn enough for their subsistence and are not given the opportunity to have a voice or stake in the city's growth.

The primary goal of this study is to develop an understanding about the vulnerabilities of migrant workers and occupation-related health issues, while demonstrating the way forward through suggestions culled from observing ground realities.



## 2. SSK's Interventions

***Sahbhagi Shikshan Kendra (SSK)*** has been working on migration issue for nearly five years. This initiative was supported by the Tata Trusts. SSK first undertook a pilot study to develop an understanding of migration issues and to assess the vulnerability of migrant labourers. After this, SSK began extensive involvement in migration issues, and has been planning and designing its activities since then in accordance with the findings of the pilot study. SSK has been working with migrants and their families at both the source (Sitapur) and the destination (Ghaziabad). Most migrant labourers face many problems when they come from their native place to big cities, and experience a high degree of vulnerability. They hold high hopes for their future and often have families to support; but these hopes are often crushed by the harsh realities of city life. Mostly migrant labourers are less skilled, and thus the nature of jobs available to them often involves hard physical work and low wages. Long working hours and risk factors involved in the job take their toll on the labourer, adding to his vulnerability.

In Ghaziabad, SSK has identified migrant workers according to occupational categories. Major fields of work are headloading, construction labour, rickshaw pulling, pillow-making, domestic work and ragpicking. In Ghaziabad, under the current project, work is extensively focused on five labour chowks (*Sanjay Nagar, Vijay Nagar, Ramterampur, Nandgram and Nasirpur*) and two labour settlements (*Panchasheel colony and Mahendra enclave*). At these two areas of intervention, different kinds of services are being provided to the migrant workers by SSK, such as ID card and registration, legal support, linkages and interfacing with banks, insurance policies, interfacing with the labour department, urban local bodies, trade unions and other stakeholders.

SSK during the course of their interventions, observed the health risks involved and decided to conduct a methodical research study to substantiate these observations.

### 3. Ghaziabad City: An Overview

Ghaziabad is a growing industrial city in the close proximity to Delhi. It has become the industrial hub of Uttar Pradesh as well as an educational hub for the region. It is part of the national capital region (NCR) and known as Gateway of Uttar Pradesh. Ghaziabad is situated about 2.5 km away from the Hindon River. On the north it is bounded by the district of Meerut, by Bulandshahar and Gautambudh Nagar at the south, at the south-west by Delhi and on the east by the district of Jyotibaphule Nagar. As its boundary is adjacent to Delhi, it acts as a major main entrance to Uttar Pradesh.

Provisional data derived from the 2011 census shows that Ghaziabad had a population of 2,358,525, of which 1,256,783 were male and 1,101,742 female. The literacy rate was 93.81 per cent. Ghaziabad is a subcategory B1 district of category B, i.e. has socio-economic parameters below the national average.

Large numbers of residential and commercial projects are coming up in Ghaziabad. Major developers have invested heavily in locations along National Highway 24 and National Highway 58. These are flourishing as residential options for those looking to live near the capital. All these factors make Ghaziabad a real estate hub, with ample work opportunities in the construction sector. Ghaziabad is a labour-intensive town, with 9 prominent labour points. On an average 3500-5000 labourers collect at these labour points every morning. Ghaziabad provides multiple employment opportunities in the unorganized sector. The migrant-intensive residential pockets are Nandgram (Ward no. 10); Shastrinagar Rajapur (Ward no. 21), Sihani (Ward no. 30), Sanjaynagar (Ward no. 22), Bhopura (Ward no. 48), Lohia Nagar (Ward no. 61), Daulatpur (Ward no. 7) and Jhandapur (Ward no. 36).

Ghaziabad thus witnesses a large influx of migrant population, but not much is done towards the security of migrant workers. The Municipal Corporation as well as the Labour Welfare Board do not feel accountable towards these migrants. The Labour Welfare board does not consider them to be fixed workers, as they do not fit into their criteria of wage labour, and thus they simply count these workers as mobile population. There is a strong trade union in form of CITU but they only cater to the needs of factory workers, and do not give much emphasis to the security and benefits of migrant labours. They feel that these wage labourers are mobile and diverse, and are not linked to any institutional set up.

## 4. Conducting the Research

### **Research statement**

This study aims to analyze various occupation-related health issues faced the migrant workers from five different occupational groups (construction workers, domestic workers, rickshaw pullers, pillow-makers and ragpickers). We also try to highlight the working conditions and safety measures in place for migrant labourers in Ghaziabad.

### **Research objectives**

- Understanding the availability and affordability of health-related services for migrant labourers at the workplace (provided by the employer), as well as at the place of residence.
- Understanding the nature of occupational injury and health problems suffered by these labourers.
- Exploring the sanitation and health conditions of these migrants' place of residence.
- Especially highlighting the occupation-related health issues of female migrant workers (largely domestic workers).
- Understanding the safety measures in place at the workplace.
- To incorporate the findings and learning of the study into strategy formulation and field-level interventions.
- Sensitizing various stakeholders so as to generate more support for cause of the migrant workers.

### **Research Design**

As stated earlier the study focuses on the health risks involved in selected occupations that migrant workers in Ghaziabad are involved in. These phenomena can only be examined in-depth if both quantitative and qualitative techniques of data collection and analysis are used. A combination of these approaches would provide a holistic understanding of the topic.



**Sample Size:** Total 250 migrants from five occupational groups (200 males, 50 females)

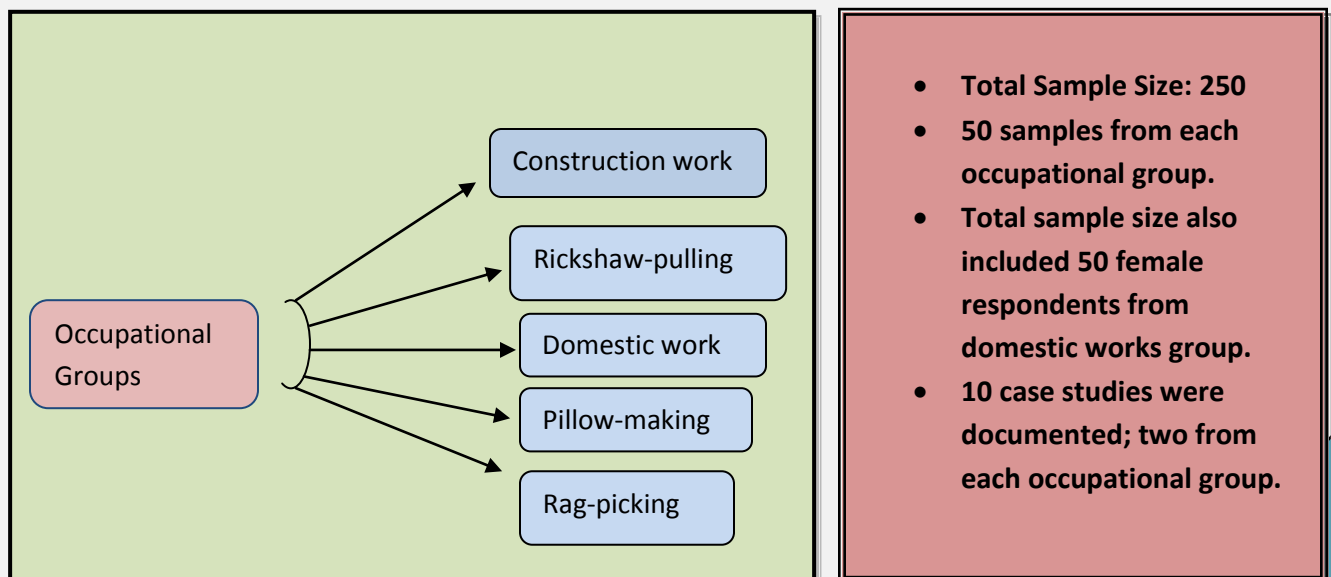
**Sampling Technique:** Non-probability, accidental sampling

### **Method and tools of data collection**

The research used a combination of qualitative and quantitative research methods. The methods of data collection were:

- ◆ **Interview schedule/questionnaire-** Acknowledging the importance and complexity of the study and in order to obtain precise and complete information, data was collected through an interview schedule. For this a structured questionnaire was designed to be filled by the surveyors during their face-to-face interaction with respondents.
- ◆ **Case studies-** A few relevant case studies have been documented and given place in the study, so as to enrich the study qualitatively and to highlight the issue of occupational health risks faced by migrant workers.
- ◆ **Surveyors' observation-** As we have professional field work surveyors at our disposal for the current study, it seemed appropriate to include their observations regarding the occupational health status of migrants and hygiene and sanitation condition of labourers' residential areas which they visited for data collection (mainly slums or unauthorized colonies). These observations have also found place in the narrative of the study.

### **Research plan**



## 5. A Few Key Points

Occupational health issues, and their causes and repercussions for migrant labourers are result of a number of intersecting factors. These factors should be analyzed alongside occupational health risks in order to capture the broader picture. For this particular study, certain important factors came to shape the findings of the study.

### **Occupational health issues:**

The study explores the nature of health problems a migrant worker faces when he/she is engaged in work. The survey shows that different occupations have different or a few similar health issues.

### **Number of leaves taken in a month due to bad health:**

Generally, a migrant labourer is a daily wage earner. For this worker, working every day is important, as they might face the risk of going a day without any wage. However, they are often unable to attend their daily work because of bad health caused by occupation related health risks. This problem affects migrant both health wise and financially.

### **Assistance offered by employer in case of occupational health problems:**

This issue is relevant to construction workers as they are recruited or employed by *thekedars* or agents. This helps us to analyze the vulnerability of a migrant worker in terms of the emergency support he receives, or does not receive, from his employer.

### **Sanitary condition of migrant residential areas (surveyors' observations):**

Generally migrant labourers reside in the outskirts of the city, or on unauthorized land which eventually turn in to slums. These areas are highly underprivileged and devoid of basic sanitary conditions. Unhygienic environments certainly have a direct effect on a person's health. The study highlights the surveyors' observations regarding the sanitation condition of such areas.

### **Working hours and overtime:**

The question of working hours and overtime payment is of high importance, as long working hours often demand a heavy physical workload in terms of daily wage labour, which may result in many health-related problems in the long run. The findings show that often despite working

beyond eight hours, the labourer does not receive the overtime payment which is his right; and on the contrary this costs him his health and puts him in an even more vulnerable position.

**Medical facilities availed by migrant labourers:**

Because of their low income, migrant labourers generally do not visit private hospitals or qualified doctors. The study aims to understand the alternatives to costly medical services available to them, and reasons for their reluctance to visit government hospitals. The study categorises the various alternative medical services available, and their reservations about visiting government hospitals.

**Migrant's awareness regarding government medical schemes/services:**

Migrant populations are largely considered to be lacking in proper information relating to different government schemes. Often migrants are not able to avail of the benefits of these schemes, because of the nature of their constant mobility. Acknowledging the importance of health-related awareness for migrant workers, this study aims to determine the levels of this awareness amongst workers of different occupation groups.

## 6. Occupational Health Issues of Various Occupational Groups

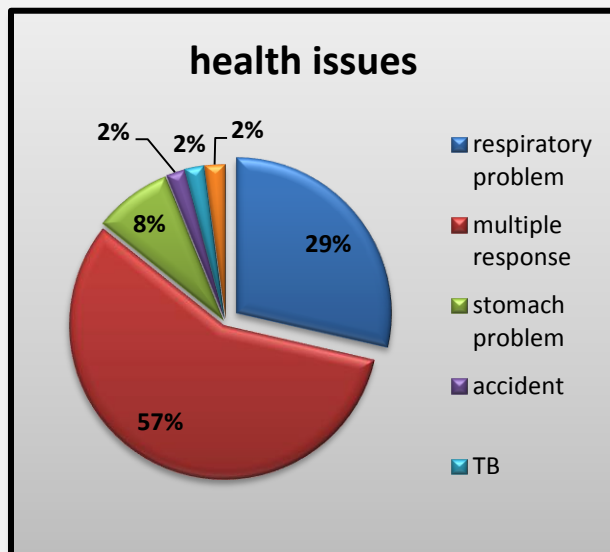
### Pillow-makers

The migrant community involved in the pillow-making and pillow-selling business (*pheri*) is vulnerable to a number of health risks. A few major health problems and the cause associated with the profession are as follows:

<u>Health Problems</u>	<u>Occupation-related Causes</u>
<b>Respiratory problems</b>	The cheap synthetic adhesive used in pillow-making and the raw material (cotton dust, pieces of cloths) used to stuff the pillows are the main reasons for this type of health risk. Unintentional inhalation of this unsafe synthetic adhesive and the process of cleaning dirt-laden stuffing materials are major causes of respiratory problems among migrants in the pillow-making profession.
<b>Stomach problems</b>	The process of pillow-making is strenuous. It requires the person to sit constantly for long hours. Squatting on the ground with knees bent closely, and slouched over, is likely to cause stomach pain and ailments.
<b>Serious health risks</b>	There are migrants among the respondents who have been diagnosed with major health problems such as tuberculosis (1), and migraine (1) and blamed the unsafe practices of their profession for their condition.
<b>Combined health risks</b>	There are a significant number of migrants involved in the pillow-making business who reported a combination of health conditions such as body pain, constant fever and cough, regular headaches etc. These are also the result of constant inhalation of the synthetic smell and prolonged sitting on ground.

## Health problems of workers

The graph alongside represents the number of respondents whose health is affected by their occupation. The graph reflects that out of fifty respondents, **57%** suffer from health issues such as body pain, constant fever and cough, regular headaches etc. **29%** suffer from respiratory problems, **8%** from stomach problems, and **2%** from serious diagnosed illnesses (TB and migraine). One case of a road accident was also reported; as pillow-makers are also often pillow-sellers who travel on bicycles to sell their pillows carrying their load of pillows on the back of their bicycles. A heavy load often makes the bicycle imbalanced, making them prone to accidents.

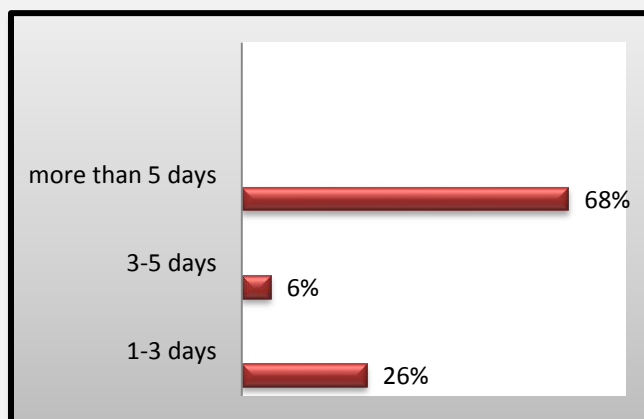


**Premchand has been living in Ghaziabad for last thirty years and been in the pillow-making /selling business. When he came to the city from the town of Sitapur (U.P) he fell into bad company, and succumbed to alcoholism. Now at the age of sixty, he has developed acute lung problems. His occupation of pillow-making exposes him to the cheap quality of synthetic rubber adhesive, and to inhaling flakes and particles of pillow-making material. With alcoholism and the inhalation of polluted particles, Premchand's health condition has worsened. He is no longer able to properly do his work (pillow-making) and is dependent on medication.**

## Leaves in a month

For a poor migrant labourer, his daily toil is an assurance of food for him and his family. However, as the finding of the survey suggest, a labourer has to abandon his livelihood activities for some days in a month due to poor health, which generally results from the risks involved in his work.

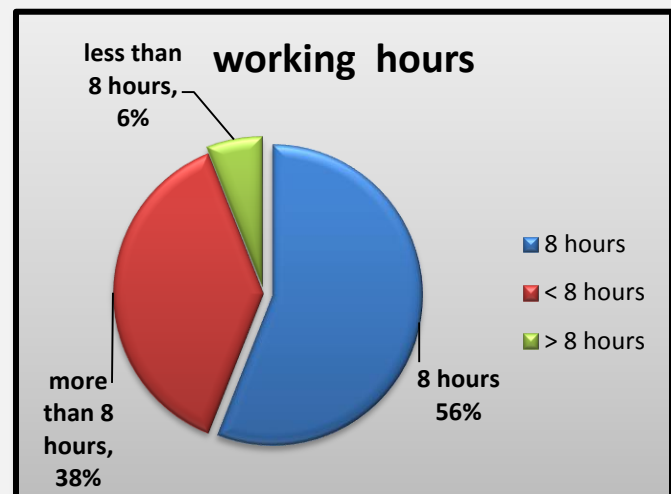
Not making pillows and not carrying them on his bicycle to sell on one day, means that the labourer earns nothing that day. If this happens for few days in a row, the labourer's



family is pushed to the brink of extreme poverty and hunger. The graph above shows the number of leaves a labourer takes in a month because of his illness. Out of fifty respondents, **26%** take one to three days off, **6%** of labourers take three to five days off and **68%** take more than five days off in a month due to bad health.

## Working hours

Conventionally the number of working hours in a day is limited to eight hours. But with regard to migrant labourers in the unstructured sector, there is often no such limit. Often a labourer works continuously for many hours, and this becomes a major reason for many joint and stomach related health problems. Long working hours have direct connection to the health problems a person suffers. In the case of pillow-makers, superficial observation may suggest that as they work in their homes, they have the freedom to work in accordance to their own convenience; but the present survey shows a different picture. Their work is so important for their livelihood that it leaves the workers with little choice but to work long hours irrespective of the fact that they work from their homes. The findings shows that out of fifty respondents, **56%** work no less than eight hours a day, **38%** work for more than eight hour and only **6%** of respondents work less than eight hours.



## Aversion to government hospitals

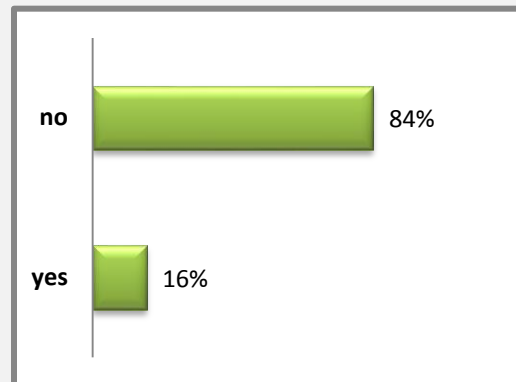
All fifty respondents unanimously said that they visit unauthorized medical practitioners in case of medical emergency, as this is the only affordable option available to them. When asked why they do not visit government hospitals when they fall ill, as the treatment there is free of cost, we received a variety of responses. Out of fifty respondents an overwhelming **34%** said that the doctors do not attend to them well and ignore them and behave unprofessionally. **26%** said they do not visit government hospitals



because the medicine they prescribe to be bought externally, is very expensive. **2%** complained about staff behavior, and another **2%** cited medicines not being provided on time as the reason **8%** said that visiting the hospital and the procedures involved are too time consuming, **28%** cited the main reason as distance of the hospital from their area of residence.

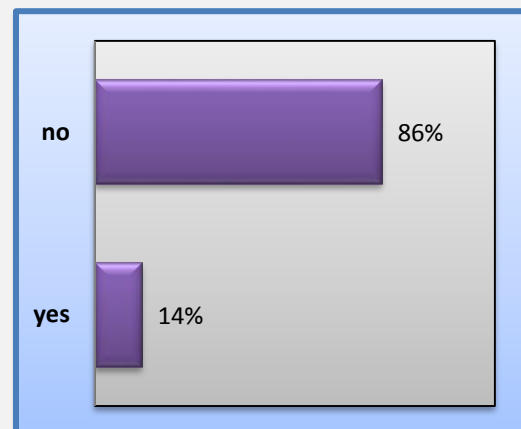
### **Health schemes awareness**

In order to determine the awareness levels of pillow-makers, we asked them whether they had heard of various government health-related schemes such as JSY, DOTS, NACO test etc. A high majority (**84%**) said that they do not know of any such schemes, let alone having benefitted from them, and only **16%** people acknowledged that they knew about such schemes.



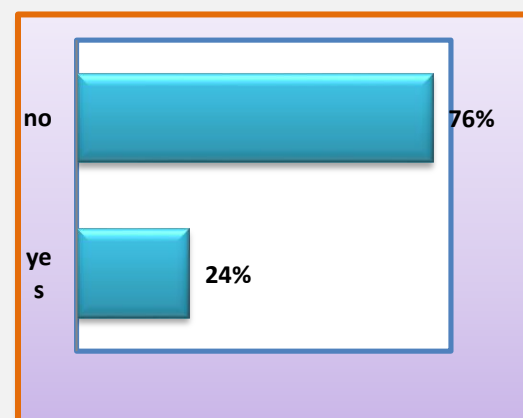
### **RSBY (Rashtriya Swasthya Bima Yojana) awareness**

RSBY-related information was collected separately, as it is a scheme which can be especially useful to migrant labourers (as it has the split-card facility which can be used at both source and destination places for migrant labourers). Out of fifty respondents, **86%** said they have not heard of any such scheme, and only a small number, **14%**, of respondents knew of it. Only one respondent possessed an RSBY card.



### **AIDS awareness**

Information regarding AIDS is very crucial to the migrant population, as several studies have shown that migrants are more prone to HIV than the native population. In this study we tried to determine their awareness regarding AIDS (cause and effect). The data revealed that only **24%** of respondents out of fifty were aware of AIDS.



## Ragpickers

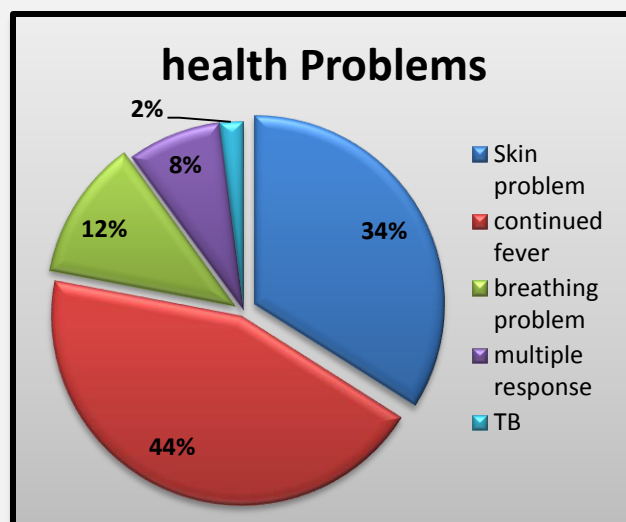
Ghaziabad has a large migrant population involved in ragpicking. These ragpickers are generally migrants who have been living in the city for a very long time. Sadly many children are also involved in this work, exposing themselves to the health risks at an early age. This particular profession is highly risky and poses high health related risks. It exposes the individual to an unhygienic and dangerous environment. A few major health problems and their obvious cause associated with this profession are:

<u>Health Problems</u>	<u>Occupation-related Causes</u>
<b>Skin problems</b>	Since ragpickers generally work barefoot and without gloves in an unhygienic environment (sewers and garbage dumping sites) full of contaminated materials, they tend to develop skin infections such as skin allergies/itching or chaffed skin etc.
<b>Continued fever</b>	Continued fever could be the harbinger of typhoid or malaria, as the work of ragpicking exposes the person to mosquitoes, bacteria and viruses at the garbage sites.
<b>Breathing problems</b>	Due to constant exposure to harmful/toxic waste and gases from the sewers and garbage, ragpickers unintentionally breathe in a highly unhygienic environment which, after a period of time makes them seriously unwell. One of our respondents has also been diagnosed with TB.
<b>Combined health risks</b>	The respondents also shared multiple occupation related health problems such as injuries, cuts and pain as sharp objects in the waste, frequent bending to pick the waste, etc.

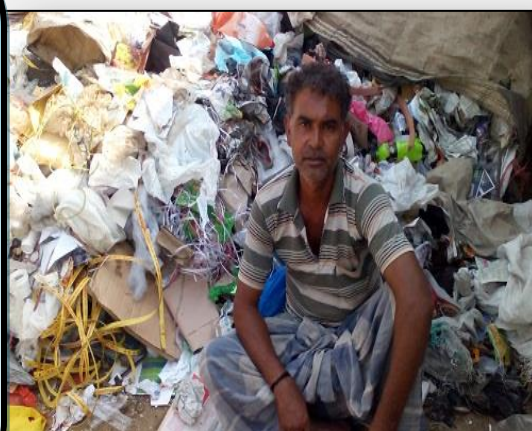


## Health problems of workers

The pie chart alongside shows us data collected from fifty respondents who were ragpickers, who suffer from occupation-related health problems. Out of fifty ragpickers **44%** suffered from one or the other type of fever because of their exposure to an unhygienic environment. **34%** suffered from skin problems/rashes/infection, **14 %** had breathing problems (including 1 person who has been diagnosed with TB), and **8%** of respondents suffered from various health problems such as body pains, injury, infections etc.

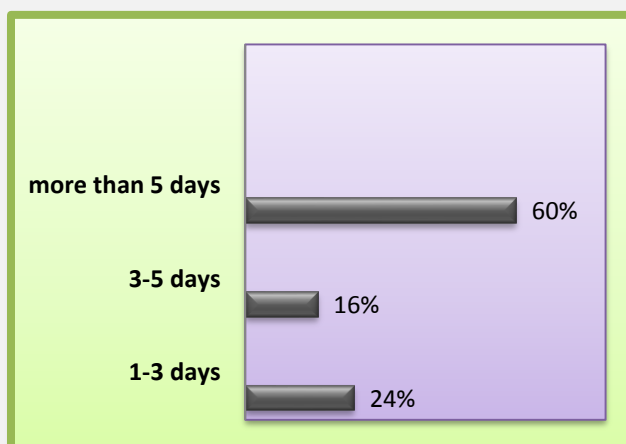


Chintu Sheikh is 40 years old and originally from the Murshidabad district of West Bengal. For the past 22 years he has been a ragpicker in Ghaziabad. His occupation has caused malaria/fever countless times. Now he finds himself unable to go to work because of the weakness caused by long fevers. He mostly stays at home, and separates different garbage items from garbage piles. He is also under medication for fever, as excessive piles of garbage give rise to mosquitoes which results in malaria.



## Number of leaves in a month

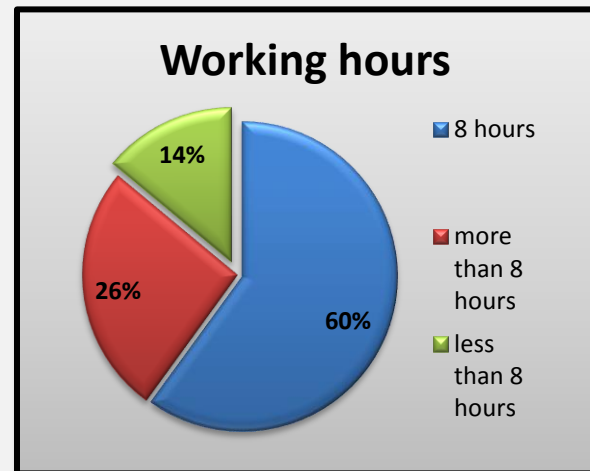
Ragpicking is a low paid activity, and taking a day off because of ill health would mean a wage-free day. The graph depicts the number of leaves taken by the respondents. Out of fifty respondents, **24%** take one to three days of leave in a month, while **16%** of respondents said they take three to five days of leave in a month. The remaining **60%** said that they are absent from work for over five days due to health problems.



### Working hours

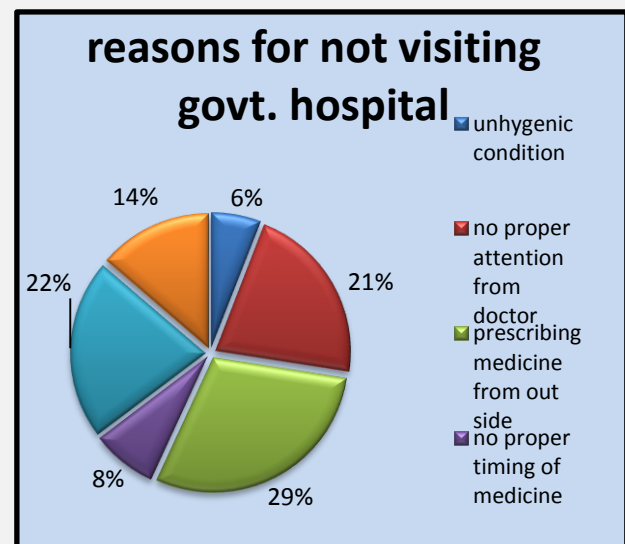
The working hours of a ragpicker are not fixed; they can stretch to an entire day or night. The more an individual collects, the more he or she earns. Thus ragpickers try to invest as much time as possible in their work. They start their day very early in the morning, and work late into the evening or night.

Our study shows that **60%** of respondents work eight hours a day. **26%** work more than eight hours, whereas only **14%** of ragpickers work for less than eight hours.



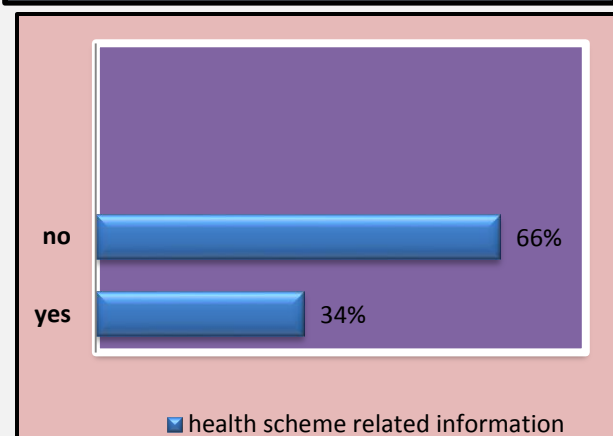
### Aversion to government hospitals

Like the pillow-makers, the ragpicker community also does not visit government hospitals due to a number of reasons. **29%** said that the medicines prescribed can only be bought outside the hospital, and the cost of these is beyond their capacity. **22%** said that it is a long process which consumes much time; and **21%** complained about the doctors' behavior. **6%** of them blamed unhygienic hospital conditions, **8%** said that medicine is not given in time; and the rest (**14%**) cited the distance of the hospital from their area of residence.



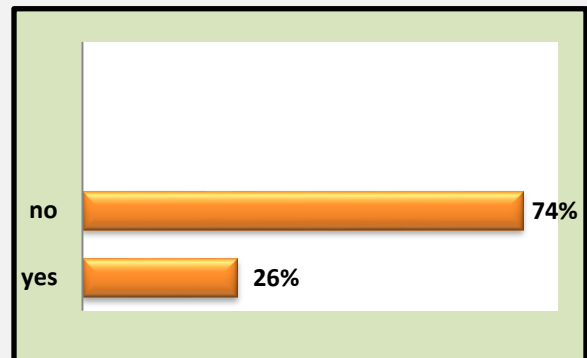
### Health schemes awareness

Only **34%** of respondents were aware of government schemes. The majority, **66%**, had not heard of any of these schemes.



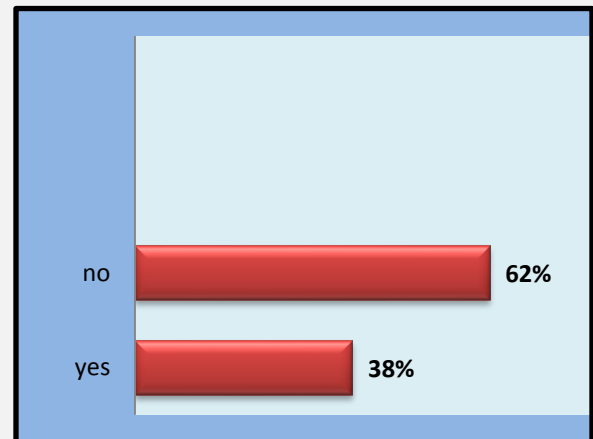
### **RSBY (Rashtriya Swasthya Bima Yojana)** **awareness**

Among the ragpickers, only **26%** knew of RSBY while the rest did not know anything about this scheme.



### **AIDS awareness**

The data regarding AIDS awareness among this group reflects that out of fifty respondents **38%** knew of AIDS (causes and effect), and the rest (**62%**) do not know about AIDS.



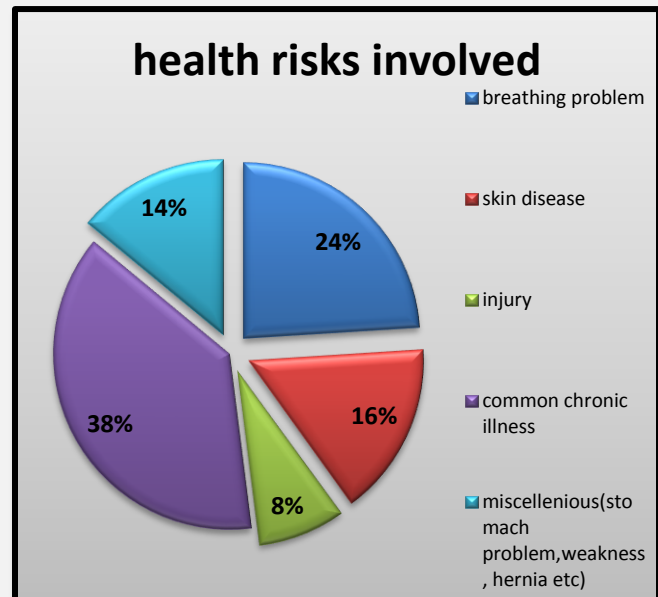
## Construction Workers

Ghaziabad is an industrial city which is witnessing tremendous growth in the real estate sector. A migrant labour work force is crucial for this growth; and Ghaziabad thus hosts a large migrant population which is involved in construction labour. Many health issues experienced by these labourers are a direct result of the work they do. Our survey amongst migrant construction labourers provided us with the following details:

<b><u>Health Problems</u></b>	<b><u>Occupation-related Causes</u></b>
<b>Breathing problems</b>	Construction work involves working in dusty environment. Constant inhalation of dust, cement and sand particles, poses a great danger to the proper functioning of one's lungs.
<b>Skin problems</b>	Continuous work with certain building materials such as cement, lime and paint may result in skin conditions such as roughness, itching, eczema etc. Prolonged contact with wet Portland Cement results in a skin condition known as 'cement burns'.
<b>Injuries</b>	Construction work is no doubt dangerous work. Labourers are very vulnerable to injury or even death during the course of their work; especially in absence of safety gears (which is very often the case).
<b>Chronic illness/pain resulting from occupational practices</b>	Frequent sicknesses in the form of fever, cough, cold and body pains are result of hard physical work and exposure to unsafe/unhygienic work environments.
<b>Miscellaneous ailments (stomach problem, weakness, hernia etc.)</b>	Harsh working conditions (improper heavy weight lifting) long working hours, and incorrect posture result in a variety of health issues such as hernia, weakness etc.

## Health problems of the workers

The study of fifty construction workers revealed that **38%** of respondents are affected by illness such as body pain, fever, cough and so on, which is a result of the nature of work labourers undertake and the condition they work under. Breathing problems affect **24%** of respondents, and skin problems affect **16%**. **8%** of respondents suffered injuries during the course of their work.



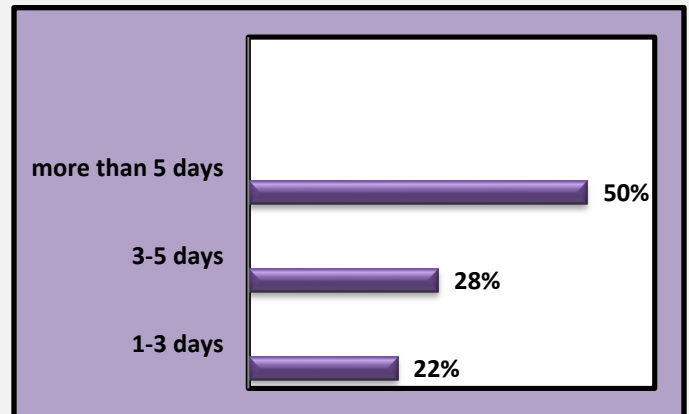
Pankaj is a 23 year old young construction worker, who has been in the construction sector for the past eight years. During construction work, he often worked in close contact with cement, which over a period of time has caused a skin condition known as 'cement burns'. Symptoms including blisters, skin discoloration and dead skin appearing on the hand. Pankaj has to continue with the same work which has caused him the disease, as has developed his expertise in this occupation field alone. Left with no other choice, Pankaj is found every morning in search of work at the labour chowks of the city.



### Leaves in a month

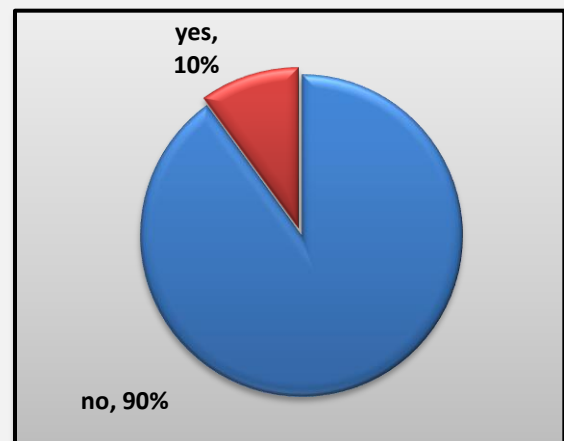
Like many other unstructured daily wage labourers, construction work is also a highly unstable occupation. The labourers are paid in the evening after an entire day of rigorous toil. If they could not come to work because of illness/injury, they do not earn any money that day.

Upto **50%** of construction labourers out of fifty respondents take more than five days of leave in a month. **28%** take three to five days leave and the remaining **22%** labourers take one to three days leave. These 'off days' mean 'no wage days' for the poor labourers.



### Help from employer

Construction work is mainly undertaken through contractors, or direct employment. In case of illness/injury on the construction site, labourers are generally not taken care of properly by the contractors. The current study shows that a vast majority of the respondents (**45 out of 50**) do not get any help or support from their recruiter in such cases. The remaining 5 respondents (**10%**) said they have received some sort of help from their employers.

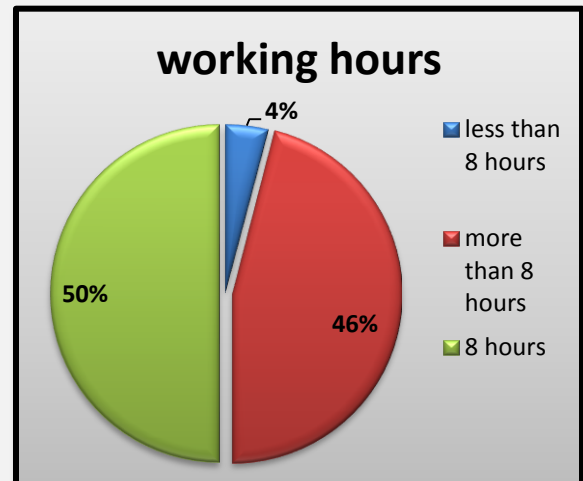


### Nature of help received

<u>Nature of help</u>	<u>No of labourers</u>
Monetary compensation	1
Admitted to hospital	1
Monitory help and medication	3
<b>Total</b>	<b>5</b>

## Working hours

Construction work is highly irregular work in terms of working hours. The labourers often work more than the stipulated 8 hours as per the demand of work, and hardly get any overtime for their extra work. Our present survey shows that among the fifty respondents, **50%** usually work for 8 hours and **46%** work for more than 8 hours, while a very small number of respondents said they work for less than 8 hours, as part-time work.

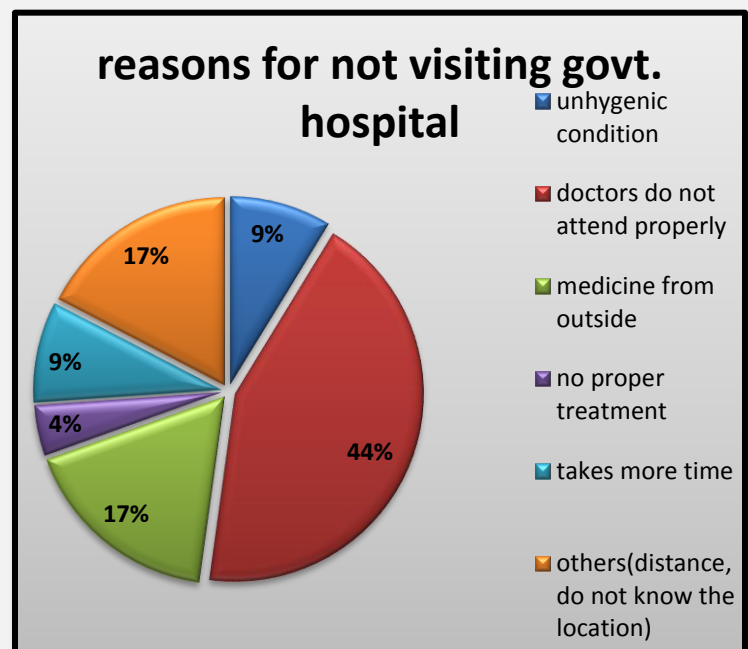


## Overtime payment

Overtime payment is the right of the labourer. Legally and ethically, labourers who work for more than 8 hours a day are entitled to overtime payment from their contractor/employer. In the case of construction labourers in Ghaziabad, out of the 23 respondents who told us that they generally work for more than 8 hours only 11 said that they get paid for overtime work, while 12 said that they get no overtime payment.

## Aversion to government hospitals

Out of fifty respondents, a large majority, 32 of them, visit the unauthorized and unlicensed doctors for their medical needs. 14 go to private doctors/hospitals, while only 4 of them visit the government hospital. Thus there are 46 respondents who do not visit government hospitals and an overwhelming majority, **44%**, said that doctors do not attend to them properly. **17%** said that doctors prescribed medicines to be purchased from external sources which they cannot afford, **9%** answered that the process of getting treatment is time consuming. Another **9%** blamed the unhygienic conditions of the hospital for not

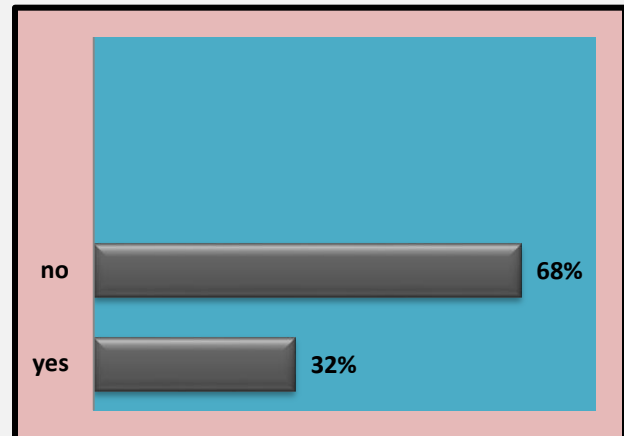




visiting, **4%** said they do not get satisfactory treatment so it is thus not worth visiting, **17%** respondents said that either hospital is far from their residence, or they are unaware of the location of the hospital.

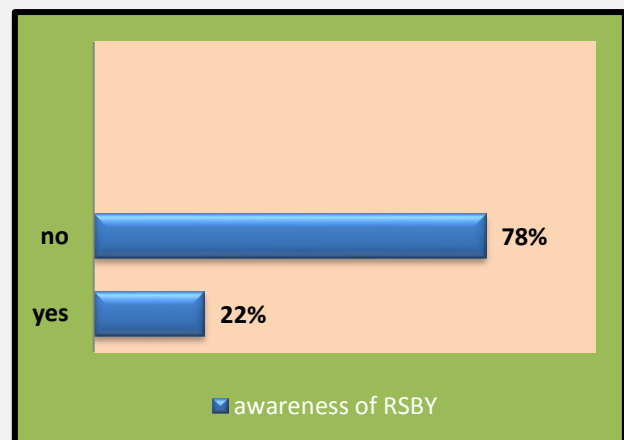
### **Health schemes awareness**

Of 50 respondents, only **32%** were aware of various government schemes. The remaining majority said that they do not know of any of these schemes, as they have no source of access to this information.



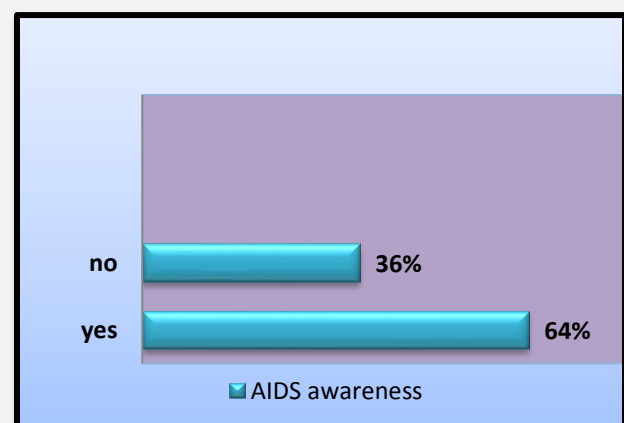
### **RSBY (Rashtriya Swasthya Bima Yojana) awareness**

Awareness of RSBY among the migrant population is very important, considering its unique split card facility. The data reflects that only **22%** of fifty respondents are aware of this scheme, while the remaining **78%** respondents had never heard of RSBY. None of the respondents had the RSBY card.



### **AIDS awareness**

Considering the importance of AIDS related information among the migrant population, the current study reflects **64%** of respondents said that they are aware of AIDS while the remaining **36%** have no knowledge of AIDS.





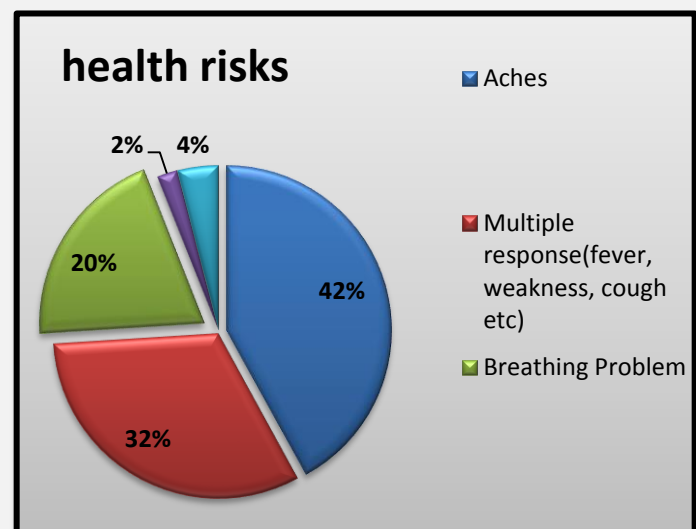
## Rickshaw-pullers

Rickshaw-pullers are one of the worst affected groups in terms of occupational health risks. This occupation also attracts many migrants as rickshaw pulling does not require much training or skill. Rickshaw pulling, being strenuous work, makes the person weak and vulnerable to other diseases of undertaken for long periods of time.

<u>Health Problems</u>	<u>Occupation-Related Causes</u>
<b>Aches/pains</b>	Dragging the rickshaw while carrying heavy weight is quite a strenuous physical exercise. This heavy work affects the entire body, and causes joint and muscular pains.
<b>Multiple ailments (fever, weakness, cough etc)</b>	Pulling a rickshaw also affects the overall health of the individual. This strenuous work is generally not accompanied by the required calorie diet for the rickshaw pullers, which ultimately takes its toll on the overall health of the rickshaw puller.
<b>Breathing problems</b>	Carrying heavy loads for long hours over a period of a few months/years affects the lungs, causing breathing problems among the rickshaw pullers, which are worsened if the person is alcoholic or smoker.
<b>Tuberculosis (TB)</b>	TB is a severe form of breathing problem which greatly affects the rickshaw puller group.

### Health problems of workers

Many respondents (32%) suffer from multiple health issues such as weakness, continued fever, cough etc. As many as 42% suffer from body aches (joint and muscular pains). Breathing problems (gasping, panting and cough) were found in 20% of respondents, whereas 4% of respondents have been diagnosed with TB. 2% met with accidents while pulling the rickshaw.

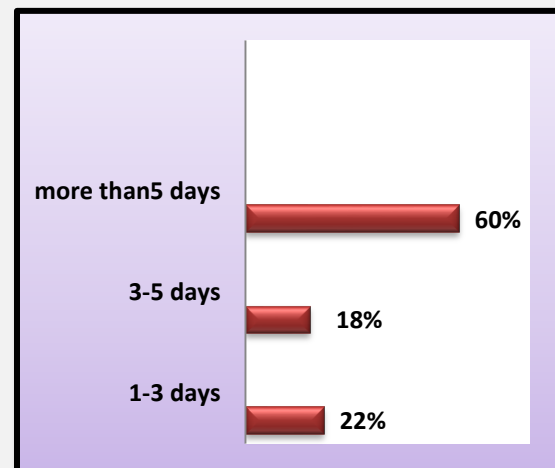




62 year old Ramkhelawan is originally from Banda (U.P) and has worked as a rickshaw puller for the past twenty years. He has suffered from knee aches for many years and is under medication, but the treatment gives him only temporary relief as he has to pull the rickshaw every day, which puts immense pressure on his knee joints. To make his condition worse, Ramkhelawan also suffers from hydrocele. These complications put him in a very vulnerable position as pulling the rickshaw is a survival strategy for him, which is becoming more and more difficult with his health problems and old age.

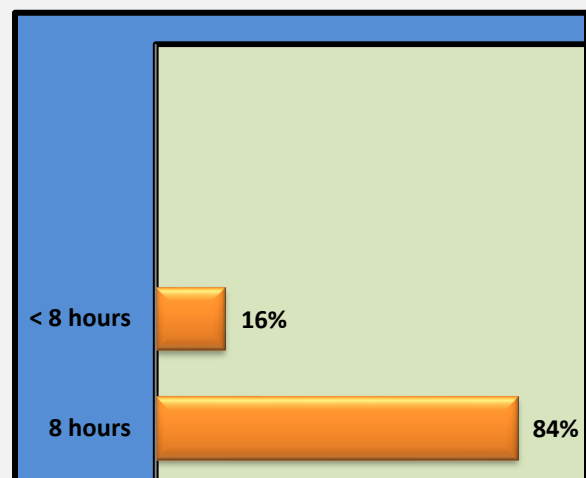
### Leaves in a month

Because of occupation-related health problems, rickshaw pullers fall ill very often. Dragging a heavy load without an adequate diet and rest, badly affects their health. The data reveals that **22%** of rickshaw pullers out of fifty take one to three days off, **18%** could not go to work for three to five days in a month, while as many as **60%** of these rickshaw pullers said that their health problems keep them away from work for over five days.



### Working hours

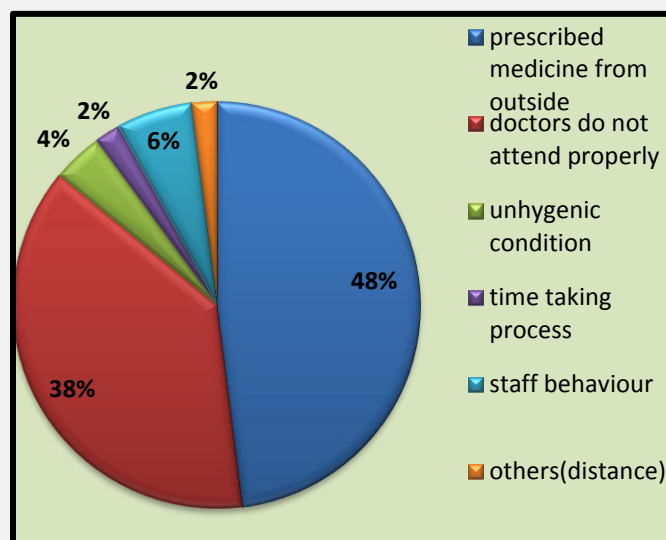
The working hours of rickshaw pullers are not fixed, and their work requires them to work long hours. The study could not find a single rickshaw puller out of fifty, who could say that he works less than 8 hours a day. The mantra for this profession is “more work more income”, and in the pursuit of more income keeps the rickshaw puller constantly at work. Unfortunately at the end of the day, it yields only enough to provide them with their daily bread and butter. Out of fifty respondents, **16%** work for more



than 8 hours a day, whereas **84%** respondents work for 8 hours and no respondent work less than 8 hours a day.

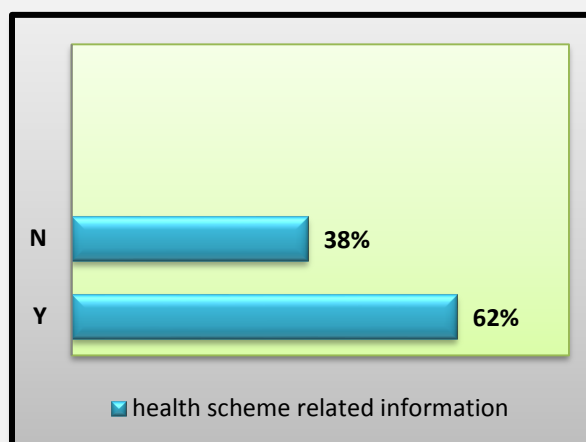
### Aversion to government hospitals

The study reflected that all fifty respondents do not visit government hospital for various reasons. **48%** said that doctors prescribe medicine from the market which are too expensive for them to afford, **38%** said that doctors neglect them, while the remaining respondents blamed factors such as distance, unhygienic conditions at the hospital, time consuming processes, the behavior of the hospital staff etc.



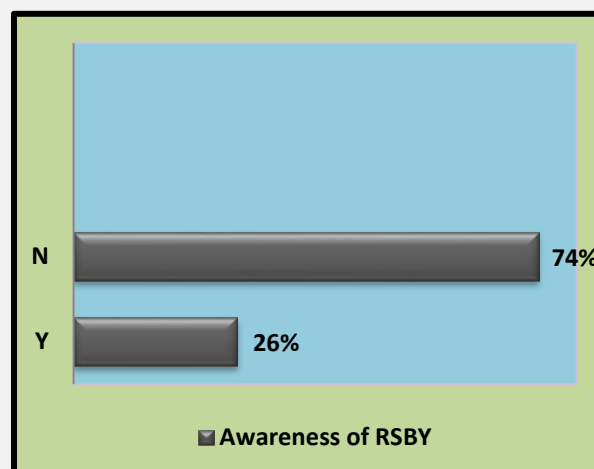
### Health schemes awareness

The graph shows the awareness level of rickshaw pullers regarding different government health schemes such as JSY, DOTS, NACO test. **62%** of respondents are aware of these schemes and **38%** were unaware of these.



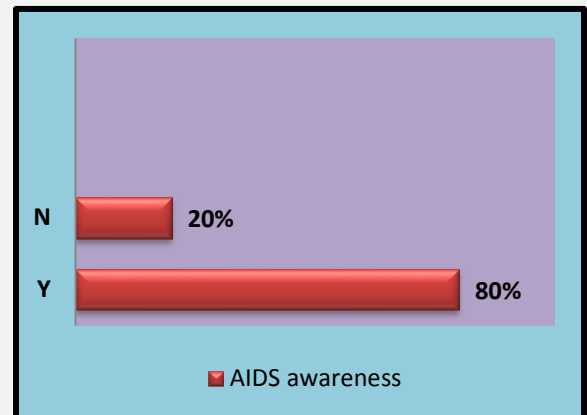
### RSBY (Rashtriya Swasthya Bima Yojana) awareness

The data on awareness of RSBY card among migrant rickshaw pullers reflects that out of fifty respondents, only **26%** knew of RSBY whereas the remaining **74%** answered in the negative. No respondent availed of these services or possessed the RSBY card.



### AIDS awareness

The data reflects that when it comes to AIDS awareness, only **20%** of respondents had access to AIDS information while a great majority, **80%** of respondents, had no knowledge about AIDS.



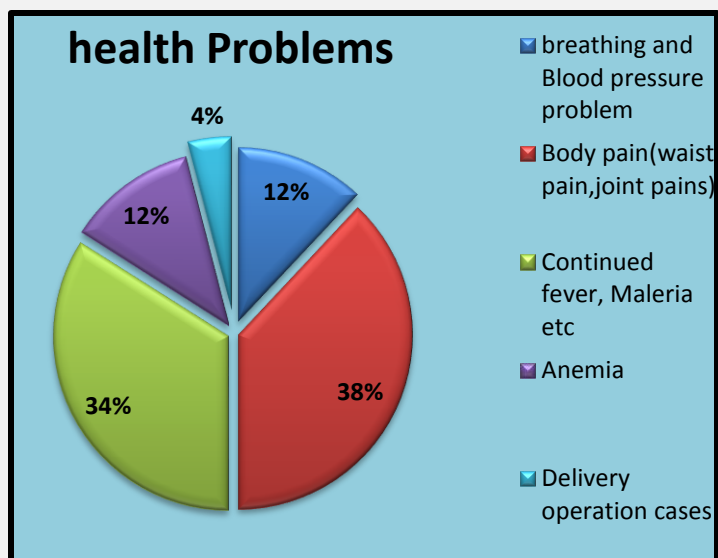
## Domestic Workers

Domestic work generally involves cleaning, moping, dish washing, cooking and other miscellaneous household chores, and women are usually employed for these tasks. These women work very hard, and work for long hours. This often has a very negative impact on their health.

<u>Health Problems</u>	<u>Occupation-related Causes</u>
<b>Body pains (joint and muscular pains)</b>	Body pain is an obvious outcome of doing household work for long hours. Cleaning, mopping, dusting would involve working in bad body postures (prolonged bending, squatting).
<b>Continued fever</b>	Overwork without a break aggravates common illnesses like fever, common cold, etc.
<b>Breathing problems and blood pressure</b>	Doing heavy work and working continuously tends to cause problems such as blood pressure/breathing problems, especially to those domestic workers who are aged.
<b>Anemia</b>	A heavy workload in the absence of a proper balanced diet leads to physical weakness, and if at times this condition is accompanied with post-natal complications, extreme weakness in the form of anemia severely affects the individuals.
<b>Postpartum health issues</b>	Post delivery period is a period for complete rest and recuperate. Doing occupational work without proper recovery would lead to complicated health issues.

## Health problems of the workers

**38%** of respondents complained of body pains (joint pain, waist pain, back pain etc). **34%** were affected by common illness (the gravity of this can only be measured in terms of the harm it causes in the long run, and the affected gets no time to recover from it as her job requires her to work hard as she can). Diagnosed anemia and breathing problems were each reported in **12%** of domestic workers surveyed, while **4%** of respondents claimed to continue work soon after their cesarean delivery, causing them severe stomach pains.

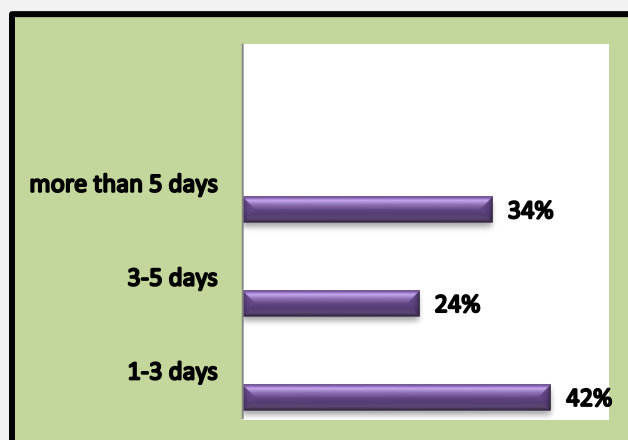


Kalpna works as domestic worker in Ghaziabad. Originally hailing from Damoh (M.P.), she migrated with her husband who works as a construction worker. At present she works in two households in a well-to-do locality which is nearly 3 km away from her residence, and takes nearly one hour on foot to reach. She works for six hours in a day. A while ago, she fell from the stairs while sweeping the floor and injured her ribs. She took generic medicine to allay the pain, but the internal injury still causes the pain to recur. However she is forced to continue with her work under pain as 'taking days off' to recuperate is not an option. She also has to do her own household chores, which put great deal of burden on Kalpna as she is also the mother of two small children, and her husband's daily wages are not sufficient to run their household.



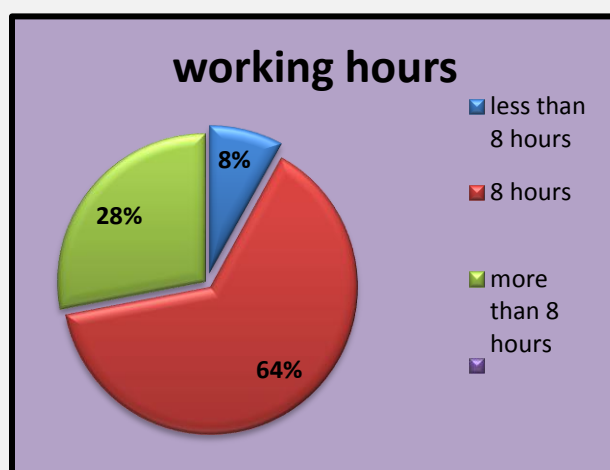
### Leaves in a month

The domestic workers' health seem to be worst affected if we look at the number of leaves they have to take due to occupation-related health issues. Out of the fifty maids selected for this study, **42%** said they take one to three days off. **24%** said that they take three to five days off and **34%** of the respondents said their ill health compelled them to take more than five days off in a month.



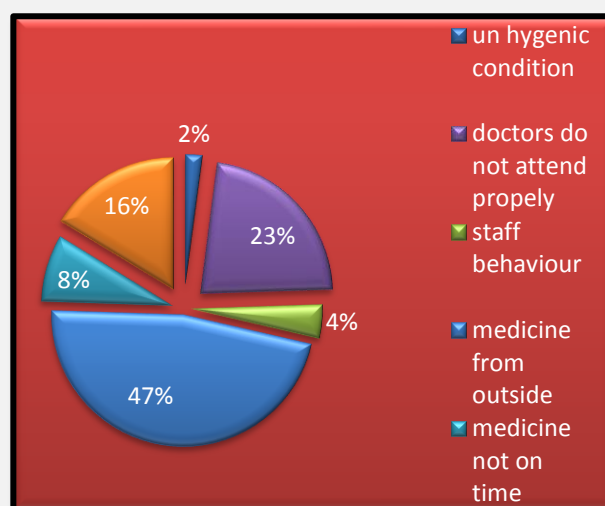
### Working hours

One distinguishing factor among this group is that they often work in more than one household to earn more, in order to support their families. This work load keeps them busy for long hours. Out of fifty respondents **64%** said they work for not less than 8 hours a day. **28%** respondents said they have to work for more than 8 hours to make ends meet. Only a few respondents said they work for less than 8 hours, as they work in only one household.



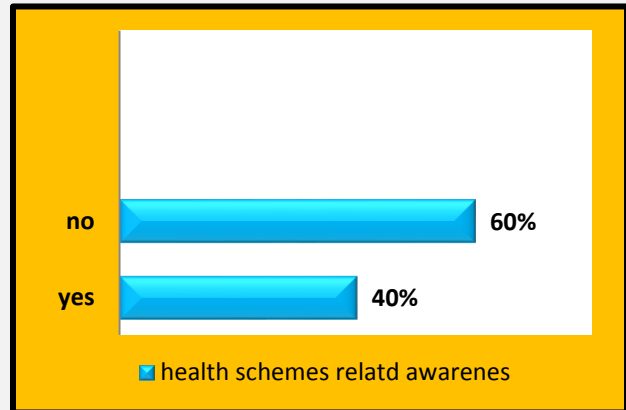
### Aversion to government hospitals

Out of fifty respondents, only one said she visits government hospitals for medical emergencies. The remaining 49 visit either unlicensed doctors or private doctors. The reasons cited for not visiting government hospitals are shown in the chart alongside, which suggests that most them do not visit government hospitals because they receive prescription for very costly medicines. Other reasons mentioned are staff behavior, the distance factor etc.



### Health schemes awareness

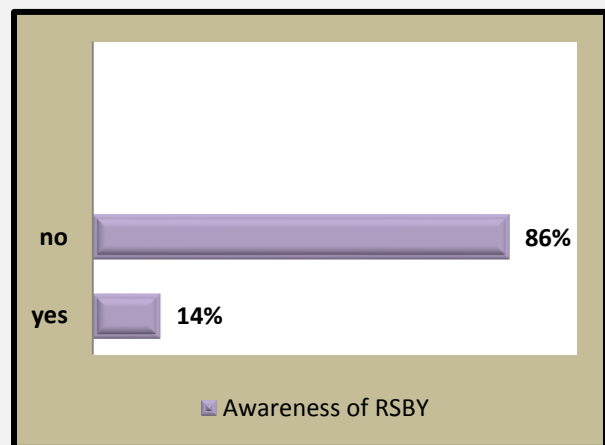
The graph depicts the awareness level of the domestic worker's group regarding government health schemes. **60%** of respondents were not aware of these schemes.



### RSBY (Rashtriya Swasthya Bima Yojana) awareness

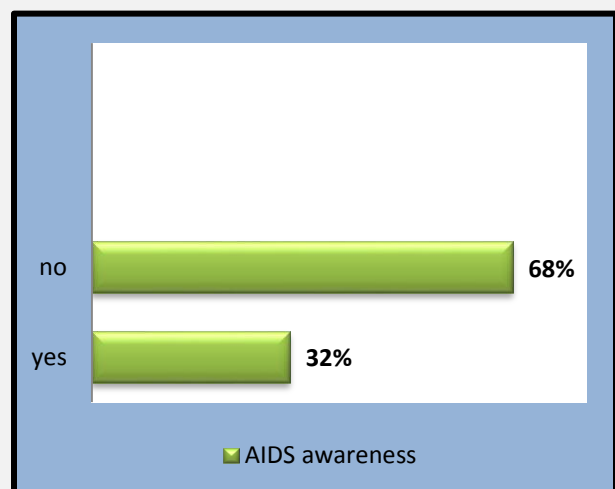
Out of fifty respondents only **14%** knew of RSBY where as remaining **86%** respondents answered in the negative; despite the fact that RSBY is very useful for women's health issues in particular.

This occupational group especially could benefit greatly from this facility, as the nature of their work makes them prone to many common diseases which could be treated by using the RSBY card.



### AIDS awareness

Here, sadly the data shows that out of fifty respondents only **32%** were properly aware of this disease whereas **68%** of women were not properly informed about AIDS.





## 7. Non-occupational Determinants of Migrants' Health

### **Sanitation conditions of the migrants' residential areas: observations of surveyors**

In order to make the study richer in content and substance, we take into account the observations of the field level surveyors. The surveyors visited all the migrant residential pockets which fall under to our intervention areas in Ghaziabad to interview migrant workers, and had some very interesting observations regarding the living condition of the migrant workers, which are likely to affect their health. Some of their observations while conducting the survey are as follows:

- Inadequate sanitation condition of slums (open sewers, no garbage disposal, open defecation etc)
- Migrants living areas are generally slums where overcrowded living conditions increases the possibility of the transmission of infectious diseases.
- Poor calorie intake of the labourers makes them vulnerable to various diseases.
- Many migrant workers also happen to be alcoholic, which is another reason for their bad health.
- Inadequate infrastructural facilities for basic essentials such as potable water and shelter affect the hygiene and health of migrants adversely.



## 8. Concluding Remarks and Recommendations

These findings on occupational health of the migrant group have produced some interesting points for consideration. The results show that various health issues/problems of migrants of different occupational groups are very similar at the destination end. These include work-related health problems, no/low awareness level of medical facilities and schemes, women's health issues, financial status vs. medical expenditures etc.

It is quite evident from the findings of this study that the migrant labourer population lives and works in extremely difficult and dangerous conditions. They are on the margins of society both economically and socially, and face unnecessarily high risks and costs because of non-recognition of their migrant status at the policy level, and faulty implementation of labour laws. Ideally speaking, migration as a strategy is an important route out of poverty. But the condition of the unskilled/semi-skilled migrant labourer belies this hypothesis at the ground level. From the government level there are several welfare schemes aimed at labourers and for general welfare as well which could actually benefit the migrant population as well, but in the absence of special provisions for the migrant population many such schemes are not availed of by migrant labourers. In the light of the findings of the study, a few recommendations can be made, such as:

- **Policy Initiatives:** Despite a few labour policies and acts, further modification of these laws are required, as they are still not able to properly address the health concerns of floating migrants. The plight of migrants is worsened when they are involved in unrecognized sectors, thus falling outside the purview of labour laws. Recent government initiatives such as 'Make in India' have already been under attack for not being 'labour friendly' but 'technology friendly' which would benefit only a section of labourers who are experienced and trained. Such schemes do not address the livelihood concerns of the unrecognized sector. The concept of labour welfare must transcend from the more typical approach of providing livelihood opportunities, to encompass overall welfare which includes the health, education, vocational skills of the migrant worker and his family members.
- It is widely accepted that there is an urgent need to manage the growth of urban settlements with specific provisions for urban poor, especially those residing in slums (a large portion of this is the migrant labour population). However while addressing these issues of urban growth and the urban poor, occupational and general health issues of labourers must find their way through.

- **Affordable Healthcare:** The study shows that a great majority of these migrant workers and their family members go to the unlicensed medical practitioners for their medical needs. A major reason for this is the affordability of these services. Out of 250 respondents from all five occupations, 205 said that they visit unlicensed medical practitioners because it is affordable, for the rest of the respondents, even these unlicensed medical practitioners were too costly. In such a scenario where quality medical treatment is getting more costly day by day, it is incumbent upon the government to provide affordable medical facilities to these marginalized populations. The role of civil society organizations is also very important as they could also set up permanent/semi-permanent medical facilities for the migrant urban poor in these areas.
- **Need for Database:** There is a pressing need to maintain a database of migrants who have more or less settled at the destination end, or commute regularly to the source end. This would help in advocacy with regard to policy formulation with special focus on the issue of occupational health.
- **Awareness about Government Schemes:** In order to avail better health services, it is of crucial importance that migrant labourers are linked with government schemes and benefits such as BOCW, RSBY and other social security schemes. Furthermore the scope of RSBY should also be broadened, as currently it caters to the need of only BPL families whereas migrant labourers who do not have their name listed in the BPL list are left out, despite the fact that they are equally in need of the benefits of such schemes.
- **Need for Education and Sensitization:** Their poor educational background and lack of knowledge related to occupational and general health issues also hampers their physical wellbeing. There is a need to educate and sensitize these workers about health related issues. Such an initiative can easily be made part of labour policy to make it more inclusive and poor friendly.
- **Sanitation:** Sanitation is another important problem for slum households, especially for women and children of migrant families. Many slum dwellers still resort to open defecation, and garbage sites are common in these areas, which affects the health of the dwellers.