



A study on the health problems of migrant workers in Trivandrum District, Kerala.

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Abstract

Emigration of workers to Kerala, demographic contraction of the supply of young workers brought about by rapid demographic transition in the state, higher wage rates of Kerala workers, ability of Kerala workers to sustain themselves with remittances from relatives even without work for long periods, reluctance on the part of Kerala workers to do hard physical work- all these have engendered the era of replacement migration in Kerala. Most of the respondents (46 per cent) are from West Bengal. Majority of them are strongly opined that, they have work place injuries (60%) and social issues (50%). Most of them strongly opined that, have gastric issues (35%), Tiresome (30%), Psychological pain (37%), improper diet (30%) and teeth aches. Majority of them strongly disagreed about that they have skin problems (60%). The health problems such as Skin problems and Teeth problems are significant and the Sleeping problems, Breathing problems, Abdominal issues, Vision problems, Musculoskeletal pains, Mental problems insignificant for the migrant workers.

Key words: Migrant Workers, perception, problem, inter - state etc:.

Introduction

While migrant labourers are being forced to come to Kerala as a nest to safe and happy living. The migrated human resource is really an asset to the state as the major physical works are executed through them. But they are prone to diseases and health issues like all human beings. It is necessary to study about their health issues because of their nature, life style and happened that work related diseases. The study is based on the health and unhealthy factors of the migrant labourers. Due to developments, especially, in the real estate related area makes the Kerala workers totally reluctant to work hard from early morning to evening.

Statement of the problem

After a lapse of about 60 years, Kerala is again becoming a net in- migrating state. As soon as a contractor takes up a construction or road work, he appoints an agent to recruit workers not only from neighbouring states but also from states as far away as Uttar Pradesh, Bihar, and West Bengal. Emigration of workers from Kerala, demographic contraction of the supply of young workers brought about by rapid demographic transition in the state, higher wage rates of Kerala workers, ability of Kerala workers to sustain themselves with remittances from relatives even without work for long periods, reluctance on the part of Kerala workers to do hard physical work- all these have engendered the era of replacement migration in Kerala. The migrant workers are not paid Kerala level wages. The contract system of employment is also increasing in this state. And they began to move into Kerala and to take up work, especially in the construction sector.

Scope of the study

The needs of respondent migrant labours are different from the local labours. Health, environmental parameters and even money is not a problem for them. They work and live in the same place without the knowledge of privileges they are entitled to get. A large number of them are also suffering from contagious diseases due to lack of sanitation and healthy environment. The contract system of employment is also increasing in our state. But compared to the migrant workers, the local workers are well organized and succeed in getting decent wages and working conditions. Awareness programs are being conducted by the state for the migrant workers.

Review of literature

Hansen, E., Donohoe, M.(2003)Health cost resulting from work-related hazards and from deficiency of food, poor living situation, migrant situations, language and enlightening barriers, and impair access to health care. Exact problems include infectious diseases, chemical- and pesticide-related illnesses, dermatitis, heat stress, respiratory conditions, musculoskeletal disorders and traumatic injuries, reproductive health problems, dental diseases, cancer, poor child health, inadequate preventive care, and social and mental health problems.

Arcury, TA., Quandt, SA., and Mellen, BG.(2003) risk factors for skin signs and symptoms in early season were re-wearing work clothes, showering after work, and being age 35 or older.

Akinola, Ajoke Basirat., Krishna, Anil Kumar Indira., and Chetlapalli, Satish Kumar.(2014) Kerala, one of the most developed states in India with respect to health indicators, but a resurgence of malaria in the state due to a growing influx of migrant labourers, from various malaria-endemic parts of the country. Suddenly, the state faced with an increased demand for anti-malarial drugs, but the supply is not adequate to meet the need. They uproot themselves from their native place, to a new environment, and face problems makes psychological distress. The absence of strong social support perpetuates the psychosocial distress and has an adverse effect on the migrant labourers's mental health. dangerous, dirty and degrading. The labour is brought in from outside the state for the same wages and sometimes for less. Their jobs are associated with occupational hazards than other jobs. Migrant labourers working on construction sites commonly suffer from falls, injuries caused by machines, amputations and crush injuries

Bener A. (2017)There were statistically significant differences between semi-urban and urban migrant workers in terms of educational, occupation, income, working hours, and accommodation type and statistically significant differences between migrant workers in terms of body mass index, delay in receiving salary, the right to medical insurance and sick day entitlement, cigarettes and shisha smoking, amenities, having on-site safety measure, and sleeping hours pain, cardiopulmonary, gastrointestinal, and pseudoneurologic and medical symptoms. The study revealed that there is a lack of insufficient information for the migrants about their lifestyle, medical conditions, health risks, injury, and rights privilege in relation to legal working condition and health services.

Moyce, Sally C., and Schenker, Marc. (2018) workers, often engaged in jobs that are hazardous to their health. They work for less pay, for longer hours, and in worse conditions than do non migrants and are often subject to human rights violations, abuse, human trafficking, and violence. Worldwide, immigrant workers have higher rates of adverse occupational exposures and working conditions, which lead to poor health outcomes, workplace injuries, and occupational fatalities. Health disparities of immigrant workers are related to environmental and occupational exposures and are a result of language/cultural barriers, access to health care, documentation status.

Research Gap

The study is the first study on the health problems of migrant workers in Trivandrum District, Kerala. The other studies conducted among different parts of the world or in India concentrate on the migrant workers different problems. The present study concentrates to find out the factors of health problems while they are staying in Kerala for employment.

Objectives

- i) To analyse the Bio – socio aspects of migrant labours in the Trivandrum District .
- ii) To ascertain the health problems of the migrant labourers in the Trivandrum District.
- iii) To analyse the perceptions of the migrant labours in the Trivandrum District.

Research Methodology

This paper aims to study the health problems of the migrant labours in the Trivandrum District..

Research Design

The research design of the study was made in connection with the collection and analysis of data. The study is descriptive in nature. Both the primary and the secondary sources were used for data mobilization. The opinion of the respondents was collected using a structured questionnaire. Secondary data includes diverse Magazines, Journals, News Papers and Online resources etc:. The survey sample was selected by the method of stratified random sampling. The respondents are working within the geographical limits of Trivandrum District. The sample size consists of 120 migrated workers.

Analysis & Interpretation

Table No.1

Socio- Demographic Profile

Sl.No	Particulars	Number	Per cent
Native State	West Bengal	26	43.33
	Tamil Nadu	14	23.33
	Assam	10	16.66
Type of work	Mason	3	1.6
	Unskilled Labour	50	83.33
	Semi- skilled labour	7	5.1
No. of working days	30 or 31 days	40	66.66
	20- 30 days	7	11.66
	less than 20 days	3	1.6
work type	Underpermanent contractor	39	65
	Directed by labour supplier	12	20
	Freelancers	9	15

Source: Primary Data

According to Table No.1, among 60 respondents, majority of the respondents 10 are (23.33 per cent) from Assam and 26 are (20 per cent) from Assam, 10 are (10 per cent) from Tamil Nadu.,

Table No.2

Health issues of the Migrant Workers

Sl.No	Health Problems of the migrant workers.	Strongly Agree	Agree	UNDECIDED	Disagree	Strongly Disagree	Total
1	No sleep	20%	5%	10%	35%	30%	100%
2	Gatsric issues	35%	10%	15%	10%	20%	100%
3	Skin Problems	5%	10%	5%	10%	60%	100%
4	Work place Injuries	60%	10%	15%	15%	0%	100%
5	Teeth aches	30%	15%	15%	25%	15%	100%
6	Social issues	50%	10%	10%	10%	20%	100%
7	Tiresome	33%	10%	17%	20%	20%	100%
9	Psychological pain	37%	18%	7%	25%	13%	100%
11	No proper diet	30%	20%	15%	25%	10%	100%
12	Other hygiene issues	27%	13%	15%	30%	15%	100%

Source: Primary Data

According to table no.2, Majority of them are strongly opined that, they have work place injuries (60%) and social issues (50%).Most of them strongly opined that, have gastric issues (35%),Tiresome (30%), Psychological pain (37%), improper diet (30%) and teeth aches. Majority of them strongly disagreed about that they have skin problems (60%).

Ho: Migration has no impact on Health problems of the Labours

Table No.3

ANOVA Test

Health problems of the Migrant Labours

Sl.No	Particulars	P.Value	Significance/Insignificance
1	Mental problems	.07*	Insignificant
2	Teeth issues	.02*	Significant
3	Musculoskeletal pains	.07*	Insignificant
4	Vision problems	.08*	Insignificant
5	Abdominal issues	.06*	Insignificant
6	Breathing problems	.06*	Insignificant
7	Sleeping problems	.06*	Insignificant
8	Skin problems	.01*	significant
*Level of Significance @5%		**Level of Significance @1%	

*Source: Primary Data

The factors such as Skin problems and Teeth problems are significant and the Sleeping problems, Breathing problems, Abdominal issues, Vision problems, Musculoskeletal pains, Mental problems insignificant for the migrant workers.

Findings

- Most of the respondents(46 per cent) are from West Bengal.
- Majority of them are strongly opined that, they have work place injuries (60%) and social issues (50%).Most of them strongly opined that, have gastric issues (35%),Tiresome (30%), Psychological pain (37%), improper diet (30%) and teeth aches. Majority of them strongly disagreed about that they have skin problems (60%).

- The health problems such as Skin problems and Teeth problems are significant and the Sleeping problems, Breathing problems, Abdominal issues, Vision problems, Musculoskeletal pains, Mental problems insignificant for the migrant workers.

Limitation

- The study covers only the respondents and their employment were not considered.
- The migrants are reluctant to open out their opinion freely.

Future scope of the study

The future scope of the study can be on their health issues separately on their nativity or residing district wise. Additionally it can be on their duration of migration, with family or without family, type of accommodation and the work employed for.

Conclusion

The migrant labours have an integral part in the economy as well as in the social life of Kerala state. So their health, and related issues should be considered with much care and consideration. The human resource available for employment is a great asset for the state's economy and it have to keep healthy for a long term prosperity. Otherwise for various tasks will be interrupted and the economy and health of the society will be comes down to a pathetic condition.

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