**Occupational Health of migrant construction workers**

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**Abstract**

The construction industry is one of the dangerous industry, and occupational health of migrant workers pose to be such a question. One such is the construction site in Tamilnadu where migrant workers are placed in high risk resulting in poor health and other adverse health problems. Workers suffer from ill health due to physical, occupational, environmental and psychological factors in the site and the study address it. Since migrant workers felt like interlopers in the worksite, they suffered from depression and stress resulting in alcohol and drug addiction. Hence, majority of the respondents complain that psychological factors affect their health as compared to other factors. Besides, repercussions of the pandemic on migrant construction workers are stressed in the study.

**Keywords**: Migrant workers, construction industry, occupational health, ethics, pandemic, Tamilnadu

**Introduction**

Migrant workers are the most vulnerable members in society, and they are exposed to many risks. Since the construction industry is labour intensive, it is perilous, and the health of the workers are affected (1). The importance of occupational health and safety in the construction sector has been stressed in the XI and XII five year plans (2, 3). Though there has been comprehensive Central legislation for regulating the health, and welfare construction workers, only a few states have implemented the provisions of the Act, such as setting up welfare boards, and efforts need to be renewed to speed up the implementation of the Act. Hence, India's record in promoting occupational health remains weak and neglected in the construction sector with years of robust economic growth. The consequences are frequently seen in the form of a large number of fatalities, sickness, and injuries. Still, in a market that has a steady supply of labour, policymakers tend to ignore the broader impact of such losses (4).

Bernard D' Sami, Senior Fellow, and Coordinator from Loyola Institute of Social Science Training and Research (LISSTAR) have stated there should be better policies in Tamilnadu to accommodate migrant workers into the mainstream (5). In Tamilnadu, 2 lakh migrant workers are working in the construction industry, out of which only 24,000 are registered under the welfare board (6). Large construction companies require migrant workers as they are abundant in supply, and they are cheap. They are employed in poor working conditions which inevitably lead to poor health and other disorders. Hence, protecting the rights of migrant workers remains a question?

**Factors affecting occupational health of migrant workers**

Despite the strides in occupational health, research in the construction sector covering the main factors such as physical, environmental, psychological and occupational appears scanty, particularly in India.

Physical factors such as manual handling, excessive force demands, heavy lifting, body twisting, repetitive lifting, pulling and pushing, material handling and working in awkward and cramped positions affect their health (7). Besides, workers work in unhygienic working conditions with a lack of natural lighting and ventilation and without access to drinking water and sanitation (8). Sumanben, a migrant Adivasi woman, has reported that they need to spend Rs.15 every day to use the toilet by forfeiting two days' wages per month. Besides, they cook meals using waste materials, and they always need to hunt for water and food (9).

Construction work typically involves working in harsh environmental conditions such as hot, dry, and humid weather with a lot of exposure to paints, fumes, noise, and bacteria. These environmental factors result in the fatigue, asphyxiation, eczema, intoxication, liver and nerve cell damage, tetanus, Lyme, and hearing loss (10, 11). Research reviews indicate that mental strains, such as anxiety, stress, and depression, led to illnesses, and the workplace could be stressful (11, 12). Studies show that working overtime and long working hours with no rest or breaks result in lack of sleep, anxiety and other health risks (13).

**Findings of the study**

Majority of the respondents are from smaller parts of India such as Bihar, Orissa or West Bengal. They are significant breadwinners as they support their families. They live in tents with access to dirty drinking water and food. They cook by themselves, and they eat simple food such as rice, idli, roti, and dal. Most of them work in night shifts and operate more than ten working hours in a day. According to Herzberg (1959), factors as company policy, supervision, interpersonal relations, working conditions, and salary are hygiene factors rather than motivators (14). Few workers migrated and settled in small parts of the city with their family. They do not want their wives to work in the construction site as it is hazardous. They support the family by doing odd jobs such as cleaning or mobbing in nearby places. Few male kids who are less than 18 are employed in the construction sites, and they contribute meticulously for the family.

Many do not have identity cards, nor they have registered legally. Hence, contractors exploit them in many ways by poor wages, and their bargaining power is less. Majority of the participants' annual income ranged from 1,00,000 to 2,00,000 INR, and the rest earned around less than 3,00,000. They work on daily wages, and they are not employed every day in the month. Contractors use derogatory comments as they do not understand the instructions given by them. They are not given any medical aids or kits such as ambulances. They are not even aware of medical insurance claims or social security schemes offered by the Government. Besides, government intervention is minimal in protecting their rights, and the labour laws are not implemented in any of the sites. Absenteeism is quite frequent in the site. According to Maslow hierarchy of needs, economic security, food and are essential to a human being, and these protect them from work hazards (15). During summer (March to May) due to scorching heat, they felt drained and exhausted.

Respondents who are old and aged above 45 suffered from severe muscular ailments such as arthritis or osteoporosis. Hence, contractors prefer only young labourers in the construction site. Workers working in industrial sheds are frequently exposed to soot and smoke as compared to other construction sites. These causes in them severe bronchitis and asthma. The majority are not provided basic personal protective types of equipment such as earplugs, safety shoes, gloves, hats and safety glasses and especially workers working in residential sites.

Migrant workers felt like interlopers in the work site as regional workers treat-with-contempt. They sometimes address them as setu where they get offended. Fatigue, tiredness, boredom, monotony, post-traumatic stress due to work and loneliness and staying away from family, less participation in social gatherings social stigma and no belongingness in the society, low social esteem, lack of friendliness among others caused in physiological stress and depression. This stress results in alcohol and drug addiction. Hence, physiological factor plays an essential role in affecting the health of the workers as compared to other factors.

**Repercussions of the pandemic on migrant construction workers**

Due to pandemic and economic slowdown, construction activities have come to a halt resulting in job losses for migrant workers. Pangs of poverty, low wages, denial of basic needs, starvation, hunger, intermediaries and contractors' exploitation, suicidal thoughts, depression are the problems that they face during pre-lockdown and post lockdown. Due to shortage of labourers, the Government is supporting the idea of replacing local workers with migrant workers. Besides, the Government has allocated sufficient funds and promised financial aid wherever possible. Whether these big and magnanimous funds will reach the poor and needy workers or in bourgeoisie hands remains a rhetorical question? Now, the pandemic has allowed us to think about inclusive growth in the future.

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