A Study on Health Concerns of Migrant Workers

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INTRODUCTION

An estimated three percent of the global population moves outside their country of birth, often for economic reasons. International mobility has more than doubled over the past four decades, increasing from about 82 million in 1970 to 200 million in 2005. Migrants move to both developed and developing countries. Nevertheless, a majority (60%) settles in developed countries. The largest single majority of migrant has settled in Europe, followed by Asia and North America; in 2000, Europe received 56.1 million migrants, Asia 49.9 million, North America 40.8 million, Africa 16.3 million, Middle East around 16.00 million, Latin America 5.9 million and Australia 5.8 million migrants.

Looking at individual host countries, it is clear to see that the majority appear to settle in the USA (United States of America) (20%) followed by the Russian Federation (7.6%), Germany (4.2%), Ukraine (4%) and India (3.6%). Approximately one-third of all migrants live in only seven developed countries. Although the vast majority of migrants have moved legally, some migrate illegally. For example, approximately 200,000 unskilled migrants entered Japan illegally during the 1980s and 1990s. It is interesting that there are nearly as many female migrants (48.6%) as males. The proportion of female emigrants is higher than men from Latin America, North America, Oceania, Europe and the former Soviet Union. Considering the countries from where migrants originate from, in 2000 some 35 million people migrated from China, followed by India (20 million) and the Philippines (7 million). It is estimated that nearly half (100 million) of the 200 million people living outside their country of birth, are economically active and engaged in the workforce. The foreign-born workforce in western European countries appear to be lower (e.g. 15% in Ireland, 25% in Switzerland and 40% Luxembourg) than the foreign-born workforce in some Middle Eastern countries (e.g. 90% in UAE and Qatar and 60% in Bahrain and Saudi Arabia).

We live in an era of the greatest human mobility recorded in history. There are more people on the move today than ever before, with total number of migrants currently estimated at 214million in the world. Government are showing an increased appreciation for the need to formulate health programs and policies that address inequities and remove access barriers to health facilities, goods and services. Migrants continue to be overlooked in many countries, where access to health care often remains limited and conditional for them. Migrants from a rights based approach to health is a poor public health practise, as it increases migrant's vulnerability, creates and discrimination on health and violation. Migrants are affected by social inequalities and are likely to go through several experiences during the migration process which put their physical, mental and social well-being at risk. Migrants often face poverty and social exclusion, which has negative influences on health. Migrant's health is also to a large extent determined by the availability, accessibility, acceptability and quality of services in the host environment. Social determinants of health are often recognized to be associated with living and working conditions, physical and social environment, education, gender, as well as degrees of social cohesion and integration. Migrants face specific difficulties with respect to their right to health. These health care services may be inadequately covered by state health systems and unaffordable health insurances, cultural barriers, difficulties accessing information on health services and health-related issues.

Construction Worker participates in the physical construction and they are involved in construction of building. They are affected by various occupational diseases and environmental problems, and that they

are unable to compromise with their health status. They handle various chemicals and products causing sensitization and irritation that leads to various problems. So there is need to provide proper healthcare coverage and facilities for the migrant construction workers. Construction workers do lots of work like construction of roads, houses etc. while on work they are exposes to excessive hard work, heights, excavations, noise, dust, power tools and equipment's, confined spaces and electricity hazards. Lack of employment opportunities in rural India and natural disasters have drawn large number of the rural population to the cities where the rate of construction workers is increasing. These migrated workers spread across the country and travel from one area of work to another, at times along with their families. They live in temporary settlements for the duration of the construction process and then move to another site or city. Being migrants they do not get registered and that they are denied with the government facilities. Being unskilled and illiterates, they are vulnerable to exploitation. Being part of an unorganized sector their bargaining power is low and subjected to injustice at the hands of the contractors and construction companies. They are paid with low wages with long working hours. Their working conditions are very poor with no or inadequate provision of safety equipment. Their family faces lots of social problems.

NATURE OF WORK

Workers in the construction field are scattered in nature and unorganized. Most of them were migrated and poor. The strength of employer is superior. Hence, the nature of employment in construction sector remains casual and uncertain. No one either contractor or owner gives an assurance of job to the workers. Construction activity is in slack in rainy season, which results in less demand for workers. Again when there is a shortage of water in summer season, the construction work falls in danger, which ultimately turns into unemployment of workers required. As such, the nature of employment in construction sector remains causal and uncertain.

MIGRANT CONSTRUCTION WORKERS: A VULNERABLE GROUP

From agriculture to construction and back Both migrants and non-migrants in the construction sector are largely informally employed, with about 90% of migrants in rural areas and 67% in urban areas working as casual wage labourers. Migrant construction workers are mainly unskilled seasonal migrants who work as wage labourers in the agrarian sector. Data reveals a close relationship between construction and agricultural work. Estimates from NSS 2007- 08 show that most of the rural-urban migrants in construction used to work in agriculture (47.3%) or construction related activities (45.6%) before they moved into urban areas. Data for rural-rural migration tells a similar story. Some of this movement is short-term in nature,6 with people regularly moving back and forth between farm and construction work.7 About 5.5 million short-term migrants were employed in construction during their longest spell of movement, as per the NSS 2007-'08, which is about 40% of all short-term migrants. This number is equally high among long-term migrants (6.3 million). Further analysis reveals that out of all persons who are currently employed in agriculture and have a history of short- term migration, about 36% worked in construction when they migrated; construction remained the second largest sector after agriculture in their work profile. Similarly, for people currently working in construction, agriculture is the second largest industry of employment when they migrated short- term. Thus, short-term construction migrants face constant economic uncertainty owing to a perennial engagement in informal work.

Limited legal protection for migrant workers

The existing protective legal framework for migrant workers is the Inter-State Migrant Workmen (Regulation of Employment and Conditions of Service) Act, 1979 (ISMWA), designed to protect the interests of labourers who are recruited and subjected to exploitation by contractors. It provides for registration of establishments employing inter-state migrant workmen, and licensing of contractors. Safeguards include non-discrimination in terms of wages vis-à-vis non-migrant workmen, payment of travel and displacement allowance, and suitable work conditions, in the form of obligations placed on the contractor. However, the ISMWA is of limited utility to those who migrate on their own.

Migrating women & children additionally vulnerable

Although the migrant workforce in construction is male-dominated, the share of migrants in overall female construction workforce is higher. NSS data shows that about 87% of the migrant women working in construction are not the head of their households, indicating that they have not moved alone and are not living on their own. Table 2 shows that most migrant construction workers are working adults (20-60 years) of both genders whose children move with them, in both rural and urban areas. Along with adults without children, they constitute nearly 70% of the migrant construction workforce in both rural and urban areas. Also, 26% of all households with a migrant in the construction sector have a size of three members or less with at least two working adults of different genders, further corroborating the significant presence of associational migrants in construction. While poor working and living conditions, marked by deplorable access to clean drinking water and sanitation facilities, are a grim reality for all construction workers, women and children particularly suffer multiple deprivations on account of lack of daycare/creche facilities, and lack of medical leave, health insurance and maternity benefits.

Intervention Plan for Life Improvement of Construction Workers:

1. Create awareness of construction workers duty & rights.
2. Organize public medical camps where constructions sites are located.
3. Ensuring decent working conditions and proper contract systems and providing basic health care for construction labourers.
4. Adequate intervention from the government authorities required ensuring the health, safety and welfare of the construction labourers. NGOs working for child welfare should consider the difficulties of the construction workers and plan strategies to ensure free education of these children.
5. Organize public medical camps where constructions sites are located Encourage the construction workers saving habit by initiating banking awareness.
6. Ensure adequate insurance facilities for the construction workers

CONCLUSION

The contribution of this study in the area of construction workers' involvement in economic growth activities is immense; they remain largely invisible. These construction workers are predominantly young people who migrate due to poverty, face poor living and working conditions and lack of education and skills, they lack proper identity and representation. They, thus, remain excluded from public services, protection and opportunities for advancement in a growing economy. To ensure that constructions workers are safe and secure, and are able to access their entitlements as Indian citizens workers both at the destination and source states, the study enumerates a host of interventions: promoting awareness within the workers' community to sensitize members to their vulnerability to discrimination and exploitation, as well as to their health, education and legal rights, addressing the concerns of woman issues specifically

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