



OCCUPATIONAL HEALTH PROBLEM FACED BY MIGRANT WORKER: A REVIEW

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ABSTRACT

Migrant are frequently employed in “3D Job” which are dirty, dangerous, and difficult, are characterized by way of monotony and extreme rhythms, and are found in sectors with greater dangers such as construction, heavy industry, and agriculture. The intention of this learns about is to discover out the problems confronted by migrant workers. Migrant workers face health troubles and it’s important for the health system to put together its self to face these. In preserving with a UNESCO report entitled social inclusion of Migrants India (2013), three out of ten Indians are migrants. The Populace of migrants in India went up from 309 million in 2001 to 400 million in 2001. Migrants today face critical troubles regarding their identification, children Schooling fitness problems, troubles confronted by using female migrants, criminal resource, and different disputes to triumph over these problems and to beautify the betterment and development of migrant human being in India, a few serious measure have to be taken by means of way of the government and civil societies alongside with NGOs. This paper tries to attention on some issues and its measure may additionally be adopted for the betterment of interior in India as a result we are capable to circulate at the time to a social development.

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INTRODUCTION

India, a collaboration of twenty eight states and nine union territories is understood for its nice unity in diversity. However that unity bears bound loop holes in maintaining identical essentially. Every state in India encompasses a singularity of its own whether or not it’s in culture, geographic pattern, community settlements, economic or natural resources. So there’s a good inequality in development that makes made additional rich & poor becomes poorer. As such, individuals living in rural part of India typically transit between place or Associate in Nursing economic cause. Migration between states is Associate in nursing outcome of social, economic and cultural diversity in India. Migration may be a process of movement of a personal from his place of birth to a replacement place of residence” (S.K Das)

The migrant workmen Act, 1979 migrant workmen\ labour as “anyone who is recruited by or through a contractor in associate state beneath an agreement or different arrangement for employment in an institution in another state, whether or different arrangement for employment in an institution in another state whether or not with or while not the data of the principal leader of such institution’

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Migrants are in the main used “3D jobs” that are dirty, dangerous and difficult, are characterized by monotony and intense rhythms, and are found in sectors with higher risk like construction, serious trade, and agriculture.

The term “migrant worker” refers to somebody is used or has been employed during a paid activity in a state of the he or she is not a citizen. The migration phenomenon is constantly growing; consistent with the most the recent United Nations’ estimates, the amount of migrants has nearly doubled, passing from 173 million in 2000 to 258 million in 2017 (Manfredi, Montalti et.al, 2019).

Migrants are mostly visible in unorganized sector or informal economy, typically operating as construction employees, agricultural laborers, rope and vendors, domestic servants, rickshaw pullers, plumbers, masons and security personals etc, Destitute of poor social Security and legal protection, they wore within the poor condition and two – faced real discriminations.

Minimum wages are typically mounted by employers and supervisors and they bear no responsibility for health, shelter and alternative basic need of migrants. Mostly vulnerability of migrants within the host destination attributable to unacquainted with language and living conditions makes them a lot of used true.

Reasons of migration

Urbanization

Urbanization has been a serious driver of migration. Rates of urbanization influence rural – urban wage variation. a rise within the demand of labour in urban areas will attract urban wages and increase migration. The pull factors of higher job facilities, sensible wage, and additional financial gain, medical and academic facilities are attracting the agricultural individuals to maneuver to the cities (Kundu, 2012). The push factors of no job facilities, low salary, less financial gain, drought, less medical and education compel individuals towards cities.

Marriage

People migrant in sizable amount from rural areas in search of employment in industries, trade, transport and services. The agriculture areas don't give employment to all or any the agricultural living there. Even the small-scale and house industries of the villages fail to supply employment to the complete rural community. About 10.24 per cent of cent of migrated for employment.

Education

Because of lack of academic facilities in rural areas, individuals migrate to the urban areas for teaching. Several of them quiet down within the cities for earning a keep once finishing their education. In 2011 census, about 1.75 % individuals migrated for education Lack of security.

Political disturbances and interethnic conflicts drive individuals aloof from their homes.

Sizable amount of individuals has migrated out of Jammu and Kashmir area and province throughout the lest because of disturbed conditions there. Individuals additionally migrate on a short basis in search of higher opportunities for recreation, health care facilities etc.

Health problems of Migrants workers

The migrant staff standing, their deprivation in terms of the social determinants of health and their impoverish men place them in an exceedingly precarious position that predisposes them to health issues.

Spread of communicable diseases

Each state has Associate in nursing epidemiologic profile of communicable diseases. For instance, Orissa is hyper- endemic to protozoal infection. Once staff from Orissa migrant to another state, like Kerala, wherever the potential vector is Orissa is hyper- endemic to protozoal infection. Once staff from Orissa migrant to another state, like Kerala, wherever the potential vector is accessible however the sickness is not gift, they introduce the sickness within the state. Many new cases of protozoal infection are reportable in regions wherever the sickness was absent, and this has been attributed mostly to migration. Whereas responding to outbreak of diseases, the general public health system usually focuses on diseases they are endemic within the region. Once a plague is caused by the importation of the disease –causing agent by migrant staff, the health system is unable to reply promptly as a result of it's not ready for this example. Kerala, one amongst the foremost developed states in India with relevancy health indicators, had nearly eliminated protozoal infection. However, there has been

a advance of protozoal infection within the state because a growing inflow of migrant staff from varied malaria endemic component of country. The Kerala health system has been suddenly featured with Associate in nursing augmented demand for antimalarial drug medicine; however the availability is not equal to meet the requirement. This is often being a typical example of however communicable diseases can become a drag within the wake of migration. .(Ajoke Basirat Akinola e.al 2014)

Reproductive and child health

Many employees United National agency migrates with families are within the procreative people. Many of them become pregnant ant have their delivers in the area to which they have migrated. These pregnant ladies, mothers United Nations agency have simply had babies and newborn babies fall outside the security web of the procreative an kid health services of the state. It' s been reportable that they're conjointly unable to avail themselves of the maturity money profit them for institutional deliveries, the Janani Suraksha Yojna, thanks to deficient documentary proof of their residential standing .(Ajok Basirat Akinola e.al 2014)

Violence against women

In the past, women won't to migrate beside their husbands to assist with the housekeeping whereas they eked out a living. In recent years, there has been a rise within the variety of ladies United Nations agency migrates severally in search of labour. Women type quite half the interstate migrant men. 92% of the twenty million domestic staff within the country is women and youngsters, and 2 hundredth of those females is below fourteen years elderly. Women represent quit sample fraction of the labour within the industry. Feminine migrant staffs face many necessary gender- based issues, together with gender – base discrimination at work and violence. Many women are subjected to physical, verbal and regulatory offence at the work and their place of residence. With the exception of this, rising analysis shows that intimate partner violence is higher among migrant women than alternative women. Give the shortage of a validating setting and system; this could have a big impact on the physical and psychological state of those women. (Ajok Basirat Akinola e.al 2014)

Child labour

Children engaged in occupations which are as dangerous as those within which the adults are engaged. Thus, the youngsters are exposed to health issues and activity hazards kind of like those visaged adults. This hampers the growth and development of the kid. It additionally contributes to exaggerated childhood morbidity and mortality.

Adaptation, adjustment and psychosocial disorders

Migrant staff don,t have social capital and support structures within the place to that they need migrated. They uproot themselves from their native place and move to a completely new setting, and they face issues adjusting to the new cognitive content environment, this offers rise to a decent deal of psychological distress. The absence of robust social support perpetuates the psychosocial distress associated has an adverse result on the migrant workers mental state. (Ajok Basirat Akinola e.al 2014)

Occupational diseases

Migrant employees are typically used within the 3-D jobs – dangerous, dirty and degrading. These are jobs that the native population of the developed state wouldn't take up and hence, labour is brought in from outside the state for a similar wages and typically for fewer. These jobs are invariably related to a lot of activity hazards than different jobs. Migrant employees engaged on construction sites ordinarily suffer from falls, injuries caused by machines, amputations and crush injuries. Though the employers are needed to produced personal protection instrumentality a per the labour laws, these laws don't seem to be heeded. (Ajok Basirat Akinola e.al 2014)

Government Policy's NGO'S

Because of the increasing trends of shifting individuals from rural to urban areas, urban areas are tormented by several issues like slums, high population density, overcrowding and lack of infrastructural facilities. So, government has started some Rural Development Programmes like spiritual leader National rural Employment Guarantee Act (MGNREGA), India Aawas Yojna (IAY), National social insurance Programme (NSAP), integrated watershed Management Programme (IWMP), National Rural drinkable Programme (NRDWP), Kwacha Asian Mission (SBM) and National Rural bread and butter Mission (NRLM) etc. These programmers were additionally necessary for the event of the agricultural areas of the country however all ren't comfortable to prevent rural –urban migration. The supply of Urban Amenities in Rural Areas (PURA) is one among the 5 major parts of former President Dr. A. P. J Abdul Kalama's dream, his vision 2020 for a developed Asian country. The PURA defers from the traditional ideas of economic development of rural areas in several ways that. It aims at a comprehensive development of rural areas to come up with urban level financial gain and not mere impoverishment alleviation. It seeks fashionable trade investment within the migration from rural to urban state is been increasing slowly with manufacture and modemtization in India. (Dr. Anju Bala 2017)

CONCLUSION

With the increasing quantum of migration inside the country, the matter of providing effective tending services to migrant employees can assume larger proportions over the years. To avoid this state of affairs, it tends to ensure that our policies and programs incorporate migrant health. This can be vital not just for the moral reasons mentioned on top of however conjointly for health because it is to be completed as a person's right, it's to achieve within the country. The continued discussion concerning universal health access within the country ought to take the problem of the tending of migrant employees into associate degree account. For instance, urban health plans ought to feature special interventions for migrant employees.

Reference

1. Shruthi Ashok, July-2014, A study on issues of inter - state migrant laborers in *India International Journal of Scientific & Engineering Research*, Volume 5, Issue 7,
2. Dr. Anju Bala, July 2017 Migration in India: Causes and consequences, *International Journal of Advanced Educational Research* ISSN: 2455-6157; Impact Factor: RJIF 5. 12 www.educationjournal.org Volume 2; Issue 4; Page No. 54-56,
3. Ajoke Akinola, October 2014, Health equity for internal migrant labourers in India: an ethical perspective *Indian Journal of Medical Ethics*, <https://www.researchgate.net>,
4. Ansari P June 2016, Internal migration: An analysis of Problems faced by the migrants in India- A step to the solution, *A, Indian Journal of Applied Research- 7 Internal migration*; Volume 6, Issue, 6,
5. The International Migration Report 2017 (Highlights), United nations,
6. Akinola et.al. (2014), Health equity for internal migrant labourers in India: an ethical perspective, *Indian journal of medical ethicis*, Vol.11 No.4.
7. Lohiya Ayush Nikita and Nongkynrih et. al (2014), Migrants to Urban India: Need for Public Health Action, *Indian journal of community medicine*, doi: 10.4103/0970-0218.132718
8. Borhade Anjali (2011), Asia Eur J, Health of internal labour migrants in India: some reflections on the current situation and way forward Essay, DOI 10.1007/s10308-011-0293-z.
9. Jane C. Annie (2016), A study on the internal migrant labour issues and polity, *Indian Journal of Applied Research*, Volume : 6, Issue : 4.
10. Adsul B. Balkrishna (2011), Health problems among migrant construction workers: A unique public-private partnership project, *Indian Journal of Occupational and Environmental Medicine*, Vol. 15, No. 1.
11. Dodd Warren et. al (2017), Determinants of internal migrant health and the healthy migrant effect in South India: a mixed methods study, *International Health and human right*.
12. Babu BV, Swain BK, Mishra S, Kar SK.(2010) Primary healthcare services among a migrant indigenous population living in an eastern Indian city, *J Immigr Minor Health*.
13. Abrol A, Kalia M, Gupta B, Sekhon (2008), A. Maternal health indicators among migrant women construction workers, *Indian J Community Med*.
14. Kusuma YS, Kumari R, Pandav CS, Gupta SK (2010), Migration and immunization: Determinants of childhood immunization uptake among socioeconomically disadvantaged migrants in Delhi, *India. Trop Med Int Health*.
15. Rao N, Jeyaseelan L, Joy A, Kumar VS, Thenmozhi M, Acharya S (2013), Factors associated with high-risk behavior among migrants in the state of Maharashtra, *India. J Bioscope Science*.

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