Original article

A qualitative approach to various factors affecting health of Seasonal Migrants

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Abstract:

Background: Our cities are slowly transforming into concrete jungles due to large scale construction work. Migrants form backbone of this industry. **Objective**: The objective of the study was to explore various aspects of life influencing health, among construction workers through qualitative methods of research.

Methodology: Four Focus group Discussions (FGDs) were carried out with a total of 32 adult females and males in the month of May 2011. **Results:** Most of the respondents have shown a seasonal work pattern and also shown field work and the construction work in their village and the neighboring city respectively as their chosen work options. Labourers were not health conscious and went to qualified doctors only as a last resort to cure. The main reason for not availing any health facility was the fear of losing their daily wages. The mothers could not recall immunization status of most of their children. They also lacked awareness about the vaccine. Sterilization operation was not done till family had two male children and only females were supposed to undergo the surgery. Tobacco consumption was quite rampant amongst all, males and females of tribal area Dahod of Gujarat and it was present in almost all males of other states. **Conclusions:** We owe a lot for this 'infrastructure development and beautification" of our cities to the poor construction labourers to which we are apathetic. Measures to identify and meet the unmet needs of this special group should be taken.

Key words: seasonal migrants, construction workers, health services, awareness, Surat

Introduction:

Surat is one of the most dynamic city of India with one of the fastest growth rate due to immigration from various parts of Gujarat and other states of India.[1] It has seen phenomenal increase in infrastructure development in last ten years. As a result, it has created employment to thousands of migrant labourers from different parts of Gujarat and India. In New Civil Hospital campus also, new buildings are being constructed for use as wards, hostels, OPD etc. There are nearly 200-250 labourers living at the various construction sites within the campus. The objective of the study was to explore various aspects of life influencing health, among construction workers through qualitative method of research.

Methodology:

Focus Group Discussions: A total of four Focus Group Discussions were carried out in the month of May 2011. 2 FGDs were carried out with adult males and 2 with adult females with 8 participants in each FGD. The participants belonged to different states like Gujarat (mainly from Dahod), Madhya Pradesh and Uttar Pradesh. Before conducting FGDs there were 2 informal discussions with labourers at different sites and informed about the FGDs for their active participation. One of the authors was moderator and note taking was done by a note taker. Informed consent was taken from the participants. FGDs were conducted using both Gujarati & Hindi languages as per the convenience of the participants. Each FGD was conducted in the time comfortable with the study group i.e. after their job hours in the evening.

The duration of the FGD ranged from 50 minutes to 90 minutes. A guide containing the points to be discussed was prepared and it was used in all FGDs. Discussion related to their work, income, health and education was done. Transcript was then prepared in English.

Results:

Generally, the following themes emerged across the various demographic groups.

Work Pattern:

Most of the workers were seasonal migrants and had small farms in their village, which was managed by other family members when they were in cities. They usually come to the city after sowing seeds in their fields and go back for harvesting. They earn approximately 25,000 rupees per annum through agriculture.

Income:

The income varied according to their experience and whether skilled or unskilled. New labourers were given daily wages of Rs.100-180/-, labourers with experience Rs.180-250/- per day, skilled laborers Rs.200-350/- per day. Young/adolescents were given Rs 100-150/- per day. Males did heavy work. Wages of workers also varied with contractor. Female worked as weight bearer, filtering sand etc.

Most of the labourers brought their children with them to help with odd jobs. Some of them had been studying in school and used to come to help in vacation time. They were given odd jobs like babysitting, pouring water over the newly constructed building/walls, taking drinking water or tea to the labourers, bringing packets of tobacco/guthka for them, helping the females to lift bricks or cement, sweeping etc. Few others had left school and joined this work on full time basis. A few women agreed with a remark made by their co worker, *"This work tires us, lifting heavy weight but what do we do."*

"Ame thaki jayeye, ketlu bhaar hoy maal nu , pan shu kariye."

Financial Matters:

Savings were spent in buying '***Rakam***'- silver ornament/bangle by two groups from Gujarat, which were used as mortgage when they faced shortage of money. None of them had bank account. When asked about MNREGA, *"I know about NREGA, they give only Rs.80 or 90, they don't give whole amount",* said a 40 year old man, who had primary education.

"Muhje pata he Narega ke bare mein, par woh to 80-90 dete hein, pure thodi dete hein."

None of them had documents like Ration card, birth certificate, BPL card etc. Those who had documents had kept at their homes in their village.

Health:

It was a priority only when it led to loss of wage. The pharmacist played role of doctor to them. Females had unknown fear of hospitals. When they were asked about not using services in the nearby tertiary level hospital, a woman said "*So many people die there*."

"Wahan to bahut log mar jate hein."

Another female said, *"There are so many hassles and then we are asked to go from here to there whole day. Also there is so much rush there."*

"Wahan jane mein bahut musibat hai, bheed hai, idhar se udhar ghumna padta hai aur din bigad jata hai."

When they were asked about vaccines, they remembered giving their children polio drops. Most of mothers could not recall immunization status of their children. They also lacked awareness about the vaccine. Few remembered the

ANM of their village, *"The nurse comes to immunise children; we also keep our children in Anganwadi, they get Balbhog there."*

"Nurse ben ave chhe rasi apva, ame anagnwadi ma mukiye tyan chhokaran ne balbhog pan ape chhe."

When they were told that there is an Anganwadi centre nearby they said, *"Who will take children to Anganwadi there, we have to work here."* They hesitated to take children to Hospital for immunization and to Anganwadi.

"Wahan pe kon le jayega ,hamein yahan kam karna hai. "

For family planning, sterilization operation was not done till family had two male children according to societal norms. Only females were supposed to undergo surgery according to a group of females. When a group of males was told about the incentive a male gets after getting vasectomy done, one male of around 30 years with 3 girls and one boy said, "*If we get weak due to the operation, then who will work."*

"Mein kamjor ho gaya to kaam kaun karega?"

Tobacco consumption was quite rampant amongst all, males and females of tribal area of Dahod of Gujarat and it was present in almost all males of other states probably because most of females from other states only did household chores. When asked about tobacco chewing, "*We take tobacco when we get tired or bored of work."*

"Kantali ke thaki jaiye tyare tambaku khaiye."

Education:

Most of the females were illiterate. Males had some primary education. They were reluctant to send their children to school due to various reasons. *"If we send our daughters in rickshaw then she might get abducted in rickshaw or in school. She might also run away from school, and then what will we do?"* said 32 year old, illiterate mother of three girls and one boy.

"Bachiyon ko auto me bheja aur koi utha liya to? Aur woh school se bhaag gayi to?"

This shows that females are still in apprehension of any abuse that their girl child may fall upon and this factor has to be pondered over while planning welfare services for women.

"If we send our son to school then, who will take care of our younger son?" said 30 year old illiterate mother of three boys.

"Yash ko school bhej diya to chhotu ko kaun dekhega? "

"*My son wants to study, but I am afraid that while crossing roads he will meet with accident. Rickshaw could not be arranged. He has passed fourth class but they have put him in first standard as we have not brought mark sheet of fourth standard*," mother of a ten year old boy. She had a girl of 7 years too, but she did not mention anything about her. When she was asked about education of her girl child, she replied that she would send her to school if all mothers from her group would send their daughters to school.

Many children like him in the settlements in Civil Hospital Campus had stopped going to schools in their native villages for various reasons, few found them boring, in few schools teachers used to beat them, in few there were no teachers, for some the school was too far and hard to reach especially in monsoons.

Discussion:

According to Gandhiji's vision of Gram-Swaraj, villages and specially farmers were to be the main focus of any development plan of India. As years passed by, agriculture as an industry lost

its importance for policy makers of India. Some farmers do not know how to cope with changing economy leading them to take extreme steps like suicide while some started to search jobs in cities, resulting into large scale migration. [2,3,4,5]

They now survive under the most appalling of living conditions, with scant regard to the basics of cleanliness and hygiene. They pose a challenge to public health and social welfare system because of the diversity and temporary nature of stay and work.[6] These migrant workers are at loss because of their temporary stay; they neither get benefits of health (which they used to get in their villages) nor shelter (the slum dwellers are getting benefits of EWS-Economically Weaker Section-quarters under JNURM in selected cities).

Most of the findings of this study coincide with the findings of Gramin Vikas Kendra study.[7] The situation of farmers has not changed much till now. India has still a lot to gain from scientific advances in agriculture. Even today most of the farmers face lot of problems like scarcity of rainfall, price of fertilizers & pesticides, electricity supply for irrigation, etc. Some have small plots or agricultural land which yields enough for their personal consumption only. Some earn a meager income (of 25,000 Rs per annum in this study) through farming which is not enough to sustain their needs the whole year. Due to fewer yields in agriculture the labourers resort to different means to earn. They are in poor economic condition and migrate to cities where they have no job security. Even though they stay in appalling conditions, many do not return which either creates labour shortage in villages or burden on females of the family who are left behind in villages. Sometimes families migrate permanently and face many socioeconomic problems of urbanization. This leads to loss of agricultural laborers in their native village where probably big farmers might employ them. The Government is trying to support labourers through MNREGA scheme by employing them in developmental activities in their own village. But that is not enough as reflected by Union Rural Development Minister Jairam Ramesh[8] recently. Although this labour force stands as pillar for construction industry we fail to plan its socioeconomic development. This imbalance will in future adversely impact not only the economy of cities but also health of our nation.

Conclusions:

In this study, the migrant workers did not have any financial savings. They were largely illiterate and owing to the temporary job structure, the education of their children suffered. They did not avail health services from public sector as they could not afford losing time in waiting at public hospitals. At the same time they could not afford private sector health services too so health had gone down in their priority list. Tobacco consumption was quite rampant amongst all the labourers. They also feel insecure in urban environment. Although the nearest school and Anganwadi, both are a kilometer away and they live in premises of Tertiary care centre there are no signs of their socio economic upliftment.

Recommendations:

Healthy and educated workforce is asset to the nation. Special efforts to make each and everyone including migrant workers aware about various government health schemes like RSBY, JSSK, JSK is needed. Since these schemes are mostly operational in rural India such migrant labourers are at loss. Ways to fill this gap must be found out for these laborers. Since the laborers don’t have proper identity card they cannot fulfill the technical eligibility to avail many schemes. With advent of Aadhar-UID project, we can expect solution to this problem. Children of these laborers cannot get enrolled in Anganwadi and Schools. Flexibility in enrolling beneficiary/students should be there so that

each child gets proper nutrition and schooling. Effective implementation of the Unorganized Workers Act and the National Social Security Board can benefit these labourers. Identification and line listing of Migrants should be done at district and state level. There is a need of supportive inter-sectoral coordination of various departments related to health, rural and urban development, labour, housing, education etc. for social and economic upliftment of this neglected group.

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Figure: Socio-ecological Model