Volume : 2 | Issue : 8 | August 2013 • ISSN No 2277 - 8179

Research Paper

# A Study of Socio-Demographic Profile amongst the Female Migrant Labourers and Assessment of Health, Nutritional and Immunization Status of their Children in Campus of Civil Hospital, A'bad

Medical Science

**KEYWORDS :** Migrants, Construction workers, Mother, Children

| | |
|---|---|
| **Dr. Krunal Varia** | 3rd year Resident, Dept of Community Medicine, B.J. Medical College, Ahmedabad |
| **Dr. Kriti Agarwal** | 3rd year Resident, Dept of Community Medicine, B.J. Medical College, Ahmedabad |
| **Dr. Abhas Shah** | 3rd year Resident, Dept of Community Medicine, B.J. Medical College, Ahmedabad |
| **Dr. Kirti Rahul** | 3rd year Resident, Dept of Community Medicine, B.J. Medical College, Ahmedabad |
| **Dr. Monark Vyas** | Tutor, Dept of Community Medicine, B.J. Medical College, Ahmedabad |
| **Dr. Rajshree Bhatt** | Assistant Professor, Dept of Community Medicine, B.J. Medical College, Ahmedabad |

## ABSTRACT

*Introduction: Construction workers are more vulnerable to health and social issues. The present study assessed the Maternal and child health issues among migratory families.*

*Materials and Methodology: A cross sectional study was conducted at the construction sites of Civil Hospital campus during November 2011- February 2012. Interviews of all the female workers living at the sites were taken with the help of a pre-designed and pre-tested structured questionnaire. Total 72 migrant females and 60 children formed the study population.*

*Results: The mean age at marriage was 17 years and the illiteracy rate was around 66% in the female workers. The prevalence of underweight, wasting and stunting among their children were 63.3%, 51% and 35% respectively, proportion of children exclusively breast fed upto 6 Months was 88.33% and 6.67% children were found fully immunized.*

**Introduction:**

In India, nearly two-thirds of the contribution to the Net Domestic Product is by the unorganized sector. According to the National Sample Survey Organization (NSSO, 1999–2000), of the total 370 million workforces in unorganized sector, 60 million are construction site workers.1As per census 2001; 29.90 million workers migrated for reasons of employment.2

Female migration at a young age disrupts their reproductive health and social life which is a cause for major concern. Migrant women carry a disproportionate burden of accommodating into the new urban areas with the deteriorated living environment affecting their family life and health status. The children living on construction sites often suffer from under nourishment, accidents, and innumerable health problems. Children with high morbidity and mortality are the most vulnerable group among migrants and need special care.

**Objectives:**

- To study the socio-demographic profile of female construction workers and the health seeking behaviour of their families.
- Assessment of nutritional and immunization status of their children.

**Materials and Methodology:**

This community-based cross-sectional study was conducted at the various construction sites inside Civil Hospital campus during November 2011- February 2012. A total 72 female construction workers and 60 children under 5 years of age formed the study population. Informed oral consent was obtained from all the females. They were interviewed by a structured questionnaire regarding their socio-demographic profile, economic status and health and immunization status of their children. Anthropometric measurements were done on all children. Data was analysed in Epi-info software (version 3.5).

Results:

Demographic Profile: Most of the study participants had migrated from Zalod taluka of Dahod district, Gujarat. 11% were natives of West Bengal and Bihar. Out of the total 72 females interviewed, 63(87.5%) of them worked as labourers at the construction sites and the rest 9 (12.5%) were housewives. 28% of the females had been moving from one place to another with their families for the last 10 years or more.

Marital and Birth History: Of the total 72 female workers interviewed, 24 (33.33%) were unmarried while the rest 48 (66.67%) of them were married. Almost 30% of these were married before the legal age for marriage of 18 years. Of the total married women, 8 of them (16%) were found to be pregnant at the time of study.

Health seeking behaviour: Even though the females resided with their families inside the Civil Hospital campus for a couple of months, only 44% of them were aware of the various healthcare services available in the campus like OPD's, Immunization clinics. Only 28.6% had availed these services during their course of stay. Most of them preferred to visit the private consultants in the vicinity to avoid the long waiting time at the Civil Hospital for treatment.

Table (1) shows 26 (43.33%) children have birth order greater than 3 indicating large family size and lack of knowledge about contraception and family planning methods among the construction workers.

Figure (1) shows vaccination status of children. 88.34% children have had BCG. Drop-out rate is high in DPT vaccine and only 30% have had measles vaccine.

Table (2) compares the various key indicators of Maternal and Child health among the construction workers with those of National Family Health Survey III. It depicts the poor health indicators in construction site workers with reference to child immunization, mean age at marriage and current use of contraception.

On clinical examination and past history we found that 36 children suffered from fever in last 2 months. 24 children had acute respiratory infections and 8 children had diarrhea.

Discussion:

Our study reports female illiteracy rates around 66% while a study conducted in Vadodar

than 1 day after birth, 88.34% received exclusive breast feeding for 6 months, and only 26.67% received timely complementary feed. The rate of exclusive breast feeding was higher than that reported from study of Kolkata (28.3%).7

The immunization status of the study population was poor.

Volume : 2 | Issue : 8 | August 2013 • ISSN No 2277 - 8179

22.9% of the children did not receive any vaccine and only 6.67% children were fully immunized. The coverage of the individual vaccines was in general comparable to that reported for migrant tribal children in Orissa,8 but poorer than the studies from Chandigarh9 and Jamnagar.10 There was no significant difference between the two sexes in the prevalence of under nutrition. This is comparable with National Family Health Survey (NFHS 3)3 results where no sex differential in under nutrition was found.

**Conclusions:**

In the construction field, women and children have always featured as "associated" migrants with the main decision to migrate being taken by the male of the household. As an associated migrant, women are more vulnerable due to reduced economic choices and lack of social support in the new area of destination. Migrant health care clinics should be introduced at construction sites. Reduction in working hours especially for the pregnant and post- natal women should be encouraged. Welfare programs financed by the employers and contractors must be initiated and implemented.

**Table 1: Birth order wise distribution of children**

| Birth order | Frequency | Percentage |
|---|---|---|
| 1 | 15 | 25 |
| 2 | 19 | 31.66 |
| ≥3 | 26 | 43.33 |

**Figure 1: Immunization status of children**

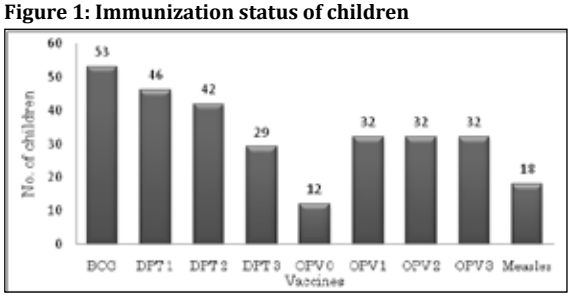


**Table 2: Key Indicators of Reproductive and Child Health compared with NFHS-III.**

| Indicators | Our results | NFHS –III (INDIA)[3] | NFHS –III (GUJARAT)[3] |
|---|---|---|---|
| Female illiteracy | 66% | 41% | 32% |
| Mean age at marriage(Years) | 17( 14-21) | N/A | N/A |
| % women married by 18 | 28.9% | 44.5% | 33.5% |
| Mean Age at first pregnancy (Years) | 19(15-23) | 19.8 | 20.6 |
| Current use of contraception | 0% | 56% | 66% |
| Institutional deliveries | 88% | 48.3% | 54.6% |
| Average birth order (no. of live birth) | 3 | N/A | N/A |
| Children fully immunized (BCG, three doses of DPT, OPV and Measles before one year of age) | 6.67% | 43.5% | 45.2% |
| Partially immunized (BCG, one dose of OPV, DPT) | 70.4% | 78% | 86% |
| Malnutrition status | 63.3% underweight | 43% underweight | N/A |
| | 51% wasted | 20% wasted | |
| | 35% stunted | 48% stunted | |

## REFERENCE

1. Ministry of Labour and Employment, Government of India. http://labour.nic.in/content/division/social-security.php accessed in Feb 2012 | 2. Government of India. "Indian Labour Statistics", Labour Bureau, Ministry of Labour, Government of India. | 3. National family health survey III, Available from: http://www.nfhsindia.org/ accessed in Feb 2012 for India and Gujarat data. | 4. A study of maternal and child health issues among migratory construction workers Niraj Pandit, Ashish Trivedi, Das Bidisha, Sumandeep Vidyapeeth, Piparia Vadodara Gujarat Healthline ISSN 2229-337X Volume 2 Issue 2 July-December 2011 Page1 | 5. Amrit Abrol, Meenu Kalia, BP Gupta, AS Sekhon, Maternal Health Indicators Among Migrant Women Construction Workers, Indian J Community Med. 2008 October; 33(4): 276–277 | 6. Chandrima B Chatterjee, Identities in Motion; Migration and Health In India, published by The Center for Enquiry into Health and Allied Themes (CEHAT) Mumbai www.cehat.org | 7. Roy S, Dasgupta A, Pal B. Feeding practices of children in an urban slum of Kolkata. Indian J. Community Med 2009; 34: 362-363. | 8. Swain Basantha K., Mishra S. Immunization Coverage among Migrant Tribal Children in Slums of Orissa. Indian Pediatrics 2006; 43 (11): 1011. | 9. Abrol, A. Galhotra, N. Agarwal, A. Bala & N. K. Goel: Immunization Status In A Slum In Chandigarh (U.T) India: A Perspective To Enhance The Service. The Internet Journal of Health 2009; 8 (2) Accessed on Sun, 03 Oct 2010 04:31:17 -0500. | 10. Yadav S,Mangal S, Padhiyar N, Mehta JP, Yadav B.S. Evaluation of Immunization Coverage in Urban Slums of Jamnagar City. Indian J Community Med. 2006; 31(4):300-301. |