

# **A STUDY ON THE HEALTH STATUS OF MIGRATED WORKERS IN CONSTRUCTION SECTOR WITH SPECIAL REFERENCE TO BANGALORE CITY**

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## **ABSTRACT:**

Healthcare has a positive relationship with economic development. While the overall picture of India's development shows a good sign, large gaps still remain among different sections of the community. The Constitution of India has given equal rights of all its resources to the entire population. Any form of discrimination in the form of race, religion, caste and gender is against the constitution. Despite all these rights, there are great inequalities exist. One of the groups which were worst affected in healthcare because of its nature of work is migrated workers. This study examines the health status of migrated workers in the construction sector.

**Objectives of the Study:** The primary objective of the study is to quantify the economic burden of healthcare costs on rural households. The secondary objectives of the study are

- 1) To identify the impact of socio-economic status and work environment on the health condition of migrated workers.
- 2) To study the magnitude and distribution of disease and illness among migrated workers in the study area.
- 3) To measure the direct and indirect cost of healthcare in terms of medical expenditure and loss of productivity among migrated workers.
- 4) To find out the gap between the healthcare need and the healthcare infrastructure in the study area.

## **Statement of the problem**

This study tries to examine the health status of migrated workers and its repercussion on their economic well-being. To measure the direct cost the variables like expenditure on diseases or illness, the premium for healthcare insurance, the amount allotted for nutritional food in the family budget are taken into account. To measure the indirect cost the number of working days lost due to some particular disease or illness is counted. Another important dimension of rural health is the lapses in the healthcare delivery system. The reach of quality healthcare

services is very much limited to the poor in rural areas. Hence an impact analysis on NHRM and ASHA is also highly required in the current scenario. The study was carried out in two different dimensions that are from the demand and supply side of healthcare to find out the constraints.

- The relationship between the socio-economic status and health condition of the migrated workers.
- The gap between the healthcare need and the healthcare infrastructure in the study area need to be analyzed to reduce the healthcare disparity.

**Research Methodology:** The present study is explorative in nature. The main aim is to explore the current status of healthcare among migrated workers and to identify the ways to improve the lapses in the healthcare delivery system. It also intended to establish a model which studies the relationship between healthcare expenditure and economic well-being.

- **Data:** Both primary and secondary data were collected for this study.
- **Sample size:** 70
- **Tools:** Chi- square, Ranking and descriptive statistics were used to analyze the data.
- **Area of study:** Kothanur
- **Targeted population:** Migrated construction Workers
- **Data analysis:** SPSS was used to analyze data.

### **Major Findings**

#### **Socio- Economic Status**

- Men between the age group of 40 to 50 are more among the construction workers.
- The average size of the family among construction workers are 3.98. The minimum family size of the respondent is one and the maximum is seven. Followed by that 43.60 percent of migrated workers have 3 to 4 children's. 38.80 percent of migrated workers have 2 to 3 children.

#### **Health Status**

- 40 percent migrated workers are having back pain and followed by that 19 percent of them are having some health issues related to diabetes and 13.33 percent of them had asthma and blood pressure which demands regular checkup. Out of them, only 10% are doing regular checkups and most of them are taking home treatment.
- Majority of the respondents revealed that they are visiting hospitals only when they got severe health issues which demand treatment.

- Only 15 percent of the respondents have revealed that they are aware of nutrition food which is required for their day to day work.

### **Health Infrastructure**

- Majority of the respondents(78 percent) are not having health insurance.
- 60 percent are not aware of the PHC near the construction areas.
- 47.20 per cent of the workers are residing near hospitals whose distance ranges between 4 km to 6 km. Followed by that 25.20 percent of sample workers have to travel more than 6 km to go to hospital.
- 55 percent of the respondents have stated that they are selecting the hospital based on low cost and 30 percent of them stated they are selecting the hospital because they are nearer to their residence.

**Conclusion/Implication on Community:** The study helped to identify the health care status of one of the most vulnerable and deprived communities which must be focused on in terms of healthcare. The study will be helped to create awareness about the healthcare needs of the migrated workers in the study area.