ORIGINAL RESEARCH

A Cross-sectional Study of Health, Migration-specific Issues, and Policy Awareness among Migrant Workers in a Rural Educational Complex of North Maharashtra

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Abstract

Background: Migrants are prone to poor health, low wages and other issues. Awareness about the rights and laws pertaining to them is usually poor too. This study was planned with the objective of assessing health related aspects of migrant workers, migration specific issues and awareness about Government and other official services and schemes.

Methodology: Study was conducted on campus of an Educational Complex. The questionnaire was administered followed by general health Examination and essential treatment with health education talk.

Results: Prevalence of Obesity, Hypertension was around 10%, respectively. More than 95% respondents were totally unaware of the labour laws and medical schemes pertaining to them though most of them had bank accounts (79%) and low addiction rates (27.14 %) due to the company rules. Knowledge about the use of personal protection gear use and its application was seen (72%). Precautions regarding working in a hospital cases of needle prick injuries could be seen with no notion regarding its effects. A direct co relation regarding home visiting and happiness of the people could be gauged. Lack of hygiene, cleanliness & necessities could be observed.

Conclusion: Routine health check-ups, information about personal protection measures and provision of basic facilities for better life and their upliftment are recommended.

Keywords: Awareness Government schemes, Health, Migrant workers.

Journal of Research in Medical and Interpathy Sciences. 3(1);2025; doi: 10.61081/jrem/3102

Introduction

Migrant is defined as "a person who moves away from his or her place of usual residence, whether within a country or across an international border, temporarily or permanently, and for a variety of reasons."[1] They constitute a major share of the population and yet miss out on Census, BPL surveys and their right to vote, restricting them of use of health facilities.[2]

According to a study on the Internal migrants labour issues and policies by Jane A, in certain regions three out of every four household includes a migrant.[3] Due to their migrant status, they are more prone to poor health, low wages, and 3D works (degrading, dirty and dangerous). Migrants are prone to fear for loss of job and poor living standards, taking jobs that local residents would refuse at times. Their health issues continue to be a steady problem owing to the type of job they take.[4] These labourers, especially migrants have tremendous work pressure and target oriented jobs; they work hard by compromising their health. This leads to continuous health problems because of lack of physical rest and mental peace. They commonly surrender to addictions. Awareness about the rights and laws pertaining to them is usually poor. These issues are global in nature,[5] though problems in developing and populous countries like India are more challenging to tackle. It is a very difficult and an emerging challenge in the society to correct and take care of health of this population.

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Conflict of Interest: None

Source of Funding: None

How to cite: Sholapurkar A, Padhyegurjar M, Padhyegurjar S, Powar J. A Cross-sectional Study of Health, Migration-specific Issues, and Policy Awareness among Migrant Workers in a Rural Educational Complex of North Maharashtra. Journal of Research in Medical and Interpathy Sciences. 2025;3(1):2–7

Objectives

1. To assess health related aspects of migrant workers.
2. To probe migration specific issues faced by the migrant workers
3. To study association of education and frequency of visiting home with certain psychological aspects of work, sleep and addictions among migrant workers
4. To assess awareness about Government and other official services among migrant workers

Methodology

The current study was conducted in campus of an Educational Complex (having a medical college and hospital among other institutes) in rural area of North Maharashtra.

Sample Size Calculation

In a cross-sectional study at construction site in Mumbai, febrile illness (23.11%) caused highest morbidity.[6] Sample size was calculated using the formula:

$$n = \{[Z^2_{1-\alpha/2}PQ] \div e^2\}$$

with allowable confidence interval 10% on either side and alpha error 5% two tailed. It comes to 140.

Inclusion criteria

When a person is enumerated in census at a different place than his / her place of birth, she /he is considered a migrant.[7] IOM UN Migration defines Migrants as "a person who moves away from his or her place of usual residence, whether within a country or across an international border, temporarily or permanently, and for a variety of reasons."[1] For the purpose of this study, a "migrant" is defined as follows: 'An individual who has moved away from his or her place of birth as well as place of usual residence, for the purpose of earning money, staying within 5 km radius of the study area for 7-years or less and working on contract basis.'

Exclusion Criteria

Migrants residing in the area for more than 7-years and beyond 5 kilometres, with permanent jobs, not willing to be a part of the study were excluded from the study. The questionnaire was administered by the researcher in local/National language as per need individually to each participant. This was followed by General Health Examination. The questionnaire was divided into five subgroups: Section I: Socio Demographic data; Section II: Health related aspects of Migrant Workers; Section III: Migration Specific Issues; Section IV Personal Traits; Section V: Awareness about Government and other official services

A person using any tobacco product on daily basis for more than 1-year was considered as "tobacco user. "Alcohol users were considered as those who consume alcohol at least once per week for more than a year. Modified BG Prasad classification was used for economic classification.[8]

Blood pressure was recorded using a Digital BP Machine (Diamond Digital Blood Pressure Monitor, Model No. BPDG 124) Blood pressure was used to diagnose prevalence of hypertension. BMI and WHR was calculated to assess nutritional status.[9] Treatment was provided for the aliments which were diagnosed at the time of health check-up. A Health talk was given at the end of the session regarding good hygienic practices, prevention and treatment of addictions, various government schemes and how to avail them etc.

RESULTS

Demographic Information

The mean age of the sample is 23 ears with a mode of 21-years. There were 45% females. A major portion of the sample (75%) had acquired secondary education. Minimum Income per day was Rs. 20/- and maximum was Rs. 833/-. Mean was Rs. 313.29/- per day. This sample contains workers from a mixed occupational background from painters, masons, carpenters and housekeepers fitting the definition of the study. Migrant population consists of people migrated from Uttar Pradesh, Chhattisgarh, Rajasthan, MP, Darjeeling (North part of West Bengal), Assam, Bihar, Nagaland, and Jharkhand.

Table 1: Migration specific issues.

	Frequency	Percent
Frequency of visiting place of original residence (home)		
Not visited in last one year	29	20.86%
1 per year	60	43.17%
>1 per year	51	35.97%
Per centage of income sent home		
>50%	97	69.29%
<50%	23	16.43%
<25%	20	14.29%
Pre-Placement training		
No	36	25.71%
Yes	104	74.29%
Personal protection		
No	14	10.00%
Occasional	24	17.14%
Always	102	72.86%
Knowledge about First aid		
No	20	14.29%
Partial	58	41.43%
Yes	62	44.28%
Language barrier		
Severe	9	6.43%
Moderate	52	37.14%
Mild	79	56.43%

Table 2: Association of education with regret migrating, worries about future, hours of sleep and addictions.

Education	Regret migrating			Worries About Future			Hours Of Sleep/Day			Addictions	
	Yes	Sometimes	No	Yes	Sometimes	No	<7 hours	7 hours	>7 hours	Yes	No
Illiterate	2	8	6	4	5	7	1	8	7	7	9
Primary	5	7	7	4	9	6	3	1	15	7	12
Secondary	8	38	59	15	33	57	24	44	37	24	81
TOTAL	15	53	72	23	47	70	28	53	59	38	102
Chi-square	$X^2 = 7.86$ df = 4 $p = 0.0956$ (ns)			$X^2 = 4.30$ df = 4 $p = 0.3184$ (ns)			$X^2 = 15.82$ df = 4 $p = 0.0018$ **			$X^2 = 15.82$ df = 2 $p = 0.0018$ **	
ns- (Not significant, $p > 0.05$), *(Significant, $p < 0.05$), **(Highly significant, $p < 0.01$)											

Prevalence of Medical conditions

10.71% BP readings fall in the hypertension zone that is SBP>140 and DBP>90. And 30.71% falling in the elevated zone of SBP 120-139 and DBP 80-89 making them at risk population for hypertension. Rest 58.58% of the population had readings in the normal zone of <120 SBP and <80 DBP.

Though majority of participants have a normal BMI, 19.29% are undernourished and 10.71% have BMI over 25.

Migration Specific Issues

20.86% had not visited their original place of residence in last one year and 43.17% migrants visited their native place only once in last year.

69.29% of the people interrogated said that they sent more than 50% of their income back to their family at home. 16.43% of the people talked about sending less than 50%, whereas, only 14.29% people accepted on sending less than 25% of the total income in a month.

25.71% of the participants on enquiry denied any form of preplacement training of any sort or detailed knowledge about the kind of job. As in comparison to 74.29 % of the people said they had some knowledge on the nature of the job with some basic skill required for it.

10% of the population denied use of any personal protection materials. Whereas, 72.86% weighed upon the daily use of the protection gear, mentioning the use of clothes to cover face and head while sweeping, gloves in hospital etc. 17.14% used the gear occasionally.

14.29% of the population sample denied any knowledge of the first aid. Where, 41.43% talked about having some knowledge regarding the first action to take in case of some injury. Rest 44.28% declared on having a good enough understanding of the how and when of the first aid technique.

6.43% of the people reported severe language barrier with majority stating comfortable conversations in Hindi with mild to moderate difficulty in 56.43% and 37.14%, respectively, due to no or less Marathi vocabulary.

Personal Traits

A large percentage of the people denied any form of substance use amounting to 72.86% whereas, only 27.14% of the people accepted about substance use.

Association of variables

8.57% of the sample had knowledge of the bank account facility but were not using it as in did not have an account in any bank. On the contrary 12.14% of the sample were not even aware about the use or procedure of acquiring an account in a bank. A group of 79.29% consented to having an account.

Only 82.14% of the people interrogated gave satisfactory reply that falls in the standard colours of white, orange, yellow

Table 3: Association of Home visiting with regret migrating, worries about future, hours of sleep and addictions.

Home Visiting	Regret migrating			Worries About Future			Hours Of Sleep/Day			Addictions	
	Yes	Sometimes	No	Yes	Sometimes	No	< 7 hours	7 hours	> 7 hours	Yes	No
<1 per year	3	11	15	6	9	14	9	10	10	6	23
1 per year	2	20	38	7	19	34	13	23	24	13	47
>1 per year	10	21	19	10	18	22	6	19	25	19	31
TOTAL	15	52	72	23	46	70	28	52	59	38	101
Chi-square	$X^2 = 10.95$ df = 4 $p = 0.0242$ *			$X^2 = 2.62$ df = 4 $p = 0.6051$ ns			$X^2 = 4.67$ df = 4 $p = 0.325$ ns			$X^2 = 4.47$ df = 2 $p = 0.1217$ ns	
ns- Not significant, $p > 0.05$ *Significant $p < 0.05$. **Highly significant, $p < 0.01$											

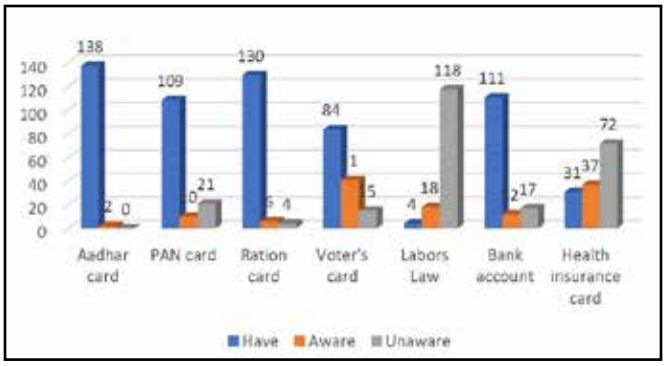

Figure 1: Awareness about Government and other official services/ schemes.

or no ration card at all. Out of which 28.57% belong to the BPL section and 46.43% to the APL. Remaining 17.86% asked gave random colours which do not exist as the regulations of the government.

Discussion

Majority of the migrant population were in nearly twenties with nearly 45% of them being women. This fact should be taken into consideration while formulating policies and amendments for their differential needs. Till today the two major reasons for migration remain the same: 1. Survival (necessary to stay alive) and 2. subsistence (supplement income to fill gaps of seasonal employment.[3,10] 69.29% of the people in this study, send more that 50% of their income to the family back home to support their life, and living here with minor allowance for day-to-day expenses.

The current sample has mean income of Rs. 313.29/- with a mode of Rs. 300/- per day. This contributes to sending anywhere from 156.6 to 281.9 rupees taking the mean value into consideration. This leads to a weak economic background putting them to a disadvantage. As poor wages, inferior healthcare leads to less education for the next generation and affects health too. This turns into a vicious cycle leading to a thought of deficient education prejudice.[2]

This is further demonstrated by 11.43 % being illiterate and 13.57% having only primary education with only 75% having secondary education which is defined as 8th to 12th. Whereas, as per the National Education Policy 2020, India's Gross Enrolment Ratio (GER) is 90.9% for classes 6th to 8th and 79.3% and 56.5% for 9th-10th and 11th-12th, respectively.[11] Thus, further pushing them in to a cycle of disadvantage in comparison. This further strengthens the feeling of inferiority in the minds of the future generation pushing the into an abyss.

Most of them were workers belonging to Skill Level I, typically involving performance of simple and routine physical or manual tasks, requiring primary educational requirements as per National Classification of Occupations – 2015.[12] It's a heartening observation that 74.29% were provided by preplacement training ,72.86% always used personal protection measures, and only 14.29% said that they had no knowledge of First aid

Mean Weight of the sample is 52.97 kg, height is 158.11 cm and WHR is 0.88. The economical setback is also having its grip on the decreased nutritional status of the group combined. Even though the mean BMI lies in the normal range at 21.09, but mode lies in the underweight category at 17.33, in a population mainly consisting of the younger generation leading to a weaker youth. This coincides with the BSR that states that nutrition is directly proportional to the income.[4] As change of traditional food leads to insufficient diet causing undernourishment, followed by health issues. Unavailability of raw material or increased prices due to import deprives them more of their native cuisine. This unhappiness regarding the change of diet could be seen in on ground enquiry where the participants belonging to varied states of India have diverse preferences when it comes to their meals. Here they had difficulties adjusting to the Maharashtrian cuisine consisting of chapati and dal, from Northern and Eastern predominance of rice, fish, meat, less spices etc. Currently, they were adjusting due to better money but showed strong preference towards returning to their native options if financial goals were achieved.

Health is further challenged by the prevalence of NCDs like hypertension. Even with the majority BMI and WHR residing in the normal range the prevalence of hypertension is 10.79% with addition of 30.94% in the elevated category.

When asked about addictions only 27.14% of the people accepted to the use. Whereas the rest denied. This major difference was because of the rules of the employer to strictly prohibit the use of alcohol or tobacco in any form. This can be considered as another advantage of having an agency working for its employee. Only if it is not done under the shades. Higher prevalence has been observed in other studies.[6] For the frustrating and loneliness of staying far from home can take a toll. This can be helped by the housing of people of same ethnic background or age together causing sharing of problems and have a feeling of belongingness. In case of any mishap proper counselling should be provided. With the inclusion of recreational activities and programs to provide distraction from the harming stuff.

When enquired about any future plans or plan of changing the job 50% of them showed no interest in doing so. Whereas only 16.43% spoke about having thoughts about doing so. Remaining 33.57% of the people commented in unclear manner as in sometimes they do think but would not take any action in that regard. This coupled with the culture shock, feeling of loneliness and helplessness may cause further adverse effects on the life in long run.[4]

Majority of the participants did not suffer from severe language barrier. This is primarily because most of the labourers are from Northern States and National Language Hindi is very commonly spoken even in rural settings of Maharashtra. Some states in India are actively training migrant workers in native language for improving official communication.[13]

As seen in Tables 2 & 3, Level of education is not having any effect on regret about migrating, indicating that the

migrants are mentally prepared to shift. Migration has probably taken care of their financial constraints thus relieving their worries about future. As expected, education has a negative association with addictions. Higher education lowers the sleep hours was an interesting finding observed. Reasons for these will, have to be further probed. Those workers who are frequently visiting their native place were having less regret about their migration. Thus, being more in touch with their family members helps them to be happy. Income sent to native did not have significant association with any of the factor. The food and stay requirement of migrant workers are taken care off by the current employees. Thus, the need for money to spend on daily requirements is greatly reduced. Sending money home is their motive and thus the non-significant results.

On inspection of the residential site, it was observed that problem regarding overcrowding engaged with poor sanitation was causing ill-health of the workers. Unclean stored common drinking water leading to recurrent illness, was leading to going distances for procuring drinking water. Article by Shruti Ashok and Prof Neena Thomas on study on Issues of inter - state migrant labourers in India also emphasise the fact that floating population face unhygienic living conditions.[15]

Working in a hospital building, needle prick becomes an important occupational hazard for them. On enquiry recalled incidence of such experiences but were unaware about what to do. None of the had any knowledge about the transmission of diseases through needle prick. Very few of them recalled taking even TT vaccine. None of had any pre-exposure or post- exposure prophylaxis for Hepatitis B. And nor could they ask as they were not educated about the risks and rates of such transmission. Non-prick gloves were provided to people dealing with biomedical wastes but without explaining the advantages and disadvantages of using it. These further throws light on the limitations of the migrant class asking for the right and the wrong.

Here we took the opportunity of explaining them the advantages of using the given protection equipment to their maximum good as per our capacity. Further educating them about the steps to take in case of a needle stick injury in the hospital. Also emphasised on the betterment in maintaining cleanliness as much as they can. And the basic ways to making use of the medical laws and amenities for their betterment.

Figure 1 shows awareness about Government and other official services. Due to the immense success of implementing Aadhaar card all over India an astounding 98.57% of the people were in possession of it. Ration Card was also hold by a sizeable number of populations though 7.14 of the sample did not have a card and 17.86% population mentioned random colours. But so cannot be said for the pan card and the voter's card which limits them from participating in the politics of the local area where they reside. Even the migrants who have them do not belong to that area hence cannot exercise their political right.[3] The card holding population being 60% in the sample.

According to the Interstate Migrant workman Act 1979 (Ref), to reduce the proportion of migrants without bank account, opening of bank account was made compulsory.[16] Hence 79.29% had bank accounts in their name and 29.29% of the people were at least aware. On enquiry it was stated as the middle company made it mandatory to have accounts for the ease of payment of salaries. This can be considered as one of the advantages of the involvement of middle men. This betterment can further be guaranteed if this person belongs to the same community. And it's easy for them to trust in the beginning. However, it is disappointing observation that only 2.86% of the people were aware of any Labour Laws. The law related to migrant labourers in India is "Inter-State Migrant Workmen (Regulation of Employment and Conditions of Service) Act, 1979" which was passed by both the houses of Parliament and President of India gave his assent on 11/06/1979. Also, there are other laws existing.[17] However nearly 98 % of the sample were not aware of any law related to migrant workers

This advantage is again seen in case of the health sector. Migrants are one of the most 'at need' group in the world. One of the reasons migrants are hired as it exempts them from providing health coverage, hence cheaper than the native workers.[2] but now this trend changing could be noticed as 22.14% owned a health insurance card and 26.43% were aware of it, even when only 3.57% were aware about the existence of any Medical Schemes. This proves on some of the benefits of the presence of agencies in the hiring process who work for the betterment of its workers. But the lack of knowledge still hampers the utilization of the available resources.

Recommendations

- Routine health check-ups at least once a year for early diagnosis and prompt treatment on a regular basis.
- Regular anthropometric measurement for tackling with malnourishment on the either ends of the spectrum.
- Periodic health check-ups for deficiencies to detect micronutrient deficiencies, laboratory investigations to detect conditions like anaemia and diabetes at an early stage. Similarly regular blood pressure monitoring to control hypertension.
- Regular sessions about the advantages and disadvantages of the use of personal protective equipment and likewise method of using with the precautions about the same.
- Informing about whom to approach and actions to be taken in case of a needle stick injury in a hospital premisses.
- Orientation programs regarding about the various health schemes and policies, and labour laws regarding them, to create a more aware group of migrants.
- Provision of enough leaves for visiting them to their native places frequently.
- Arrangements for the entertainment events like cultural activities and sports for the mental health of the group.
- Providing with clean source of water, closed sewages, potable drinking water, spraying for mosquitoes and bed nets.

Conclusion

This study was conducted among a group of migrant workers from various part of the country. It was observed that the majority of the population face common problems of the working class along with the extra added stress of migration, affecting their life in many aspects. From education to health to standard of living everything is substandard for the 'at-risk' population. A major change is needed for the betterment of their life. Special focus should be on the implementation of migrant protection policies, as this group is usually unaware and scared of asking for rights. That foreign feeling in a new place needs to be understood while making provisions for such schemes. A thorough understanding of their culture, belief and mentality needs to be understood while taking any decisions. In their development lies the development of the nation as it they are the weakest link in progress of the nation and are most vulnerable.

Limitations

Problems related to Mother and Child Care, women, physical and mental abuse, child abuse, STDs and AIDS, education of children were not explored.

Acknowledgement

We are thankful to our Dean, Dr. Meenal Mohgaonkar and Dr. Santosh Pawar for permitting and helping us with planning and implementation of the project. We express gratitude to the supervisors of the research participants for their coordination. We appreciate Interns who helped us in my data collection process. And finally, we are grateful to the participants for trusting and providing us with valuable information.

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