Dissertation

On

A STUDY ON THE ASSESSMENT OF HEALTH NEEDS AND LIVING CONDITIONS OF THE MIGRANT LABOUR IN JALANDHAR

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Submitted by:

Ridhima Bansal

Reg. No. 11609753

Supervised by:

Dr. Pooja Kansra

Assistant Professor

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CHAPTER I
INTRODUCTION

"All human beings, irrespective of race, creed or sex, have the right to pursue both their material well – being and their spiritual development in conditions of freedom and dignity of economic security and equal opportunity"

- Declaration of Philadelphia 1944

1.1 Background

Man is constantly on the move. Movement of living beings in search of better opportunities is a natural phenomenon and there is no exception to it. Movement from one place to another in search of better livelihood is a key trait of human history. Migrations have significantly swayed human history. People have been migrating since time immemorial for a plethora of reasons such as in search of livelihood, for better employment opportunities etc. (Srivastava & Sasikumar, 2005). Migration within the country and across the borders is a part of life which tends to evolve and expand opportunities for productive work and wider interaction among people of varied cultures and traditions (Singapur and Sreenivasa, 2014). The makers of the Indian Constitution gave reverence to such movements by assuring freedom of movement and settlement to all its citizens as a fundamental right in any part of the territory of the country (Article 19(1) (d)). This freedom helps to integrate the country and secure its unity by removing internal barriers against movement and settlement.

The word 'Migration' has been derived from the Latin word 'Migrate' (The Merriam-Webster Dictionary, 2013), which means to change one's residence. Migration is a dubious concept as it has various connotations and interpretations which arise due to the differences in the need and scope of the study. The term 'migration' connotes a change of residence, journey to work, type of boundaries crossed etc. (Saikia, 2015). According to the Webster's new World Dictionary, it means 'move from one place to another, especially to another country' or 'to move from place to place to harvest seasonal crops' (The Merriam-Webster Dictionary, 2013).

1.2 Migrant Labour: Definition

According to the definition of Census India 2011, a person is treated as a migrant if his / her place of enumeration (village / town) is distinct from his past usual residence. Migration is a complex phenomenon which is said to be caused by a plethora of factors, sometimes bifurcated in 'push' and 'pull' aspects (Ashok and Thomas, 2014).

Labour migration may be considered as a form of labour mobility towards districts or states or outside where the industries are expanding and employment prospects are increasing. It incorporates all types of territorial movements, whether it is temporary or permanent in nature. Workers, who shift about systematically, hunting and engaging in temporary seasonal employments without becoming residents of that particular area they are working in, are known as 'Migrant Labourers' (Encyclopedia Britannica).

1.3 Pattern and Characteristics of Temporary and Long-Term Circular Migrants

A temporary or seasonal migrant is characterized as the one who has stayed away from his village/town for a short period of time ranging between one to six months in the past one year, in search of better employment opportunities or for employment purposes (NSSO, 2010a). Both macro-data and field studies reveal that seasonally migrant labour belong to the poorest and the most deprived sections of the society incorporating the Scheduled Castes (SCs) and Scheduled Tribes (STs) and Other Backward Classes (OBCs) (Bora, 2014; Ashok and Thomas, 2014).

Semi-permanent or long-term circular migrants are basically rural-urban migrants, usually found in industries like quarrying, agriculture and rice mills. These migrants enter into the labour market through contractors, on their own, or through networks. The characteristics of these migrants incorporate poor access to lodging and basic amenities, miserable working conditions and labour market discrimination (Srivastava & Sasikumar, 2005). Outsourced petty manufacturing and domestic household services provide two large sources of employment amongst the migrant women (Gupta and Mitra 2002).

1.4 Types of Migration

Migration of workers can be classified into two types: 'In-Migration' and 'Out-Migration'. 'In-Migration' means movement within a country whereas 'Out- Migration' means migrating out of the country. While the former is for livelihood the later is for economic development.

'In-Migration' is also called as internal migration (Oberai and Singh, 1987). Again 'In-Migration' is sub classified into 'Inter-State Migration' and Intra-State Migration'.

Inter-State Migration refers to migration from one State to another State for earning livelihood (Singapur and Sreenivasa, 2014). Intra-State Migration refers to migration within a State. 'Out- Migration' is also called as International Migration or Cross Border Migration. 'Immigration' and 'Emigration' are to characteristic features of 'Out-Migration'. They mean, 'moving out of the place of origin and entering the place of destination'. The principal factors causing migration can be classified into broad categories namely the push and pull factors. Push factors are ones which are unfavorable about the area in which one lives in such as poverty, unemployment, lack of basic health and education etc. and pull factors are ones which attract one to another area such as prospects of higher wages, political freedom, accessibility to safety and securities etc. (Ashok and Thomas, 2014; Singapur and Sreenivasa, 2014).

1.5 Internal Migration in India

Internal migration in India during the past three decades has shown a rising trend. In 1981, out of 6653 lakh of India's total population, 1919 lakh people (28.83 percent) were the migrants by place of last residence. Further, absolute number of internal migrants increased from 2318 lakh (27.64 percent) in 1991 to 3145 lakh (30.57 percent) out of total population of 8386 lakh in 1991 and 10286 lakh in 2001 respectively. Interestingly, out of 3145 lakh internal migrants in 2001, 517 lakh migrants (16.43 percent) were migrated from rural to urban areas (Singh and Singh, 2016). These figures gives a clear indication of two important things: firstly, internal migration in India still continues to be considerably high; and secondly, inter-state rural-urban migration stream acquired a dominating position amongst three other types of migration streams. And, this rural-urban migration stream has become an important tool to fuel rising urbanization in India (Oberai and Singh, 1987; Deogharia 2012a, 2012b).

Migration, particularly internal, contributes enormously to the growth and development of Indian cities (Bora 2014). More than 100 million people (Deshingkar and Akter, 2009), which account to nearly one-tenth of India's population, make their living out of seasonal migration. Census data reveals that inter-state migration has gone up from 12.02 per cent in 1981 to 13.31 per cent in 2001 (Srivastava 2011a). NSS data, particularly in the

rural urban stream likewise indicates that the percentage of inter-state migrants has gone up from 19.6 per cent in 1999–2000 to 25.2 per cent in 2007–2008 (ibid.).

States such as Odisha, Bihar, Uttar Pradesh, Uttarakhand, Rajasthan, West Bengal, Jharkhand with lagged economies and surplus of labour, are the dominant suppliers of labour. On the other hand, states such as Maharashtra, Gujarat, Haryana, Punjab and Tamil Nadu, known for their robust and flourishing local economies, attract large numbers of workers. Such trends indicate that the push factors have been far more effective in inducing a large volume of mobility (Rao 2011; Haan and Rogaly 2002; Mitra 2003).

1.6 Vulnerabilities of Migrant Labour

While migration is an important livelihood strategy for many people and has shown to have social and economic benefits (Club et al. 2000; Deshingkar et al. 2009), it also has serious negative repercussions. A combination of factors at the area of destination obscures their vulnerability, which is principally rests on the alien status of the migrants. Limited options and reduced capacity to negotiate often results in increased discrimination in their life chances (Borhade, 2011).

The degree of migrant labour's vulnerabilities depends upon a plethora of factors ranging from their legal status to the general environment surrounding them. The hiring of migrants in an irregular situation allows their employers to escape from providing health coverage to them, and thereby recruiting cheap labour as compared to the natives (Borhade, 2011). In context of internal migrants, their fluidity in terms of movement and their deplorable working conditions in the informal city work arrangements debars them from accessing adequate curative care (Chatterjee, 2006; WHO, 2008; WHO, 2003).

1.7 Working Conditions of Migrant Labour

Migrant workers, particularly at the lower end, including casual labourers and wage workers employed in industries and construction sites, confront adverse working and living conditions. They frequently discover their shelter in unapproved ghettos or shanties, often on public lands or parks in the cities from where they are over and again uprooted (Srivastava, 1998). These workers are profoundly defenseless by virtue of their absence of physical resources and human abilities combined with their underlying states of outrageous neediness and low economic wellbeing. This reduces their bargaining power in the labour market which

further bolsters their officially defenseless state into an endless loop of destitution and hardship (Eamranond and Hu, 2008). Women migrant workers are even more uncertain because of the odd working hours, antagonistic working and living conditions, lower wages and sexual harassment at times (Theodorou et al., 2010). Not only it is difficult for migrant labour to find gainful avenues of work, but also it is additionally unforgiving when any such work is found.

1.8 Living Conditions of Migrant Labour

Absence of a lasting living arrangement adversely impacts education prospects of the migrant labours' offspring who in the process gets deprived of even the basic rudimentary education (Chatterjee, 2006). While the families of the migrant workers who stay back in the native places confront financial/ economic and social/emotional insecurities and on the other end, migrant labour is additionally left segregated and desolated in an alien environment (Jeyaranjan and Swaminathan, 2000).

Miserable living conditions increase the health issues of the migrant worker making them even more vulnerable to maladies and contaminations as a result of the unhygienic living conditions. Indeed studies conducted by CEHAT demonstrate that migrants are disadvantaged in accessing education and wellbeing services relative to the native population. Other problems faced by migrant labour incorporate delays in health-utilization owing to exorbitant costs, opportunity cost of taking leave from their work as well as the transportation issues (Jeyaranjan and Swaminathan, 2000).

1.9 Migrants and Health

The exploitation and abuse of migrant labourers is all around archived, yet there is a disturbing lack of literature analyzing their plight with regard to health care utilization, a fundamental principle of human rights. The basic determinants of health risks among migrants are the motivational variables, occupation related factors and living and wellbeing conditions (Borhade et al., 2006; Sundar et al., 2000; WHO, 2008; Alderete et al., 2000; MOHFW, 2002; VHAI, 2000). As a result, they are powerless against a few classes of medical issues, as analyzed underneath:

The morbidity pattern among migrant labourers fluctuates with the migration type and its potential for creating health risks. For instance migrants working in stone quarries pan India are exposed to occupation-related ailments including respiratory disorders such as silicosis and tuberculosis (TB) due to prolonged inhalation of silica dust etc. which are endemic to the stone industry (Tribhuwan et al., 2009). The workers may likewise be affected by interminable contaminations, which diminish their productivity (Phoolchund, 1991).

Absence of appropriate water supply, poor drainage system, deplorable sanitary conditions and unhealthy practices expose these vulnerable sections of the society to different kinds of health risks predetermined by their living standards and occupation choices (Borhade, 2006; Chatterjee, 2006; Hansen Eric et al., 2003). Their miserable living conditions and abysmally low well-being practices increase their susceptibility to irresistible maladies such as malaria, hepatitis, typhoid fever, respiratory ailments, musculoskeletal disorders, reproductive health problems, dental infections etc. (Borhade, 2006; Chatterjee, 2006; Tribhuwan, 2009; Borhade, 2011). The low wellbeing status of migrant women in addition can be seen from pointers such as lack of antenatal care, predominance of weakness, pervasiveness of reproductive tract infection and violence against women (Kundu, 2002).

A systematic review of previous studies done on migrant labour indicates that a migrant labour is more susceptible to HIV/AIDS infection. IOM contends that migrants and mobile people turn out to be more helpless against HIV/AIDS, however being mobile by itself is not considered as a risk factor for HIV/AIDS rather it is the circumstances experienced and behaviors possibly engaged in during the migration period that increases their vulnerability and risk.

Despite availability of government and private hospitals at destinations, migrants prefer deliveries in their native places, thereby missing out a great opportunity for services from both of their places of stay (MOHFW, 2008). Costly private healthcare treatments, perceived unfriendly treatment and emotionally insecure ambience at government hospitals, are some of the reasons explained for why migrant labour incline for treatments in their native places (Chatterjee, 2006; MOHFW, 2008).

Further, migration draws out various kinds of anxiety factors for migrants, including job uncertainty, poverty, social and geographic isolation, intense time pressures, poor lodging conditions, intergenerational clashes, detachment from family, absence of diversion, and

health, shelter and security concerns (Hansen et al., 2003; Villarejo et al., 1999). Sign of stress includes relationship issues, substance mishandle, domestic violence, and mental ailments.

CHAPTER II
REVIEW OF LITERATURE

Literature on migrant workers is available in Indian context from the past to recent years. The study makes a useful attempt to review the available studies on migrant workers to get a better insight into the issues and problems of workers. A brief review of available studies on migration of workers has been presented in the present study. The review intends to identify the research gaps on the topic which would help to raise some issues for detailed discussion in the present study.

Das (2004) found that the migrant labourers in Punjab were subject to bondage, less wages than the minimum wages stipulated and have been left totally unprotected. He called for a fundamental change in the existing labour legislations in order to provide protection to these migrant workers.

Kumar (2004) illustrated the role of Punjab Government in extending welfare measures to mitigate migrant labour problems. It revealed that the two significant steps taken by government of Punjab included holding of Lok Adalat to expedite the decision making process of pending labour problems and holding health camps in order to tackle migrant labour health issues.

Stirbu et al. (2006) found that total avoidable mortality for the migrant population had a slightly elevated risk in contrast to the Dutch natives in Netherlands. It revealed that all infectious diseases and several chronic conditions including asthma and diabetes increased the probability of death among the migrants. It observed that because of maternity-related issues, migrant women experienced a higher risk of death.

Derose et al. (2007) cited various factors such as socioeconomic background; immigration status, federal and state policies on access to publicly funded health care; social stigma and marginalization that affected immigrants' vulnerability. It found disparities in access to health insurance and quality care between the immigrants and U.S. born population. It recognized the role of federal government in providing immigrants adequate access to services either by strengthening the safety net or by expanding insurance coverage among them.

Parry et al. (2007) revealed that Gypsies (Roma) were more vulnerable to long-term illness, health issue or any physical impairment that limited their routine chores and further caused them pain, discomfort or some sort of anxiety. The study observed that problems like chest pain, respiratory problems, arthritis, miscarriage and premature death of offspring had a higher overall prevalence. The study concluded that several health inequities existed among the Gypsy and their non-Gypsy counterparts in England.

Anthony et al. (2008) conducted a cross-sectional study on migrant and seasonal workers to have a nuanced understanding of migration patterns, their health issues and service needs in 3 countries in the Northwest Michigan. The results indicated that occupation associated health issues and chronic sickness were frequently perceived health problems. It found that the educational status of the sample was abysmal with 56% reporting 6^{th} grade or below qualification. The study emphasized upon the immediate need for educating farmworkers. It suggested the best method for providing work and health related education is through Spanish videos as it was spoken by the majority of them and thus could be viewed after working hours.

Dias et al. (2008) found that 20 per cent of the immigrant sample in Portugal had never availed the National Health Services while 22.4% reported of being unsatisfied with it. It uncovered that the health seeking behavior of immigrant Portugal men remained notably connected with the duration of stay, his country of origin and legal status of the immigrant whereas amongst the women immigrant, it remained associated with the former two factors, leaving the third one out. The study emphasized upon fixing these gaps in healthcare utilization through appropriate policies in order to ensure effective health care delivery to the immigrants.

Eamranond and Hu (2008) analyzed the impact of environmental and occupational health hazards on Immigrant health. It found socioeconomic conditions such as overcrowding, inadequate housing, poor nutrition, noise and air pollution to be associated with multitude of acute and chronic diseases such as asthma, headaches, elevated blood lead levels, eye conditions. The paper revealed that the construction workers, in particular suffered the highest number of occupational fatalities including mechanical injuries, pesticides exposure,

and poor field sanitation of any industry sector. It indicated anti-immigrant sentiments, miscommunication between native and immigrant populations and regulations restraining these immigrants their right to access to publicly funded medical care had further exposed these vulnerable counterparts to more health inequities. The study emphasized upon designing community-based environment awareness programs and cited labour representation as one of the best way to protect immigrants from occupational and environmental hazards as they have the true potential to defend their occupational rights, create awareness and ask for legal representation.

Hesketh et al. (2008) compared lodging and working conditions and wellbeing status of Chinese rural to urban migrants and permanent dwellers. The study found migrants wellbeing condition to be very basic and worked for extended time periods. It highlighted that 19% of the migrants were covered under some form of medical coverage whereas 26% were entitled to limited sick pay as compared with 68% and 66% respectively in regard to urban workers. It further revealed that migrants had the best self-evaluated wellbeing and reported minimum intense illness, persistence of any lifelong disease, or any inability. It indicated no signs of prevalence of HIV diseases in either the migrants or the urban workers. It highlighted that high cost of medicinal services in the city was a hindrance to social insurance access in the most recent year for the majority of dwellers. The study concluded that the migrants exhibited the healthy migrant effect however, deplorable lodging conditions and their inattention to wellbeing might make these migrants susceptible to poor health in the longer term. It suggested that consideration should be concentrated on giving moderate medicinal services to both the urban poor as well as the uninsured migrants.

Seixas et al. (2008) studied 180 workers at two work centers and an unregulated road area in Seattle, US with respect to their activity particular exposures and damage involvement. It found that exposures to both prosperity and security risks were normal at all three districts. The investigation assessed that consequent to controlling for kind of work, migrant specialists were 1.5-2 times more plausible than non-worker day specialists to report introduction to dangerous conditions. It found that workers were presented to various perils at work in this way bringing about high damage rates i.e. an expected rate of 31 recordable wounds for each 100 full time workers. It proposed that the selection of different methodologies including

group based associations might give professional stability and social security for protection at work in order to reduce illness risks and word related risks among these helpless partners.

Mou et al. (2009) observed the health care utilization of insured and uninsured migrant workers in Shenzen, South China. It found that among the individuals who detailed ailment in the past two weeks, around 62 for each penny did not visit a specialist. Also, among the individuals who were alluded for inpatient care, about a portion of them didn't go to in light of failure to pay. It found that around 55 for each penny of the respondents were uninsured. The investigation observed that the sickness patterns were comparative regardless of the protection status of the workers. It further highlighted that the uninsured were more likely to be single, unskilled, young and less educated female workers with a lower monthly income as compared with the insured.

Prakasam (2009) focused upon the socio-economic problems that were being faced by the migrant labour in the extreme north and southern cities (Jammu and Vishakhapatnam) of India. The study found that they were being exploited by the contractors and employers despite their contribution in the growth of the urban economy. The study highlighted the grim reality that neither the government nor any voluntary organization came to their rescue.

Theodorou et al. (2010) examined experiences of domestic workers who constituted the largest group of legal migrants in Cyprus in regard to their access and utilization of health care services. The study found issues of infantilization and commodification of domestic workers within the Cypriot society. It revealed that domestic workers in Cyprus came entirely under the custody of the employer with no overview from the Labour Department. The study emphasized on educating both migrant women and employers and empowering these vulnerable women for eliminating such issues.

Banerjee and Guha (2011) narrated the imperatives of rural out migrants moving into cities in post-reform China and focused on their working and living conditions in urban areas in Shenzen in particular. It revealed that inability to sustain on agricultural activities led to widespread migration of young, poor and surplus rural labour from their place of enumeration to forming a part of China’s backbone of urban industrial labour force. It cited long working hours, unstable employment, prevalence of low wages, lack of social insurance, varied forms

of discrimination by the way of Hukou system in education or in employment contracts etc as the various pitfalls to which the peasants who accounted for 75% of the total labour force had fallen prey to in Shenzen. Given the hardships of village life, the study illustrated that the government and policymakers continued to exercise control over peasants' mobility and living rights, thereby resulting in their loss of economic, social, political and cultural rights.

Schenker (2011) analyzed occupational health risks being faced by migrant workers in U.S., with special emphasis on the inequalities in health outcomes among migrant low-skilled job workers and native-born workers in the same occupations. It revealed that the immigrants were more likely to participate in low-skilled jobs referred to as three D jobs indicating dirty, dangerous and difficult work as compared to the native born. It indicated that language barriers; poverty; workplace accidents and incidents; lack of access to labour rights, health insurance, family and other support systems were the various occupational risks this vulnerable section is exposed to. The study cited various explanations on the causes of increase in occupational fatalities among the immigrant workers such as overrepresentation of immigrants in jobs with high incidence of injuries and fatalities overall, greater risk bearing capacity of immigrants, inability of the employers in investing in safety training of immigrants, persistent economic pressure of working despite being physically unfit etc. The study laid emphasis upon directing efforts at acknowledging these disparities and framing appropriate policies for mitigating them.

Sonmez et al. (2011) attempted to represent methodical infringement of migrant labourers' human rights and upsetting wellbeing inconsistencies among these populaces in the United Arab Emirates (UAE). The study found that the construction and domestic workers were casualties of commitment enslavement and confronted extreme wage misuse, and experienced serious health and safety problems resulting from insensitive work and living conditions. The paper uncovered that addressing public health risks did not seem, by all accounts, to be a need for either the businesses or the legislature in UAE. It featured that paying fines for enabling sewage to stay in open was viewed as less expensive than evacuation or repair. Through an extensive review of available literature, the study emphasized upon the obligation of bosses, governments, and the worldwide group in moderating these issues.

Cevallos and Chi (2012) analyzed the relationship between relocation, migrant settlements and medicinal services usage in Eucador. The study distinguished potential leveling impacts of movement and settlements by ethnicity, region of habitation and financial status. It uncovered that migrant indicators were significantly associated with use of antiparasitic pharmaceuticals, and to a lesser degree, with healing visits. It found that relocation and settlements seemed to have an adjusting sway on access to anti-parasitic medication, and to a lesser degree, to remedial health care services. It found no significant association between migrant predictors and use of preventive administrations. The study suggested that health care policy reformers must consider the extent of this impact while framing public policies.

Somasundaram and Bangal (2012) surveyed the living and the wellbeing status of migratory sugarcane harvest labourers of Ahmednagar locale in Maharashtra. The investigation uncovered that the education rate among labourers was abysmally low. It found that the lodging and living conditions at work site were vile. It featured that hunger, respiratory, musculoskeletal, dermatological, gastrointestinal illnesses were particularly prevalent among the migrants. It found that general regenerative soundness of males and female individuals was a reason for worry as they lacked antenatal care safe delivery practices which thereby resulted in high maternal and perinatal dismalness and mortality. It additionally uncovered that the inoculation status of the offspring of these migrants was unacceptable. The investigation recommended that an all around characterized far reaching approach with a will for social welfare and medicinal care would enhance the situation of these migratory sugarcane harvest workers.

Ashok and Thomas (2014) conducted a study on the issues arising from inter-state migrant (ISM) labourers in India. It revealed that despite existing welfare schemes, laws, acts or programmes for ISM labourers, they lack inclusion into the society and continue to face social exclusion and racial discrimination. The study emphasized upon the creation of inclusive policies and schemes which would help in bringing them into the mainstream and solve their identity regarding issues.

Bora (2014) examined the impact of economic growth in Delhi and its satellite towns on the migrant workers employment conditions. The findings of the study revealed that growth was not inclusive and the way of life of the ghetto inhabitants was hopeless. It lacked safety,

medical arrangements and social security provisions despite there being spectacular growth in these regions. The investigation underlined the need to build up a preparation module for unskilled migrant workers, with the goal that they could be effectively absorbed in the urban informal sector. The investigation recommended for getting work to the place of source by empowering informal activities in agribusiness and non-horticulture areas in order to tackle the problem of city ward migration.

Nikita et al. (2014) assessed health conditions of migrants to urban India. The study found that the migrant population being non-native population were vulnerable and exposed to diverse health problems. The study cited various reasons for the same such as food insecurity, climate, other environmental hazards, unhealthy sexual practices, lack of knowledge about local health facilities, inability to cope with psychological stress etc. It emphasized upon educating these vulnerable group of our countrymen and poor-migrant women in particular about the advantages of timely and effective utilization of antenatal and delivery care services. It called for public action in terms of policies and programs aimed at decreasing their isolation, promoting use of condoms, control obesity and alcohol consumption.

Saikia (2015) examined the economic conditions of the migrant workers in Kerela and discovered evidences of long distance migration from states like West Bengal and Assam in the current years. It uncovered poor financial conditions in the local place and high wage rate and business openings in Kerela, alongside a few other covering factors had been recognized as the essential reasons of movement to Kerela. It demonstrated that there was scarcely any adjustment in the idea of work of the migrants even after movement. The examination found that regardless of the enhanced wage level, the living conditions for the vast majority of them were disgraceful as they lived together in either poor leased houses or work destinations with one room shared by numerous with inappropriate arrangement of sterile sanitation.

Mora et al. (2016) evaluated the variability in musculoskeletal disorders (MSDs) among immigrant Latino farmworkers and non-farmworkers. The study uncovered that the predominance of MSDs among Latino manual workers was high when contrasted with different labourers in comparative occupations. It featured that non-farmworkers (49%) had a higher predominance of MSDs than the farmworkers (35%). It additionally underlined upon

the need to recognize conceivable variables that made these populaces all the more helpless against MSDs.

CHAPTER-III

RESEARCH METHODOLOGY

The present chapter deals with the research methodology that will be applied for the analysis of the data.

Objectives of the Study

1. To assess the health status of the migrant labour;
2. To examine the healthcare utilization of the migrant labour; and
3. To examine the living conditions and socio-economic conditions of migrant labour.

Need of Study

The plight and problems of migrant workers in recent years have caught the attention of researchers, social workers, media personalities and judiciary and of course the Government. The Indian judiciary frequently comes to the rescue of migrant workers and makes judgement and observation to fill the gap in the justice delivery system. In spite of this, the rulers and policy makers conveniently ignore and bypass with impunity. No sufficient statistical data on migrant workers, their issues, health conditions, level of access to legal rights and protection and information with regard to their socio – economic background are available. If they are not registered they cannot access anything provided in the respective protective legislation. Hence, the present study in this regard is viewed as imperative to gauge and assess the health needs and living conditions of migrant labour in Jalandhar.

Scope of the study

The scope of the present study is limited to migrant workers living in Jalandhar only. The present study will be limited from September 2017 to April 2018.

Research Design

The type of research in the present study is descriptive research. It will be conducted among the migrant labourers in Jalandhar.

Data Collection

Primary data will be collected from migrant labour in Jalandhar randomly. For the collection of data a questionnaire will be prepared. Questionnaire will consist of three parts, first part of the questionnaire will include profile of the respondents. Second part will focus on living conditions of migrant labour .Third part of the questionnaire will assess the health needs of migrant labour.

Sample

The sample size of the present study will be 100 migrant labourers residing in Jalandhar.

Sampling Technique

The convenience sampling technique will be used for the collection of the data.

Method of Data Analysis

The analysis of the data will be made with the help of descriptive and inferential statistics.

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