

Original article

QUALITATIVE STUDY ON CLINICO-SOCIAL PROBLEMS OF BRICK-KILN WORKERS: A STUDY FROM ANAND, GUJARAT

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ABSTRACT

Background: The brick kilns serve as a source of livelihood for thousands of unskilled laborers from across the country. The seasonal nature of the work attracts migrant labour, many of them landless farmers.**Objectives:** The study was done with a view to know the clinico-social problems of the families.**Materials and methods:** The following study is a focused group discussion with brick kiln workers in the catchment area of RHTC of Pramukhswami Medical College.**Results:** In the current study it was found that the condition of these migrant brick kiln workers is very pathetic on account of number of conditions. All the workers were migrant and marginal workers with migration duration of 8 months every year and then they are going back to the native place. These workers were mostly illiterate or had primary education. Females were uneducated. These workers are getting daily wages and there is no holiday as such. The days these workers don't work are non-paid days. Almost all these workers complained of bodily pains. Children in these families are usually suffering from respiratory tract infections, diarrhea and intestinal infections.**Conclusions:** Irrespective of the migration status, local governance should do something for their benefit and health so that some decent work can be ensured.**Key words-** Brick kiln, labourers, workers FGD, clinico-social problems, migration

INTRODUCTION

India's brick sector is characterized by traditional firing technologies; environmental pollution; reliance on manual labour and low mechanization rate; dominance of small-scale brick kilns with limited financial, technical and managerial capacity; dominance of single raw material (clay) and product (solid clay brick); and lack of institutional capacity for the development of the sector.¹ The brick kilns serve as a source of livelihood for thousands of unskilled laborers

from across the country and from the neighboring country, Bangladesh. The seasonal nature of the work attracts migrant labour, many of them landless farmers.² Circular migration is described as a temporary move from, followed by a return to, the normal place of residence, for the purpose of employment. It shows that migration is complex, making it difficult to define watertight sub-categories, especially in relation to migration by the poor. People move primarily for economic reasons to address their needs; they live and work in poor conditions and have no access to

pro-poor schemes, such as the public distribution system (PDS) and health care. Poor circular migrants are among the poorest and most vulnerable groups in the country.³

The brick production process is based on manual labour and brick kilns are estimated to employ around 10 million workers.¹

OBJECTIVES

The study was done to have an insight into the clinico-social problems of the families. The FGD was selected to have some open ended responses to the questions and to have a detailed interaction with these migrant labourers.

MATERIALS AND METHODOLOGY

The following study is a focused group discussion (FGD) with brick kiln workers in the catchment area of RHTC- Ardi. A total of 3 FGDs were done. In 1st group and 2nd group 6 participants were there, in the 3rd group 7 participants were there. These FGDs were done on 17 January 2013. There were three settlements and in each of these settlements, we undertook FGD. All the participants were told about the objectives of the study and taken in confidence to give the correct and approximate views on the broad questions. Their anxiety to "why" and "what" related to the questions was allayed. The moderator's guide was prepared with questions relating to basic demographic characteristics, income, health status and immunization status of children and other social problems. The questions were put in the language they understood i.e Hindi. Points were written word by word. Transcripts were reviewed later and key words and sentences were identified in the developing final manuscript.

Ethical Clearance and Consent: Ethical clearance is taken from the Human Research Ethics Committee of the college and consent form was also duly signed by the participants and all the participants were very well told about the entire process.

RESULTS

Demographic characteristics: All the workers were migrant and marginal workers. When asked about the duration of work here in Ardi village, they replied that they work here for 8

months every year and then they go back to their native place Mathura in Uttar Pradesh.

-"Aath mahine yaha rahte hai, baad mai apne vatan me chale jaate hai".

The details of the families are in the Table1.

Literacy status of adults: All were illiterate or had attended school only upto 2nd standard. Only one in the 1st settlement was educated upto 8th standard. He was also one of the participants of FGD. Females were uneducated. Children are also not sent to schools. In the local schools, language is a problem. When they go back to their native places, they are usually sending their children in the schools for duration of 4 months only.

Table1: Family Details of study participants

Particulars	Settlement		
	1 st	2 nd	3 rd
Families	5	5	11
Family members	21	18	46
Children <5yr old	3	4	15
Children 5-18yr old	9	6	12
Adults	9	8	19
FGD participants	6	6	7

Living conditions and work conditions: These workers live in temporary settlements made up of brick walls with a galvanized tin sheet roof at a height of only 7 feet and a room space of 6 by 7 feet. All the shelters were of the above dimensions. These workers are mostly migrating in groups and all are known to each other. They are using wood as cooking fuel and cook indoors and it is a big source of indoor air pollution which causes respiratory problems in them.

Work: They are getting daily wages and there is no holiday as such. The day these workers don't work are non-paid days. During any event of sickness, they don't get to work, so they are not paid. The employer is least interested in taking care during such days, even in critical conditions when hospital admission is required. They get up at 3:00 in the morning and work till dusk usually 6:30-7:30 p:m almost up to 18 hours.

Income and income sources: For 8 months in which these laborers are migrating, they are engaged in making bricks. They are getting some 4000-5000 Rupees a month. When asked about the rate at which they are getting the wages, they told that for every 1000 bricks which they make, they get 300 Rs.

-"Jab ek haazar int banate hai tab tin so rupye milte hai.

When asked about the persons in family who are doing this work, they replied that all including wife and children help in working. All the family members get involved in the process from head to the lowest workable age and they help in the process. Initially they make bricks which are wet after putting in a 'mold' and then these are sun-dried and put in a kiln for hardening. When these people return to their native place they work as laborers in the farm.

"Haan me aur ghar wale dono karte hai, bacche bhi it ko palatne ka kaam karte hai."

When they were asked about regularity in payment, they replied that they are getting the wages in time and sometimes it may fluctuate but only to one or two days.

"Haan bilkul time par mil jaante hai,haan kabhi kabhi upper ho jaata ha ek do din jaisa"

When asked about the regularity of the payment, they denied not having received money at any point of time.

"Nahi aisa to kabhi nahi hua ki paise nahi mile ho"

When there is requirement, they take advance from the employer and usually they pay it off. When asked about debt bondage, they denied it. Mostly these workers are coming regularly in this village and this ranged from 3 to 16 years.

"Jab paise ki jarurat hoti hai to Seth se udhar le lete hai."

Health status and immunization status: Almost all the people complained that they usually suffer from body ache backache, joint pain, fainting, diarrhea and vomiting in summers, injuries and scorpion bites. When asked about the problems related to work, they replied that it is mostly joint pain and other bodily pains.

"Kaam karte hai to dard to hota hi hai, pooro sharir dukhta hai kamar dard hoti hai, jodo mai dard hota hai".

For treatment they are going to RHTC, nearby PHCs and private clinics also. Children in these families are usually suffering from respiratory tract infections, diarrhoea and intestinal infections. These children also get injuries while playing. When parents are at work, small children are not cared and made to sit at a safer distance. Pregnant women go for ANC at RHTC which is also a sub-centre of a nearby PHC, where they

are checked and given IFA, calcium tablets and TT immunization. One ANC women answered as:

"Yaha paas hi me jo center hai wahan pe gai thi"

"kal ben ne dekha aur goliyan di thi."

None of the children were vaccinated against the diseases other than polio. When we asked about the status of other vaccines they denied having it.

"Ha polio ke tipe pila diye hai."Ben aati hai tipe pilane"

When cross verified for other vaccines, they replied in negative.

"Nahi aisa kuch to nahi diya hai."Wahan par desh me bhi polio ke tipe hi pilyae the"

Other Problems: These problems are related to migration. Improper, ill-ventilated, ill-lit, temporary houses, improper education of wards are to name a few. As these workers are natives of other state, they are having communication problem, can't send their children to school, can't get admission into anganwadi, pregnant and lactating women don't get the nutritional packets from anganwadi.

DISCUSSION

All the workers were migrant and marginal workers. These workers work here for 8 months and then they go back and do farm labour work in their native place. As per the executive summary report of "A Shakti Sustainable Energy Foundation and Climate Works Foundation" brick production is a seasonal vocation, as the brick kilns do not operate during the rainy season. Most of the workers migrate with their families from backward and poor regions of the country.¹ We found that in all the families, all the family members get involved in the process from head to the lowest workable age and they help in the process. Cheruvari S (2006)² mentioned that it is not uncommon to find children involved in the process to maximise income. Young boys and girls are also involved in transporting moulds to the baking centre and in drying bricks under the sun. He also mentioned about the helplessness of the owners, if parents involve their children in the work.² During the FGD, we witnessed their living conditions, as they were residing in temporary settlements with a single room of very uncomfortable dimension and it leads to over-

crowding seeing to the number of occupants, area wise and sex separation wise. Study conducted by Prayas⁴, a centre for labour research and action in Ahmedabad points to lack of basic facilities for brick kiln workers in Gujarat. The same study also mentioned that these worker families live in unhygienic conditions. We found that these workers are getting regular daily wages. The day these workers don't work are non-paid days. During any event of sickness, they don't get to work, so they are not paid. The study by Prayas⁴ mentioned that these worker families live in dismal conditions – deprived of essential medical, academic and housing amenities. In our study we found that these workers were getting wages in time mostly without delay and without any harassment as contrary to the survey findings by Prayas⁴ which found that the brick kiln units pay meager wages to the workers and illegal deductions are also made by the employer, if owing to weather, production work stops. The present study finds that children were not sent to schools which is same as found by Prayas.⁴ It was also found in current study that as per requirement, they take advance from the employer and usually they pay it off and there is no debt bondage. When asked about debt bondage, they denied it. Contrary to other studies for the same work area, we didn't find any debt bondage practice here.^{5,6} Bremen(2008)⁷ in his paper has written that recruitment for work in brick kilns, stone quarries or salt pane takes place in the off season, when workers are offered an advance payment for making their labour power available later on. This is most clearly demonstrated in the case of seasonal migration. In the present study it was found that these workers are mostly suffering from different body aches and respiratory problems as evident from the discussion. All these workers complained of joint pain and body ache and other bodily pains. Monga V et al (2012)⁸ in their study mentioned that brick kiln workers are exposed to dust particles and are susceptible to multiple pulmonary complications. Problems like asthma, chronic obstructive pulmonary symptoms, and silicosis are more common among them. There are lots of uninvited and unavoidable problems related to migration which these workers commonly face. The concept of decent work as mentioned in the paper by Salve W.N.⁹ is quite apt. Salve W.N has

put the decent work as “workers are pleasant at work places and they are satisfied from any type of work due to decent conditions of life as well as decent working conditions of labour. It shows various types of freedoms and rights for men, women and children in order to maintain dignity of human life in the society, in other words, development of society, workers, as per labour standards.” Salve W.N has stated in his paper that there are many groups of workers in the unorganized sector or informal economy, like migrant workers in agriculture, building and road construction, brick kilns, sugar factories and others, for whom decent work is a very distant goal.⁹

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