A Study on the Utilisation of Health Care Services by Male Migrant Construction Workers at Grantline, in Chennai, Tamil Nadu

A. Mary Dayana[1], Dr. A. Louis Arockiaraj[2]
[1]*Research Scholar, Dept of social work, Loyola College Chennai.*
[2]*Research Supervisor, Loyola College Chennai.*

Abstract: **Chennai is growing in size of its population every day. Considerable number of migrants are part of this new flow of population. Migrants in the new place face challenges related to their physical and psychological aspects. Even though services exist, most of the migrants may not have awareness about them. Barriers to receive the health care service in the new place may stem in many ways; such as working hours, accesses to the services, mode of transportation, cost of the treatment, the way hospital staffs treat them, communication problem, shyness, fear, health believes, confusion, lack of knowledge etc. When a person is sick, some assistance is needed to take care. The migrant construction workers mostly live along with other workers in a small temporary shelter. In such situation, it might get harder to maintain good health and to receive a support during sickness.**

Descriptive method of research is used for the study. The primary data was collected from the respondents using interview schedule by simple random sampling.

Key words: **Migrants, migration and health, labour health, health care services**

OBJECTIVES

To learn the demographic details of the respondents

To identify the health status of the respondents

To study the awareness level of respondents about nearby available health care services

To understand the respondents' social network and support system

To analyse the barriers and difficulties faced by the respondents in receiving health care services

Construction Migrant Workers in India:

Urbanisation has contributed a lot to the internal migration in India. Liberalisation, Privatisation and Globalisation (LPG) processes, also added to the massive growth of migration within states. We cannot deny the fact that the so-called developed cities are built by the hard labour of migrant workers. They made sure that the urban life is so much comfortable for everyone. But the hard reality is that those migrants' basic needs are neglected or completely un noticed. The International Labour Organisation (ILO) states that migrant workers contribute to national economy but at the cost of low wage, negligence of basic needs and almost no recognition of the value of their contribution.

Debts, unemployment, dropped out from education, drought, failed agriculture are some of the factors forcing for migration. In the new place, without any learned skill they all end up with menial jobs. The construction work is as dynamic field always and slurps these migrants. Mostly migrants get in to the construction work through referrals of their friends and relatives. Many studies show that the Nations's younger population move to cities in a hope of improving their life style and living condition (Papola, 1981). A study conducted among the construction workers by Raju (1994) states that 80 percent of this population is below the age of 30 years.

Unorganised labour Force:

During the First National Commission of Labour the definition for unorganised sector was framed. It includes different types of labour like construction workers. Monteiro (2006) describes the unorganised sector as a large number of unregistered persons. The workers employed in the un organised sector is largely contributing to India's economic growth. This sector has a massive work force; that is nine out of ten persons employed, are in unorganised sector. The reason is, it provides various opportunities to semi-skilled and un skilled workforce who mostly belong to the downtrodden people in the society. Being such a massive work force, the government should

necessarily give greater importance in terms of their employment condition, pay scale and social welfare measures.

Social security for Construction workers

Being an important wheel of growth and development, infrastructure development industry is one of the most neglected fields in terms of human resource management. During 1970, the problems of construction industry listed by ILO are insecure working condition, abuse of workers, no implementation of social security measures, lack of insurance, poor law enforcement and inadequate training. It is a bitter truth that these above-mentioned problems remain even to this day. The workers in the construction industry are mostly temporary labourers with meagre and unstable income. They have no choice than accepting any worst working condition in order to survive.

The National commission of labour also has emphasized the need to implement the following social security measures to the unorganised workers. Such as health care benefits, maternity and child care, social securities like ESI and PF, proper housing, retirement benefits, access to safe drinking water and clean toilet, providing compensations in case of accidents and death of labourer at the work site.

Medical Problems:

Illness is not same for everyone. It can be experienced differently according to each culture. Illness beliefs is a major aspect in shaping responses to symptoms by the patient and his/her social network. Illness are experiences of disvalued changes in states of being and in social function (Eisenberg 1977). The process of perceiving and defining illness and seeking help, is based on the person's cultural, social and economic factors.

When we talk about health, we cannot neglect the psychological perspective upon illness. According to Engel (1977) biological aspects of illness will be radically contribute to behavioural aspects of sickness. The method of treatment should be systematic approach which includes understanding the biomedical aspect of the disease, the patient's subsystems like family and society.

Migration affects a person's health indeed both physically and psychologically. It will become more worse when they get sick in the new place. During sickness it is very common to expect assistance, love and care from family members. But migrant workers will miss out all those comfort during sickness. Being new to the place, they seldom unaware of the availability of the hospital and medical facilities. Even if they know the information there may be other reason to not to avail it. For example, timing of the hospital may not be conducive as per their working hours, the distance of the hospital may be too far away and due to language problem, the sick person may not be able to communicate his sickness.

The following theories also throw some light on the psychological aspect of it.

The culture of poverty thesis

One view of class differences in relation to illness that has at times been influential is the 'culture of poverty' thesis (e.g. Rosenstock 1975). The culture of poverty thesis states that, people who are experiencing poverty, based on their financial situation will develop a sense of powerlessness, passivity and fatalism. An individual with this cultural background, will not change his perceptions even when their economic circumstances improve. They will not accept the fact that they have health related problems and modern medicines can cure them. They do not fit in to future oriented health aspects.

The cost benefit approach:

According to this approach, there is social differences on how a sick person use the healthcare service depend on the cost and benefit involved in the treatment. This would vary according to the social background of the sick person (Le Grand 1982). The cost is not only meant money, it also refers to time. For Example, for those who have to go on public transport, or have to travel long to avail health care facilities and have to lose wage for the waiting time to meet the doctor etc. Thus, it incurs greater costs which are disincentive to consulting the doctor.

Tamil Nadu on Migration Service:

Tamil Nadu, is growing rapidly with its thriving industries, promising employment opportunities, especially in construction sector. The growth of economy, has witnessed a significant influx of interstate migrants. Migrant workers decent from Bihar, Uttar Pradesh, Odisha, and West Bengal have flocked to the state in search of better means of livelihood. There is no doubt that these migrant workers are aiding the state's growth and

development. But they often face a range of challenges that hinder their socio-economic, physical and psychological well-being.

The Tamil Nadu government has given attention to include the migrant population into the main stream of the population through enacting several legislations, such as the Inter-state Migrant workmen Act 1979, The TN Manual workers Act 1982, The Building and other construction workers Act 1996, Minimum wages Act 1948, The TN shops and establishment Act 1947 that protect the migrant workforce employed in the state.

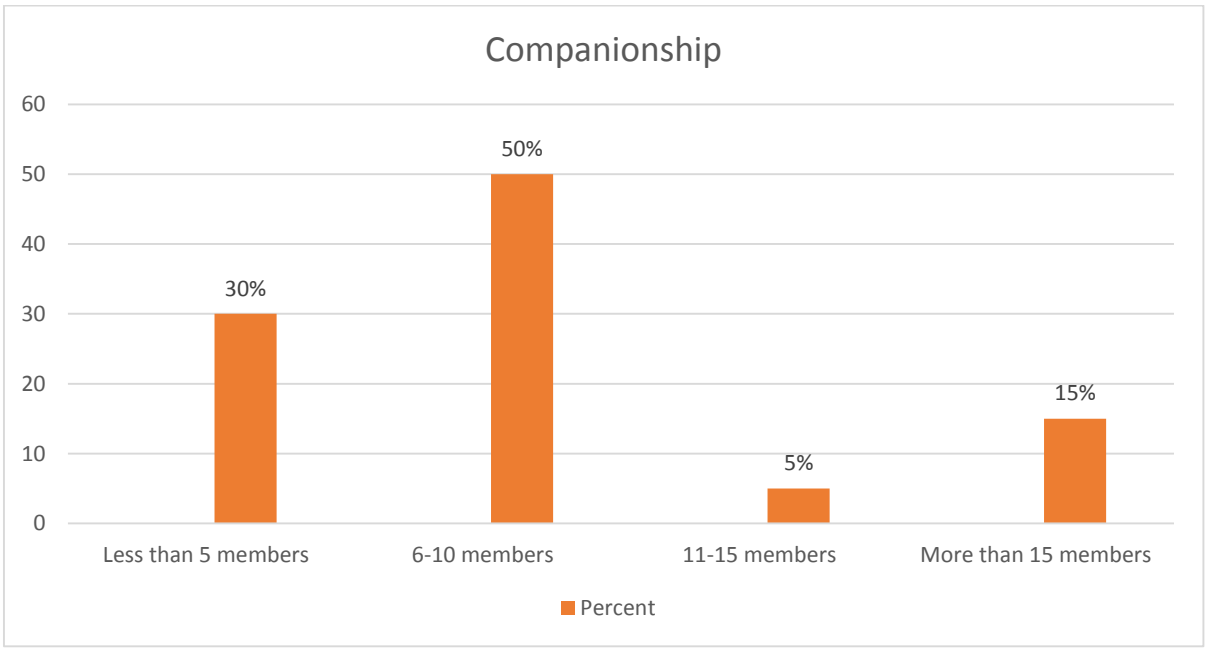
The report published in quint.com on 5th July 2023 says that the labor department of Tamil Nadu has decided to carry out a comprehensive survey to enumerate the inter-state migrant workers. There are 67.74 lakh inter-state migrant and construction workers in Tamil Nadu. Through this survey, the state government has planned to collect data of the migrants about their nature of work, accommodation and health facilities, living conditions, bank details and Aadhar number etc.,. There is a ray of hope that with the help of these information, policy decisions would be made to protect the inter-state migrant workers in Tamil Nadu and in the rest of the country.

In spite of all the initiatives, the field reality is yet to be improved especially on health care aspects. When causalities happen in the workplace both the employers and contractors hardly own them and take responsibilities. In most cases, workplaces lack first aid facilities; in case of accidents workers have to spend from their pocket. Even though there is portal to register the migrant workers, registration compulsorily does not happen.

ANALYSIS AND FINDINGS

There were 20 construction workers from the state of West Bengal took part in this study. 5% of the respondents are from Kolkatta district, 35% are from Malda district, 40% are from Mursidhabhad district and 20% are from Uthardinajpur district. It was conducted among helpers, masons and agents. Among the respondents 50% are helpers and 35 % are masons.75 percent of the respondents belonged to the age group of 31-40 years. Majority of them i.e 65 % of the respondents got only primary education. The educational background emphasis on the aspect that why have they ended up in the unskilled labour force. 50 percent of the respondents are able to send 15 K to 20K to their home out of their hardship. Only ten percent of the respondents are able to send their family more than 25 K every month.

Other Problems:

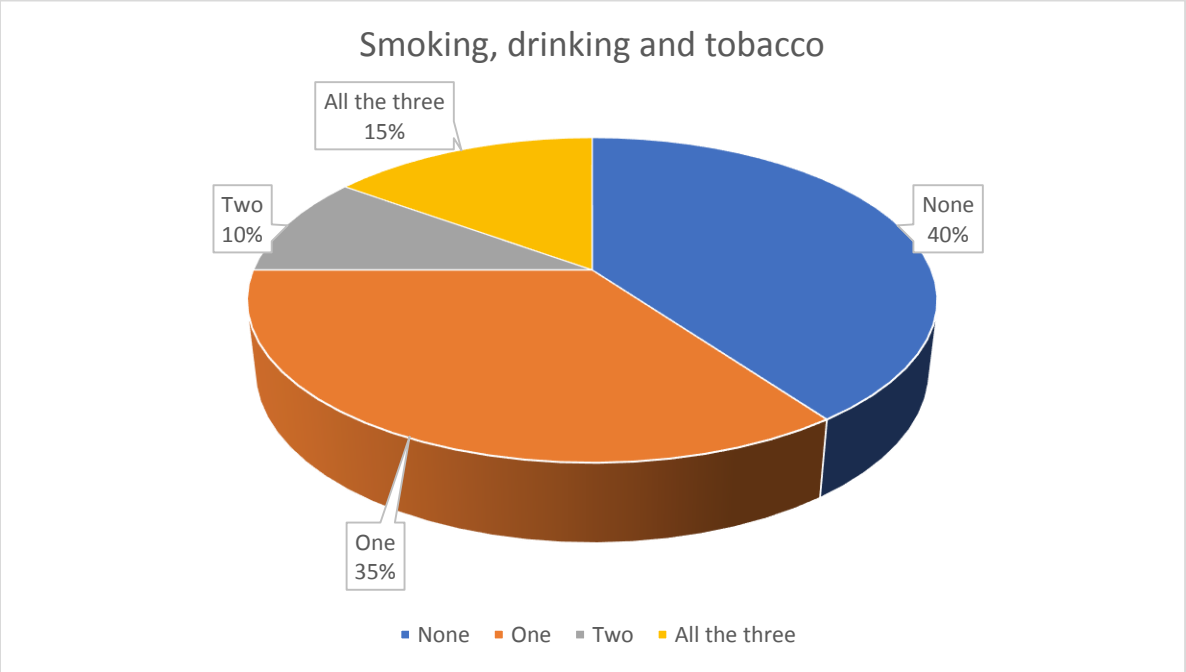


50 % of the respondents are sharing their room with minimum 10 people. In such a small room, so many people living together will contribute to many deceases and ailments. The sanitation condition is a big question mark. When someone falls sick, the sick person may not be able to take proper rest in the overcrowded room, and the others may also easily get infected from the one affected by sickness.

Cross table of work experience and occupation

Work Experience	Occupation			Total
	Helper	Mason	Agent	
Less than 1 year	5	1	0	6
1-5 years	5	4	0	9
6-10 years	0	1	1	2
More than 10 years	0	1	2	3
Total	10	7	3	20

45 % of the respondents are working in Tamil Nadu from 1-5 Years. When they come newly, they serve as helpers, in due course of time they learn the work and become mason. Those who are doing this work more than 10 years learn the business aspects, language, the cultural aspects of this place and grow as agents through which they expand the earning opportunity.



There is a general notion that all the north Indians are tobacco consumers. But this table shows that 40 % of the respondents don't consume tobacco, smoke or drink. Only 15 percent of the respondents have all the three habits.

Construction workers will not get work all the days in a month. There may be reasons by which they will have to sit idle in the place without going for work. When they get work but couldn't attend to it because of sickness at times. In such situations they lose the wage, they will have to pay to their daily expenses, and medical expenses without any income. 25 percent of the respondents have refrained from work in the last three months more than a week. Only 35 % of the respondents didn't take any leave due to sickness.

Diagram (ambulance)

75% of the respondents stated that their current health status is good. 80% of the respondents do not have a health insurance. 80% of the respondents do not know the ambulance number or fire service number to contact on emergency situation.75% 0f the respondents do not know the location of nearest hospital.

Table (hospital distance)

55% of the respondents usually go to the medical centre nearby and 40 percent of the respondents go to government hospital for their treatment. Most of them i.e. 65 % will communicate their sickness to their agents first, because they only know where to take them for treatment and they only are familiar with the local language. 80% of the respondents will go by walk to the hospital in case of sickness.

Reason for avoiding hospital	Frequency	Percent
Waiting time	14	70.0
Cost	2	10.0
Distance	4	20.0
Total	20	100.0

Table Mode of transport to medical centre

As we referred in the cost benefit approach 70% of the respondents avoid going to hospital because of waiting time. The waiting time may cost their daily wages. 10% of the respondents consider cost as a hindrance to got to hospital. 20 % of the respondents are avoiding hospitals due to distance because they will have to go by walk.

50 percent of the respondents are not part of any association. All the respondents accept that their co-workers give material support during sick days. 15 % of the respondents are expecting the government to give them medical card. 40 % of the respondents express that the TN government should increase the migrant's safety aspects and 45 percent of them do not have any suggestion.

SUGGESTIONS

(i) Proper registration of migrant workers and issuing labourer ID card should be made mandatory
(ii) Medical card should be provided, that can ease their anxiety of treatment costs.
(iii) Health Insurance should be given to the migrant workers.
(iv) The policy makers can consider to develop a comprehensive legislation which could uphold the human respect and dignity of migrant workers.
(v) Mobile health camps can be organised in construction sites. *Makkalai thedi maruthuvam* (Medical care in search of people) can include this migrant population also.
(vi) Trained community health workers can be encouraged to volunteer to look after the health need of the migrant workers.

CONCLUSION

Development process should be inclusive, it should benefit all the segments of the social class. It is the fundamental right of every individual to get protection and standard medical care. It is the social responsibility of the Government and every professional who are part of this social system to ensure a good health care service for the migrants. It is very important that not only providing availability of health care to the migrant workers but also making it accessible to them wherever they work and live.

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