

# The occupational health and safety of migrant workers in Odisha, India

**SWiFT is the first comprehensive evaluation to follow a large-scale, multi-country trafficking intervention from conception to implementation, using mixed methods approaches. SWiFT assesses and informs the Work in Freedom Programme (WiF), an initiative by the International Labour Organization (ILO) that is funded by the UK Department for International Development.**

**This brief seeks to highlight the occupational and other migration-related health and safety risks among a population of migrant workers from the Ganjam district of Odisha in India.**

Findings are based on work by the Centre for Women's Development Studies (CWDS) in collaboration with the LSHTM, with contributions from students and teachers of Utkal and Ravenshaw Universities. This study arm applied mixed methods, including household and individual surveys and interviews across 20 villages from two blocks (Sorada and Bhanjanagar) of the Ganjam district.

## KEY MESSAGES

- Occupational health and safety risks among migrant workers are often overlooked.
- Domestic work, agricultural, construction and textile work pose numerous hazards, including airborne and waterborne exposures, repetitive tasks and difficult, sustained postures.
- The physical and psychological health consequences associated with low-wage, under-regulated labour sectors are a significant public health concern, in particular in South Asia.
- Injuries and illness from unprotected work may result in long-term disabilities, which in turn may necessitate parents sending their children to engage in similarly or more hazardous work.
- Dialogues and interventions to address modern slavery and protect migrant workers need to include strategies to reduce occupational hazards.
- Responses that promote state oversight of safe working conditions and protections for migrant workers, including health outreach to workers in informal sectors.

## BACKGROUND

Employment is a core social determinant of health and well-being.<sup>1</sup> Exploitative work is a driver of poor health, widening economic and social inequalities and intergenerational transmission of disadvantage.<sup>2</sup> Three major agencies of the United Nations have asserted that *"Migrant workers are among the most vulnerable workers in the world, often subject to exploitation, discrimination and abuse, lacking access to mechanisms for remedy and redress ..."*<sup>3</sup> According to current estimates, 1.5 billion people, including 152 million children, are in hazardous, exploitative forms of work,<sup>4</sup> with approximately 25 million individuals thought to be in 'modern forms of slavery' for forced labour.<sup>5</sup>

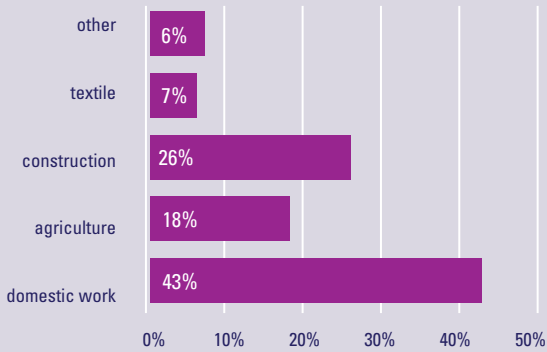
Experts have calculated that there are approximately 2.3 million annual work-attributable deaths and untold work-related morbidity – a burden largely borne by low- and middle-income countries.<sup>9</sup> The larger economic effects of labour-related morbidity are also substantial. Occupational accidents and illness reportedly result in a four percent annual loss in global gross domestic product (GDP), or US\$2.8 trillion in direct and indirect costs of injuries and diseases.<sup>6</sup>

Findings from the limited research on the health of migrant workers in situations of forced labour or human trafficking indicate that individuals are regularly subjected to multiple risks of harm, with women at particular risk of gender-based violence.<sup>7</sup> Survivors of extreme labour-related abuse commonly suffer physical injury, poor mental health and few receive medical care to meet their health needs.<sup>8</sup> There is currently very limited evidence on the health of migrant workers – either a general population of migrant workers or those identified as victims of human trafficking, with particularly little research from developing country settings.<sup>9</sup>

Occupational risks of hazardous and exploitative labour and associated health outcomes especially among migrant workers in low-wage work sectors have received surprisingly little attention in international and national policy realms.

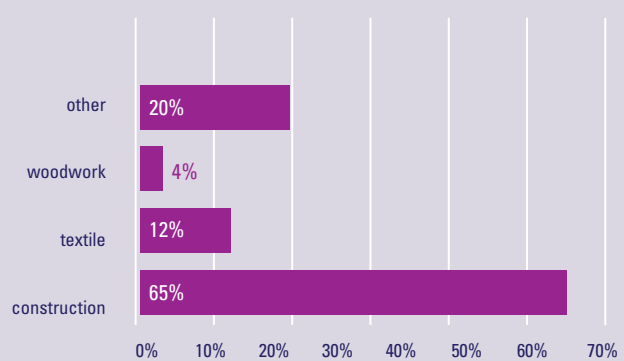
**FIGURES 1:** Female and male migrant workers work sectors

### Women



115 female internal migrant workers from Odisha were interviewed

### Men



415 male migrant workers from India were interviewed

## HEALTH RISKS

For low-wage and exploited migrant workers, occupational health risks frequently include: workplace and occupational health and safety hazards; engagement in hazardous tasks without Personal Protective Equipment (PPE); and extensive overtime. Additionally, migrant workers often live in unhygienic, over-crowded, unsafe or uncomfortable conditions, with a proportion who live on their work premises, especially child and live-in domestic workers. Because of work-related restrictions, workers often have limited freedom of movement, irregular meals and poor nutrition, and chronic sleep deprivation or sleep disruption. Many workers experience social restrictions, which may be imposed by an employer and/or result from extensive overtime or poor access to communications and recreation opportunities.

In addition to occupational hazards, reports of abuses by employers, managers and co-workers are not unusual, especially verbal abuse, humiliation and threats. Sexual abuse and harassment of women and girls are regularly reported among low-wage female workers. Situations of domestic work put women and girls at particular risk, where they may be sexually coerced or violated by family members (i.e. household males or other male relatives), friends of the family (e.g. a son's friends) or neighbours. Financial penalties for small infractions, e.g. tardiness, task errors, perceived disrespect are also regularly reported by migrant workers. These risks and abuses rarely occur in isolation and often result in complex morbidity. Workers frequently suffer a combination of occupational injuries and illness, fear and experience of abuse, social isolation and financial damages.

Our findings among the women and men workers in the SWiFT study offer some detail of the types of occupational risks they experienced in jobs described in Figure 1.

### Women

Among the 106 women interviewed, results indicate that women reported a range of risks to their physical health. For example:

- 50% undertook tasks they believed could hurt them or cause illness
- 53% worked in dusty, smoky, fume-filled spaces without adequate ventilation
- 42% worked in a very noisy space without hearing protection (more likely among construction workers)
- 37% worked in uncomfortable or painful positions for long periods of time
- 24% had contact with potentially infectious materials such as waste and bodily fluids
- 32% reported that they often or always worked in very hot or very cold temperatures (more likely among outdoor labour, construction, agriculture).

### Men

- 60% undertook tasks they believed could hurt them or cause illness
- 83% reported working in a dusty, smoky or fume-filled space without adequate ventilation
- 82% worked in a very noisy space without hearing protection
- 46% worked in uncomfortable or painful positions for long periods of time
- 24% had contact with potentially infectious materials such as waste and body fluids
- 89% worked in very hot or very cold temperatures, with more than a third (36%) always worked under such conditions

Risks reported by the men and women in our study are consistent with findings from other research on occupational health among migrant workers. For example, research on domestic work and construction sectors highlight the common occupational health hazards described below.

**Domestic work:** Findings from a systematic review of grey literature by Malhotra et al<sup>10</sup> indicate the following common risks and outcomes:

- physical, verbal, and sexual abuse at the workplace
- caregiving tasks associated with musculoskeletal strain
- chemical exposure associated with respiratory difficulty
- mental health problems (psychotic, neurotic and mood disorders)
- infectious diseases (e.g. intestinal parasitic infections)

**Construction:** A study by Balkrishna et al<sup>11</sup> among 1,337 male construction workers in India found:

- Nearly one-fifth of the workers had febrile illness (i.e. fever of unknown causes, such as infection due to a virus or bacteria), of which 20.71% had suspected malaria
- 12.6% had respiratory infections
- 3.4% had hypertension
- 7.9% workers had some form of injury.

## IMPLICATIONS

Increasing attention to modern slavery offers an important opportunity to address the occupational risks of hazardous and exploitative labour conditions more generally. When considering the severe abuses of human trafficking, policy-makers and programme specialists must be cautious not to overlook the harm associated with low-wage, precarious and unregulated jobs. Given the prevalence of these types of jobs globally, and in particular in South Asia, the population-level physical and psychological morbidity comprises a substantial public health concern. For example, agricultural, construction and textile work and domestic labour each pose occupational and health and safety hazards, including extreme temperatures, airborne and waterborne exposures, repetitive tasks and difficult, sustained postures. These are risks that can be mitigated if work place safety measures are implemented, workers are given appropriate PPE and sufficient training to protect themselves from job-related hazards. Injuries and illness from unprotected work often results in long-term disability or illness, which in turn may necessitate parents sending their children to engage in similarly or more hazardous work.

Odisha has been at the frontline of labour policy initiatives for migrant workers in India. For example, Odisha pioneered the first legislation on Dahan Labour in the 1970s, which laid the ground for a central law on inter- state migrant workers and more recently, initiated non-legislative institutional arrangements with states receiving migrant workers from Odisha. Yet, genuine protections for workers' health have yet to be implemented in a meaningful way.

## RECOMMENDATIONS

- Current and future dialogue and interventions to address exploitative work, including 'modern slavery', need to consider the widespread occupational hazards associated with poorly regulated labour sectors.
- Policies to address social and economic inequalities need to target hazardous and poorly paid labour sectors that contribute to growing social and economic divides, and to probable generational cycles of disadvantage.
- Labour governance and business law need to be strengthened and allocated the resources to implement and monitor labour regulations and labour law specifically targeted to promote safe work conditions, particularly in low-wage, hazardous work sectors. Indian factory laws should be applied to monitor compliance, impose penalties for non-compliance and add protections related to repetitive work in harmful postures in for example, construction work and agricultural activities.
- The Ministry of Labour and Employment (MoLE) should develop and implement regulations that apply to the work conditions for domestic workers, including in the reconfiguration of India's labour codes.
- The health sector, including the Ministry of Health and Family Welfare and health professionals, needs to assert their role in addressing labour-related ill-health, including injuries, illnesses and long-term disability, by working collaboratively with the MoLE.
- Government policy-making should prevent the weakening of regulatory frameworks and their institutions – especially in the growing low-paid, hazardous sectors. Safe-labour-focused strategies should be led by the MoLE, working with other sectors to protect women and their families from harmful work conditions and unfair terms of employment.
- Women should be better protected by laws against sexual harassment and abuses in the workplace through stronger engagement of the labour law enforcement machinery, working together with the Ministry of Women and Child Development.
- State and non-governmental programmes working to address 'modern slavery', forced labour and labour rights need to invest in:
  - oversight mechanisms for employers to develop and monitor safe working conditions;
  - interventions that offer health outreach services for workers in informal sectors; and
  - health insurance schemes for workers and financial recourse for work-place injuries and disability.

# CONCLUSION

For many households in Ganjam, as elsewhere, low wage work serves as a critical livelihood strategy and simultaneously can create debilitating short- and long-term health problems. Whether individual workers are viewed as migrant labourers or trafficking victims, States can call on the convergent approaches of anti-trafficking measures and labour policies to establish migrant worker protections, social entitlements and support services to meet the needs of these highly marginalised and 'invisibilised' populations.

## ENDNOTES

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