

# Occupational Health Issues of Women Migrant Workers in the Brick Kiln Sector

Rukmani Panda\* & Swarnamayee Tripathy\*\*

\*Research Scholar in School of Women's Studies, Utkal University, Bhubaneswar.

\*\*Retired Professor In Public Administration, Utkal University And Professor Emeritus, KISS D.U. Bhubaneswar.

## ABSTRACT

Brick workers are the most vulnerable among all workers in the informal sector in India. It is often observed that the working conditions in the brickkilns are most unhygienic and their workers, particularly women workers experience many health issues due to continuous exposure to dust. A few media stories have also unpacked the hidden exploitation of migrant workers particularly the sexual harassment of women workers. Nevertheless, it is a less studied area in India. This paper is an attempt to present the key findings of a research study on the Social Protection of Women Brick-kiln workers conducted in the Bolangir district of Odisha. The results presented here are the analysis of the primary data collected from 400 migrant women workers from the Bolangir district. The women migrant workers are interviewed both at their source villages and one destination site. The paper has focused on presenting the insights and data related to the occupational well-being of women migrant brick-kiln workers, and their access to health services.

**Keywords:** *Migrant Workers, Women's Dignity, Occupational Health, Brick kiln sector, Sexual Reproductive Health, Access to health, Odisha.*

## INTRODUCTION

Feminization of labour migration is a global trend. Despite the invisibility of their identity, the women and girls are significantly taking migration as a recourse to address the poor economic conditions in their families.

Centre for Women's Development Studies (CWDS) in its pioneering study<sup>1</sup> conducted in 2018 reports that the brick kiln industry constitutes the second largest employment sector after agriculture for rural women migrant workers in India with 21.11% of migrating women workers working in it. If we add the migrant women workers from both villages and cities, the brick kiln sector is counted as the second top employment sector for women with a contribution of 11.8 percent of migrant women labour against 8.9 percent of migrant male workers. (Shiraz Shaikh, 2012)

National Sample Survey Organization (NSSO) of India defines (in its 38<sup>th</sup> & 43 round survey) a migrant as an individual whose place of residence is different from his or her previous place of residence during the time of

<sup>1</sup>Agnihotri Indu, Mazumdar Indrani and N. Neetha (2012) Gender and Migration: Negotiating Rights: A Women's Movement Perspective, CWDS, New Delhi.

### Address for correspondence :

**Rukmani Panda**, Research Scholar  
in School of Women's Studies, Utkal University, Bhubaneswar.  
**E-Mail ID:** [rukminipanda23@gmail.com](mailto:rukminipanda23@gmail.com)  
**ORCID ID:** <https://orcid.org/0009-0004-4398-6321>

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data collection. The previous place of residence is one where the person stayed continuously for six months before moving into a different place and the NSSO survey records his or her completed years of stay in the new place. Taking into consideration its definition of a migrant, the 64<sup>th</sup> round NSSO survey (2007-08)<sup>2</sup> concluded that the magnitude of migration in Odisha is heartbreaking. The working population from 9,495 rural households and 25,590 urban households had migrated. The total number of migrants from rural areas was 88 lakhs, 92 percent of them were female migrants. The incidence of migration among men and women was 43 (per 1000 males) and 514 (per 1000 females) respectively. 64<sup>th</sup> round NSSO survey reports that the number of short-term migrants<sup>3</sup> from rural Odisha is 4.17 lakhs of which 82 percent are men. According to the 2011 census, women constituted 73 percent of total migration in the state of Odisha. Rural women in short-term migration numbered 72,000. The Census of India stated the reason for female migration as marriage and large-scale labour movement within marriage remained disguised. Further, the share of women in labour migration is only 16 percent. (2011 Census). There is a well-recognized difference in the number of migrants when short-term migration which is mainly for work purposes, is taken into account. Notably, the majority of short-term migration is from the southern region (71%) followed by the northern (19%) and coastal (10%) respectively. As migration of labour in the Indian economy is a permanent feature the upcoming census will surely exhibit the enhanced number of female migrant workers.

The 55<sup>th</sup> round of the NSSO survey<sup>4</sup>(1999-2000) and the 64<sup>th</sup> round of NSSO (2007-08) exhibit a large difference in the percentage of migrants to the total population of Odisha. It was 10.4 percent of the total population in 2000 while there was an enhancement of 7.8 points in migrant workers in 2008. 2011 census data shows that the migrants constitute 37 percent of the total

population (15,421,793 are migrants out of a total population of 41,974,218). Hence, both NSSO surveys and the Census of India suggest a clear indication of an increasing short-term migration trend in Odisha. The increase in short-term migration validates the upward rise in labour migration. Thus, the migration of the workforce in Odisha reflects the national trend.

The 78<sup>th</sup> round of the NSSO survey, published in 2021 reports the causes of migration of the working population. Migrants in Odisha constituted 32.8 percent of the total population in 2021 (78<sup>th</sup> Round NSSO Survey). Precisely speaking, migrants from rural and urban Odisha constitute 32 percent and 37.5 percent respectively. Employment (taking together those in search of employment, or search of better employment, or to take up better employment) has been cited as one of the reasons for migration for 33.8 percent of total rural male migrants. On the other hand, 93.6 percent of the female rural migrant workers have migrated not for employment but due to 'marriage'. Employment has been the stated reason for a paltry 0.3 percent of female rural migrants. If we analyse the 78<sup>th</sup> round NSSO data taking together women in rural and urban Odisha, we find that marriage constitutes the sole reason for 91.6 percent of female migrants. Even in the brick kiln factories, women and children move as associational migrants accompanying their husbands and fathers respectively. Similarly, employment has been cited as the main reason for migration for 38.7 percent of the male migrant workers in villages and cities.

Repeating the trend in the previous rounds of NSSO surveys, the female labour migration remains invisible within the marriage migration.

Further, the socio-economic caste census 2011 published in 2015 suggests that casual unskilled labour constitutes the source of household income for 58.84 percent of the households. The casual manual labour category is

<sup>2</sup>Ministry of Statistics and Programme Implementation (MOSPI), Government of India (GOI). (2008). India- Employment, Unemployment and Migration Survey (July 2007 to June 2008) National Data Archive: *An online microdata Library*. National Sample Survey Office, India, Available from ICSSR: <http://www.icssrdataservice.in/datarepository/index.php/catalog/33> (Assessed on 22<sup>nd</sup> Nov. 2023)

<sup>3</sup> Migrant worker who stays away from village for more than one month and less than six month. See for details Sharma Amrita, Kulkarni R. & Khandelwal R. ( July 2014) *Studies, Stories , and a Canvas: Seasonal Labour Migration and Migrant Workers from Odisha*, Centre for Migration and Labour Solutions, Aajeevika Bureau, p5

<sup>4</sup> Sharma Amrita, Kulkarni R. & Khandelwal R. ( July 2014) *Studies, Stories , and a Canvas: Seasonal Labour Migration and Migrant Workers from Odisha*, Centre for Migration and Labour Solutions, Aajeevika Bureau

defined as the income earned from non-agriculture work such as loading-unloading, digging and construction work. The urban informal sector has been the principal source of casual manual labour.

Bhattacharya and Kumar<sup>5</sup> in their research on the brick kiln workers' health hazards and premature death observes that the brick kiln workers suffer from multiple health ailments that include diarrhea, skin allergies, tuberculosis, respiratory tract infection, kidney problems, menstrual infections, etc. Further, the brick kiln workers are mostly treated by so called doctors not having a medical degree or license to do medical practice. The research is based on the experience of Odia brick kiln workers who had migrated from western Odisha to Andhra Pradesh and Telangana.

Yadlapalli and his team, in their research<sup>6</sup> on migration and access to health care, found that adequate maternal healthcare is a mirage to migrant women workers. Since migration is a continuous phenomenon, the authors suggest that the state should adopt sufficient measures to make the maternal healthcare system available to women migrant workers.

The labour movement to the urban informal sector brings with it the associated risks and vulnerabilities in terms of housing, sanitation, health care services and harassment of women and girls. The unprecedented sufferings of migrant workers during the pandemic and their problems have also captured the attention of the nation. Migrant workers in general and women migrant workers in particular are vulnerable to various forms of exploitation in their migration cycle. The impact of migration is situational and may also vary considering the socio-economic and cultural conditions of migrant workers and the occupational sector they are in. Their socio-economic and cultural conditions force women to work for long hours, get less payment, and live in inhuman conditions at the worksite, their work environment significantly contributes to their poor health conditions.

The brick kiln sector assumes an important place in the informal sector after the construction sector. The

majority of the migrant workers are occupied in these sectors in urban informal work. The women workers in the brick kiln sector are most vulnerable and devoid of any kind of health care services because of the casual nature of the functioning of the sector and very poor living spaces. Further, the nature of work in the brick kiln sector considers the family as the unit of production. As a result, the worker identity of a woman is subsumed in the family identity. The nature of employment is the significant trigger for which the women workers work very long hours for their sustenance. The nature of employment and work coupled with the huge indebtedness of the families leaves less room for the women workers to focus on their health. Hence, understanding the health issues of women in brick kiln sectors is of much importance.

With the above context, the present paper seeks to examine the occupational health condition of women migrant workers in the brick kiln sector. The final definition that has been used in the present research is a woman migrant worker who is employed in the brick kiln for 3 months or more at the work destination away from her home in a village or city.

The present research paper intends to examine the following two central research questions concerning women migrant workers in the brick kiln sector.

- What are the occupational health issues experienced by women workers in brick-kiln industries?
- What are the health services the women workers receive?

The present research paper consists of the following sections.

- After setting the context in the abstract for the informal labour market in general and the migrant women workers in particular the authors have tried to understand the situation of brick kiln women workers in the informal labour market in the introductory section of the paper.
- The rationale of the study builds a ground for the need for research in a relatively less studied area of women migrants in the brick kiln sector.

<sup>5</sup>Bhattacharya A. and Kumar Saurabh, (Aug, 2023 ) Quacks For Mishaps, Reprisals For Runaways: Brick Kiln Workers Face Lifelong Collateral Damage To Health & Early Death, Available from <https://article-14.com/post/quacks-for-mishaps-reprisals-for-runaways-brick-kiln-workers-face-lifelong-collateral-damage-to-health-early-death-64d> (Assessed on 20th Oct. 2023)

<sup>6</sup>Yadlapalli S. Kusuma, Kumari Rita and Kaushal Sonia, ( Oct. 2013) Migration and Access to maternal healthcare: Determinants of adequate antenatal care and institutional delivery among socio-economically disadvantaged migrants in Delhi, India, Tropical Medicine and International Health, volume 18 no 10 pp 1202–1210

- The authors have framed certain Research Questions that have been addressed indepth in the subsequent paragraphs.
- Methods and tools of data collection describes the methods used for data collection, the research geography and some of the limitation of the study. It also tries to establish the reliability and validity of the results discussed in the paper.
- Results and discussion unpack the ailments of the brick kiln women workers and their access to different services.
- Finally, the conclusion section tries to propose some plausible solutions to the challenges faced by women migrant brick kiln workers.

## METHODS AND TOOLS OF DATA COLLECTION

The current research was an empirical assessment of the vulnerabilities of women migrant workers in terms of occupational health and their access to health services offered both by the employer as well as by the government. Qualitative and quantitative data were collected both from primary as well as secondary sources. Focus Group Discussion at the source and personal interviews at the destination sites helped us to collect data and gather a sense of the problems.

For quantitative analysis, a schedule containing structured and open-ended questions was developed and administered to 400 migrant women workers in 18 villages from 3 blocks of Bolangir district namely Belapada, Muribahal and Saintalaas well as intra-state destination locations i.e.; Bhubaneswar. The Qualitative assessment was conducted with many stakeholders associated with this issue through one-to-one interaction and Focus Group Discussion (FGD). The data collected from primary sources was analyzed based on the knowledge and information gathered by the authors from the existing literature on unorganized workers, particularly brick-kiln women workers to address the research questions.

## Research Setting

The current research has attempted to study the health issues of women brick kiln workers of the Balangir district of Odisha at their source and destination (Balianta). Odisha is counted as one of

the most backward districts of Odisha. Agricultural backwardness in the state fails to provide livelihood throughout the year to the poor and landless. The contribution of migration to rural livelihoods can not be denied (Sainath P. 2009). "With declining agricultural incomes and the inability of rural households to sustain with farming alone, the countryside in Odisha is witnessing an emergence of what we can term 'migrarian' livelihoods-where migration and agriculture form the major providers, accounting for more than 55-60 percent of the annual incomes.<sup>7</sup> The striking rise in domestic remittances since the 1990s in Odisha as reported by NSSO data confirms the migration phenomenon in the state. These migrants are unskilled manual labourers.

Bolangir district assumes an important place in the migration landscape of the state. The district is part of the traditional migration corridor from where rural people migrate to different states to work in informal sectors, especially in the construction and brick kiln sectors. According to the 2011 census, Bolangir district houses a total population of 1648997, out of which 49.6 percent are women. Out of the total population in the district, 88 percent live in rural areas. Similarly, out of the total workers of 720601, taking together the main and marginal workers, 90.6 percent are rural workers. The work participation rate of men and women is 56.6 percent and 30.6 percent respectively showing a gender gap of 20 percent. However, the same Census data of 2011 gives a different picture of migration. Migration data from the 2011 census indicates that the district has a sizeable number of women migrant workers amounting to 74.09 percent of 605269 migrant workers in the district. The scholars argue that since marriage in a patrilocal society is considered the sole reason for migration by women, these do not reflect the exact incidence of their work-related movement. Further, the type of sectoral segregation of workers in the 2011 census does not reflect migrant workers as a category. It reflects the category of workers as cultivators, agriculture labourers, workers in household industries and other workers. The 'other workers' might include the migrant workers who constitute 27.61 percent of total workers in the district.

With the assumption of a dearth of data on work migration, the current research was undertaken with women brick kiln migrant workers of three migration-

<sup>7</sup>Sharma Amrita, Kulkarni R. & Khandelwal R. ( July 2014) Studies, Stories , and a Canvas: Seasonal Labour Migration and Migrant Workers from Odisha, Centre for Migration and Labour Solutions, Aajeevika Bureau, p1



prone blocks of Bolangir district namely Belapada, Muribahal, and Saintala.

### Limitations of the Study

The research recognizes the limitation of using dated data from the 2011 census. Considering that the state has witnessed the havoc created by the recent pandemic on the lives of migrant workers, the research recognizes the changes in the pattern of migration. However, the changes are not reflected in any published data sources.

In addition to the dearth of data, there is also a dearth of research related to occupational health challenges experienced by workers in the informal sector, especially the brick kiln sector. Hence, the research has heavily relied on the primary data collected from both source and destination locations.

## RESULTS AND DISCUSSION

### Profile of Women migrant workers in Brick kiln industries

Interactions with Civil Society Organizations and government officials compel us to accept that Bolangir district assumes a unique place as the labor-sending region, especially in the brick kiln sectors throughout the country. Traditionally, the labour flow was significant to brick kiln industries in Andhra Pradesh and Telangana. Globalization and other facilitating factors have contributed to the labour movement significantly and the workers are migrating to many states in the country and within the state as well.

The present study takes an in-depth look to understand the women migrant workers in the brick kiln sector as a socio-economic group and their agency as independent workers. Our field study finds that the average age of the first migration as a worker to the brick kiln sector is 16 years. However, most of them have experience of migration as children long before they become independent adult workers. The brick kiln industry having its unique feature of 'family' as a unit of work has made the child's debut as a migrant long before she joined the workforce. The unit is named 'Patharia'

The study finds that out of the total women migrant workers surveyed, 70 percent are below 40 years of age and the rest 30 percent are above 40 years of age. Because of their abject poverty, some of them in the 55-60 years of age bracket, continued their migration to brick kilns even when they reached old age. The brick

kiln industry offers them short-term employment and an opportunity to marry their daughters or construct a pucca house. This helps them to come out of their abject poverty.

As far as marital status is concerned, a significant 96 percent of women migrant workers are married and have migrated with their husbands to the brick kiln industries. A paltry 3 percent of our samples are unmarried women and 1 percent of our respondents are divorced women.

The brick kiln sector is overtly populated with migrant workers from marginalized sections. The current study finds that 49 percent of the respondents are Scheduled Castes, and 36 percent are Scheduled Tribes. If we add both SC and ST categories of workers, this group amounts to 85 percent of the total female migrant workers. The rest 15 percent are from the Backward Classes. Similarly, the educational attainment of female workers is significantly low. Women migrant workers completing primary education constitute 53 percent followed by illiterates with 43 percent. The rest 4 percent of the sample have completed secondary education.

The social profile of the women migrant workers in the brick kiln industry shows a sordid state which indicates that given the educational level of the women workers, there is every likelihood of their engagement as unskilled manual workers. Since they are associational migrants, they might have less accessibility to social security entitlements under our labour laws.

### Types of migration and understanding the features of the brick kiln sector

The NSS in its 64<sup>th</sup> round report (2007-08) introduced a category of 'short-term migrant' defined as the migrant who migrates for employment purposes for upto 6 months without changing their usual place of residence. This definition showed a realistic picture of the country's labour migration. The present study thus identifies the 'short-term migrants' and other circular migrants who migrate to the brick kilns for more than 6 months but return to their villages for agricultural work. This pattern continues for them, year after year till their body gives a warning signal to them that they cannot work longer hours in brick kilns. Nearly 39 percent of the surveyed migrants are 'short-term migrants' (as per our definition) and 30 percent of them stay at their destination for 6-9 months. The remaining 31 percent of the women migrant workers stay at the destination for more than 9 months.

The discussion with the women migrant workers suggests that the landless families migrate in the month of September-October just after the *Nuakha* festival. But the families who have some land or have leased land, migrate to the destination in the month of December-January after completing the cultivation of winter crops. However, all of them returned to their villages with the onset of monsoon to work in the agriculture sector.

The recent COVID pandemic has impacted the movement of women workers to brick kiln industries. Nearly 7 percent of women workers have responded that they did not want to leave their village post-COVID. In such a scenario they look forward to MGNREGA as an alternative to this. Since MGNREGA or any other forms of livelihood can not provide them with the lump sum amount of 'advance' and the absence of alternative sustainable livelihoods, they continue to migrate to brick kilns.

The present study also attempts to find out the presence of circular migration to the same brick kilns year after year. Our data has revealed that some of the women migrants have been coming to the destination site under our study for the last ten years. Many of the women migrant workers have been migrating every year to the brick kilns in different parts of the country. Contractors' approach to lure migrant workers and the advances they receive before starting their migration journey are two major triggers for deciding on the destination of migration. Besides the Contractor, this destination decision is significantly taken by the husband of women migrant workers/ adult male members of the family. During the Focus Group Discussion in the three blocks, we found that a significant 87 percent of the women migrant workers are inter-state migrants and the rest 13 percent are intra-state migrants. The states like Andhra Pradesh and Telangana are the most favored destination with 61 percent of women going there followed by Tamilnadu with 14 percent. The workers also move to states such as Maharashtra, Gujarat, and Chhattisgarh. However, Raipur of Chhattisgarh is the most favoured destination among all sites in the above said three states. Within the state, women go mostly to brick kilns at Balia and Barang, near Bhubaneswar city.

### Vulnerabilities faced by women migrant workers in the brick kiln sector

The circular and short-term migrants face myriads of vulnerabilities in their destination places. They choose the sector year after year as this brings a lump sum

amount of money in terms of advance to construct their house or loan repayment or daughter's marriage. Of those, the most fundamental issue is getting data on the numbers of migrant workers.

Currently, the registration of the Contractors under the Inter-State Migrant Workers Act, 1979 (ISMWA) and of the migrant workers is the only way to gauge the number of migrant workers. The District Labour Office data for Bolangir district (collected in July 2023) suggests that 355 licenses have been issued for the movement of 2511 migrant workers. The data not only underreports the number of migrant workers but also tends to make women migrant workers invisible in the said industry. The family being the unit of labour, the women fail to get their worker identity and remain as associational migrants. Due to this, they are deprived of the benefits attached to a construction worker like compensation for any injuries and others. The present study has also confirmed that almost all of the women migrant workers have moved with their families. Hence, the subsequent statutory benefits are controlled by the male member of the family who headed the move. One hardly finds a lone woman worker in the brick-kiln sector.

In addition to the registration made under the Inter-State Migrant Workers' Act, of 1979, the government has made provision to register the migrant workers in the *Panchayat* before they move to their work destination. However, panchayat registration is voluntary as of now. So, people do not consider registration as a necessary precondition to leave the village as they go with their relatives or peer groups. Also, they do not have awareness of the benefits of registration.

The other important feature of the brick kiln sector is the system of advance payment to the workers' families. Interaction with the women migrant workers and observations during the field study revealed that the advance money is used for families' heavy investment needs such as marriage, repairing of their houses, and expenditure for the treatment of any diseases. The women during field interaction recount by recollecting their memories that during 1995-96 the advance amount per person was Rs.500- Rs.1000. In lieu of their advance money the workers' families worked for the entire year in the brick kilns. At the end of every week, they were paid Rs. 10 per 1000 bricks as their food expenses (*Bhatia*). Currently, each worker along with her family is getting an advance of Rs.30,000-35,000 and the family gets Rs. 800-1000 as weekly food expenses (*Bhatia*). When the workers return to the source village after 6-9

months, the food expenses given by the brick kiln owners, are deducted from the advances received earlier from the contractors. After calculation, the workers get a paltry amount while returning to their villages. Hence, they get into the trap of 'advance payment' again and the vicious circle of poverty continues. However, this process badly impacts the women migrant workers as the advance as well as final payment, are given to their husbands or male members of the family, whatever may be the situation. The women do not have any control over their income, labour and life decisions. As the family has to live on less income, the nutrition needs of the family in general and the women and girls in particular get neglected.

The study also suggests that the women migrant workers face the challenge of integration into the language and culture at the destination places. The only window they get to interact with other people; be it fellow workers or others is the weekly one day off. As workers from one origin are housed in one area and one labour hub is distanced from another in a huge field they can only make friends with the people from their villages and go to the market with them to buy essential items.

The nature of work in the brick kiln sector is irregular and the workers are employed under a contractor. The women migrant workers work for long hours in a day. We observed that 89 percent of the workers work for more than 12 hours a day. During the conversation, the women workers mentioned that most of the time they have to work from 4 p.m. to 2 a.m. and then 6 a.m. to 10 a.m. The break in the night is used for sleep and the day break is used for household chores including cooking for the family. Hence, women face a lot of drudgery in the process of survival in the brick kiln sector. The drudgery is due to the informal arrangement of work and the 'piece rate' payment system prevalent in the brick kiln sector. The worker's family gets their weekly payment for food and other expenses based on their production and the resultant number of bricks made in that week. Hence, the family usually stretches themselves to make more number of bricks in a day. This intensifies drudgery for women workers including their care workload. To add to the misery, the women workers in the brick kiln sector do not get any paid leave. Being asked if they get any leisure during the work, the women responded that the break/leisure during the work would be our loss as we get payment based on the number of bricks made.

Considering that the brick kilns are usually located on the outskirts of the cities, the employers arrange their stay at the work site. The workers are given very small houses made of brick walls and polythene roofs. The family of at least 4 persons barely manages in that small house. The makeshift houses have no doors to shut them in the night. These houses get electricity from the employer. The work sites have tube wells which are used for drinking water purposes. But for bath and sanitation, women workers use the nearby water bodies and the open field. It adds to their misery and they are exposed to unsafe surroundings. The women workers during the field study also nodded their heads in agreement to the question of facing any kind of sexual harassment at the workplace. The open houses create unsafe conditions for women and girls in the night. Some contractors or labour-supervisors use the opportunity to sexually harass them during the night and threaten them to harm their husbands if they open their mouths or share with anyone (Times of India, 16<sup>th</sup> Feb. 2023). Sometimes they are subject to sexual assault by inebriated young workers working in the same brick kiln (The New Indian Express, 18<sup>th</sup> August 2019). However, our respondents did not share any case study around this issue. Perhaps they have learned to suffer in silence.

### **Occupational Health of Women Migrant Workers**

The women workers in the brick kiln sector face multiple health issues. The health problems are triggered by factors such as long hours of work, less food and lack of nutritious food, lack of leisure and no time for themselves. The women workers from our sample have reported the common cold as a general health issue for which they seek treatment in the nearby government hospital.

Nearly 44 percent of respondents have reported health issues due to their occupation and condition of work. The common ailment reported is back pain, pain in the hand and shoulder, running nose with black water, respiratory issues, swelling in the leg, and change of hair colour due to extreme dust and pollution. Observations in the field reveal that most of the women look weak, undernourished and anemic. The work arrangement in the brick kilns adds to the occupational health issues. The ash used for hauling clay to make bricks, and the baking of bricks by firing them produces a huge amount of smoke and adds to extreme air pollution. It severely impacts their respiratory system.

as well as their hair turning brown. Due to long hours of work, they feel fatigued and feverish many times. The women workers are the worst sufferers as they also have to discharge their daily caregiving duties. The long hours of work in a specific bent physical position impact their back and long hours of brick-making impact their hand and shoulder.

Besides these occupational health issues, the women migrant workers have also experienced sexual reproductive health issues which are intricately linked with the occupation. Nearly 31 percent of the respondents have shared with us about this ailment. However, the observation and discussion with the women workers indicate that almost all women experience vaginal infection due to unsafe toilets and waterbodies where they clean themselves. Because of the long hours of work and less nutritious food, the women witness very painful periods and heavy flow during the menstruation period. They also do not get any rest during this period, which adds to their suffering. Pregnant women do not get any paid leave. A paltry 3.5 percent of women migrant workers have mentioned that they availed maternity leave during the last month of pregnancy which is only 4-5 days at the time of delivery. However, these leaves are not paid as payment is made for the number of bricks made in a week. They are forced to return to work for this piece-rate system. "We return to work after 4-5 days as our weekly food expenses for the family (*Bhatia*) we get from the employer depends on the number of bricks we make" - said one of the women workers from Bijighat village of Muribahal block in Bolangir district. The lack of access to contraceptive pills while they are in destination places increases the chances of their pregnancy.

### Access to Health Services

The study findings indicate a very gloomy situation so far as the access of migrant women workers to health services is concerned. Their accessibility to health services is impacted at multiple levels. Being women, they do not have the agency to seek health services in their time of need. Secondly, being in the destination site and far from their homes, they do not have any awareness about the health services available in that state. Thirdly, their work arrangement and only a day off in a week impact their health-seeking behavior. The employer does not provide information or any kind of preventive measures such as the distribution of masks to escape from air pollution. Nearly 24 percent of the respondents have mentioned that their employers

support them for the first round of medical checkups in the nearby government hospitals. Beyond that, they have arranged their treatment on their own. Due to this lack of accessibility, the women migrant workers use the services of quacks which sometimes become fatal for them.

The study findings reveal that the women migrant workers in the inter-state destinations are devoid of ICDS services such as Anti-Natal Care and Post-Natal Care services, benefits under the 'Mamata' scheme, and food supplements for women. Both children and women in the brick kilns are undernourished and suffering from malnutrition. They do not get ICDS services. The children even do not get immunization vaccines.

We observed at Baliana Brick-Kilns that the Government of Odisha has ensured these services to the intra-state women migrant workers in the brick kilns of Bhubaneswar. The Commissionerate police have developed a standard operating procedure (SoP) for the brick kiln owners to ensure many other services such as ICDS services to children irrespective of their place of origin. Now, the steps are being taken to link them to nearby Anganwadi Centres. With the help of a Non-Governmental Organization, the brick kiln owners have started a Child Care Learning Centre (CCLC) to provide the children the services similar to ICDS services. The response of brick kiln owners to this initiative has been very good. The government is also organizing health camps to provide different health services at Bhubaneswar brick kilns.

The women workers are also not aware of the occupational health issues, where to seek treatment and what preventive measures need to be taken. The women have been enduring these health problems considering these to be a part and parcel of their lives. However, the women workers are informed that they get leave if diagnosed with some serious health issues. But they bear their ailment and continue to work to produce bricks. Thus, women workers choose to return to work even if they are not completely well.

### CONCLUSION

The women migrant workers in the brick kiln sector are one of the most marginalized working class in the country. They are experiencing multiple deprivations. Their landlessness and poor productivity of land in their villages compelled them to opt for migration. Instead of remaining without any earnings for half of the year, they move out of the village to destination sites to earn



their livelihood. Year after year their condition remains the same and there is no improvement in their economic conditions. Bolangir district assumes a very important place in terms of labour sending districts to the brick kiln industries both within and outside the state. Across India, contractors know that the poor workers of Bolangir are rich in the art of brick-making. The present study suggests that all of the women migrant workers should move as workers and receive advances from the contractors before they move to the work destination site. While the movement of the migrating workers to the brick kilns is an age-old phenomenon, not much of steps have been taken to improve their health-related entitlements.

The women migrant workers suffer from many occupational health issues due to the nature of their work and work arrangements. The long hours of work and the process of brick-making have been the two most vital triggers for the occupational health ailments of the women migrant workers. In brick kilns, members of a family work as one unit and wages are given based on a piece-rate system. Usually, men are considered as head of the family and the woman of the family is left out without any wages. This pushes the women migrant workers into abject poverty. The extreme poverty further leads to their lack of access to health services. Besides the general occupational health issues, they face sexual reproductive health issues for which their access to services is significantly low. It is pertinent to mention here that the workers have no access to maternal health care or services.

The access to health services by the women migrant workers is very dismal. Neither do they have information nor availability of basic health services at the destination places. The accessibility is hugely impacted by the nature of their work, work arrangements and mode of payment. The lack of data on the number of migrant workers in the brick kiln sector and their health needs is not stated anywhere. Hence, to provide universal healthcare services to migrant workers, the government needs to take many proactive steps.

During the recent pandemic, the plight of migrant workers has captured the attention of the government as well as the larger common people. The lack of data on labour migration in general and women migrants, in particular, has been felt as a challenge to have a policy response to the problems faced by the migrant workers.

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