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Health Agriculture Labour Migrants (Denied) Access to Health Care in Andhra Pradesh

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Abstract: ***In most countries international migration has received more attention than internal agriculture labour migration. Even though internal agriculture labour migration has become an important livelihood strategy for many poor groups across the world, these migrants are often neglected or excluded from the various welfare programmes of their respective countries, such as mainstream programmes in education, health, adequate living conditions, minimum wages and freedom from exploitation and harassment. This increases the vulnerabilities of the agriculture labour migrants and leads to their poor health status, which has significant public health implications. This paper concludes that a multitude of factors affect the health of agriculture labour migrants, including inadequate nutrition, poor housing conditions, hazardous occupational conditions, lack of access to health care services and a low level of awareness. Hence a population health approach is necessary that will align strategies, policy options and interventions for improving health outcomes among agriculture labour migrants. Possible strategies to improve the health of agriculture labour migrants can be: promoting migrant-sensitive health policies, assessment of the health of migrants and identifying and filling the gaps in service delivery to meet their health needs, sensitizing and training relevant policymakers and health stakeholders and initiating migrant friendly public health services for those with special needs. There is also a need for convergence of the existing programmes at source and destination levels, so that the needs of marginalized agriculture labour migrants are accommodated in the programmes such as food security, education for migrant children, and Integrated Child Development Services (ICDS).***

Keywords: Andhra Pradesh, agriculture labour migration, health risk, magnitude of migration health programmes and policies for migrants.

1. Introduction

The primary goal of this paper is to understand the vulnerabilities of migrant workers to various health issues and their public health implications. The paper also focuses on the absence of programmes and policies to address special health needs of migrants in Andhra Pradesh, while demonstrating the ways forward. Internal labour migration has become an important livelihood strategy for many poor groups across the world (Deshingkar et al. 2009),[1] but this segment of the population faces exclusion from the various existing mainstream programmes, such as education and health, which increases their vulnerabilities. In the case of agriculture migrant labourers, their susceptibility to various health problems stems from their peripheral socioeconomic existence in the host area. This leads to their poor health status, which has significant public health implications pertaining to infectious and occupational diseases (Borhade 2011) [2]. The rationale for this paper is to understand these vulnerabilities and the ensuing public health issues, the current programme and policy environment and to provide recommendations for improving the health status of migrants. This paper addresses voluntary agriculture labour migration (inter-state and intra-state) for paid work, which includes both permanent (residing in undeclared urban slum areas) and temporary migration (for 2–6 months in a year) from rural-rural, urban-urban, urban-rural and rural-urban areas.

2. Agriculture Labour Migration

Andhra Pradesh currently stands at the brink of an era that is expected to bring tremendous economic growth; yet there are pockets of neglected populations whose development indicators are disconcerting. One such neglected group is agriculture labour migrants. Seasonal migration for livelihood is a growing phenomenon in Andhra Pradesh. Intra- and inter-state labour migration is an important feature of the Indian economy. Most of this movement has been from the most populous and poorest districts with net in-migration being higher for the more developed districts. According to NCRL (1991) [3], a large number of migrants are employed in cultivation and plantations, brick-kilns, quarries, construction sites and fish processing. A large number of migrants also work in urban informal manufacturing and construction services or transport sectors and are employed as casual labourers, head loaders, rickshaw pullers and hawkers. Most seasonal migrants seek work in the above-mentioned unorganized sectors as daily labourers providing unskilled services. Men usually work as manual labourers, while women are employed as domestic workers, head load transporters or agriculture workers.

3. Vulnerabilities of Migrant Workers

While migration is an important livelihood strategy for many and has shown to have social and economic benefits (Club et al. 2000; Deshingkar et al. 2009) [4], it also has serious negative repercussions. A combination of factors at the area of destination complicates the vulnerability, which is primarily premised on the alien status of the agriculture labour migrants. Limited choice and reduced capacity to negotiate result in increased discrimination in life chances. A migrant is considered an ‘outsider’. Various surveys and studies have shown that migrants are disadvantaged relative to the native population regarding employment, education

and health (Chatterjee 2006; NACP III 2007) [5]. It is difficult to pinpoint specific separate reasons for this, such as deficient education, inferior health care provision; poor wages, initial prejudice and sustained discrimination, but these factors mutually reinforce each other. For instance, a bias against the migrants may translate into health providers' neglect, which in turn perpetuates poor migrant health. The degree of vulnerability in which migrants find themselves depends on a variety of factors ranging from their legal status to their general environment. The hiring of migrants in an irregular situation allows employers to escape providing health coverage to them, and then the labour force becomes cheaper than recruiting locals/natives.

4. Determinants Associated With the Health of Migrants

Different types of migration lead to diversified vulnerability among agriculture labour migrants. The common determinants of health risks among migrants are the motivational factors (reasons for migration, occupations at the source of origin) and occupation related factors (Borhade et al. 2006; Sundar et al. 2000; WHO 2008) [6]. In addition, the living conditions of migrants affect their health, and these factors are interred correlated.

The factors are:

- Overcrowded living conditions, which facilitate increased transmission of infectious diseases;
- Poor nutritional status (consequent lowered immunity) due to lack of food before, during and after migration;
- Inadequate quantities and quality of water to sustain health and allow personal hygiene;
- Poor environmental sanitation;
- Inadequate shelter or shelter without sanitation facilities; Choices of occupation and working conditions (Alderete et al. 2000) [7]

5. Public Health Issues Stemming from Migration

Migrants are often exposed to difficult and unsafe conditions, face occupational hazards, live in poor conditions and are without their supportive family and societal structure. In addition, they are excluded from several mainstream programmes, including those for education and health. As a consequence, they are susceptible to several categories of health problems, as discussed below.

6. Infectious Diseases

Lack of proper water supply, poor drainage system, unhealthy practices and deplorable sanitary conditions expose the migrants to various kinds of health risks predetermined by their standard of living and their choice of occupation (Hansen Eric et al. 2003; Jeyaranjan et al. 2000)[8]. Their living conditions and health behaviours increase their susceptibility to infectious disease. Infectious diseases such as malaria, hepatitis, typhoid fever, and respiratory infections are found to have a higher incidence among migrants. Migrant labourers avail of curative care, but they fall outside the coverage of preventive care largely because of their fluidity of movement caused by uncertainty of employment.

7. Malaria and Tuberculosis (Tb)

Migration is a matter of concern in relation to the Millennium Development Goal (MDG) for HIV/AIDs, malaria and other major diseases (Waddington et al. 2005)[9]. In case of malaria, migration may increase exposure to disease by transporting mosquitoes to new areas and/or create habitats that are favourable to mosquitoes. Migration may also help spread resistance to drugs. The migration was mainly occupational reasons, following which migrants return home. The study concludes that irregular and incomplete treatment on account of migration is likely to increase the burden of TB in the community. Since migration, whether temporary or permanent, contributes to nearly one fourth of the default, it is important to work out strategies to overcome this.

8. Migration and HIV/AIDS

Many studies show that a migrant worker is more susceptible to HIV/AIDS infection. Prevalence of HIV/AIDS among male migrants is 0.55 per cent, while it is only 0.29 per cent among non-migrants (NFHS III 2005–2006). IOM argues that migrants and mobile people become more vulnerable to HIV/AIDS, but being mobile by itself is not a risk factor for HIV/AIDS. It is the situations encountered and behaviours possibly engaged in during the mobility or migration that increases vulnerability and risk. Migrant and mobile people may have little or no access to HIV information, prevention (condoms, STI management), and health services (Usher et al. 2005) [10].

9. Occupational Health

The occupation-related commonly reported problems among migrant workers in the informal sector are cold-cough/fever, diarrhoea, tiredness, lack of appetite, giddiness, weight loss, stomach pain, hip pain, headache, pain in the neck, swelling of legs, swelling of hands, hair loss, skin diseases, injuries, chest pain and eye problems. Other illnesses include infectious diseases, chemical- and pesticide-related illnesses, dermatitis, heat stress, respiratory conditions, musculoskeletal disorders and traumatic injuries, reproductive health problems, dental diseases, cancer, poor child health, and social and mental health problems (Phoolchund 1991)[11].

10. Mother and Child Health

The low health status of migrant women can be seen from indicators such as antenatal care coverage, prevalence of anaemia, prevalence of reproductive tract infection and violence against women. Temporary migration to their

native villages, especially of pregnant women for delivery, results in their missing out on services from either of their places of stay. Mother and baby do not receive services in the village because of distances, unavailability of previous record of services received and lack of awareness and negotiating capacity. Despite availability of government and private hospitals at destinations, the urban migrants prefer deliveries in their native places (MOHFW 2008) [12]. Expensive private healthcare facilities, perceived unfriendly treatment at government hospitals, a more emotionally secure environment at home, and non-availability of caretakers for other siblings in the event of hospitalization are some of the reasons for this preference.

11. Reproductive Health

Prolonged standing and bending, overexertion, dehydration, poor nutrition, and pesticide or chemical exposure contribute to an increased risk of spontaneous abortion, premature delivery, foetal malformation and growth retardation, and abnormal postnatal development (Gwyther et al. 1998) [13]. Migrant workers are also at increased risk for urinary tract infections, partly as a result of a lack of toilets at the workplace and stringent working conditions that lead to chronic urine retention (NRHCA 1986)[14]. Urine retention in turn encourages bacterial growth and stretches and weakens the bladder wall; this in turn promotes chronic infections or colonization.

12. Social and Mental Health

Migration brings out numerous stress factors for migrants, including job uncertainty, poverty, social and geographic isolation, intense time pressures, poor housing conditions, intergenerational conflicts, separation from family, lack of recreation, and health, shelter and safety concerns. Manifestation of stress includes relationship problems, substance abuse, domestic violence, and psychiatric illness. Heavier alcohol usage and risky sexual behaviour have been noted in communities of predominantly single men compared with those consisting primarily of families. Children of migrant workers experience a six fold greater risk of mistreatment than children in the general population.

13. Addressing Migrants' Health: Current Policy and Programme Environment In Andhra Pradesh

13.1 Policy environment

Although Andhra Pradesh does not have a comprehensive policy on internal migration, fragmented policies for the protection of migrants do exist. Migrants are covered under various labour laws. However, those laws, which do exist to protect the rights of migrant workers, are widely disregarded by employers and intermediaries because of a lack of political will to implement them and ignorance among illiterate migrants of their rights as workers. Additionally, as migrants do not have fixed employers, the latter escape from their responsibilities of providing various benefits to migrants that are mandatory under the existing laws. These laws hold the government as well as the employers responsible for contributing financially towards providing benefits such as basic health care, insurance and an education allowance for children of workers. The Inter-state Migrant Workmen Act has been in force since 1979, and it has great potential to address inter-state migration issues, but it is not implemented owing to lack of awareness among migrants as well as NGOs and the lack of willpower among politicians and government officials dealing with interstate alliance. It is crucial to activate and implement the available laws to address agriculture labour migrants' issues related to exclusion of services. The existing central government guidelines allow all migrant children to avail of nutritional supplementation under the Integrated Child Development Scheme (ICDS) at destination cities irrespective of whether or not they are registered in the area As a result, all migrant children can benefit from the childcare centre (anganwadi) services in or near where the migrants reside *(nakas)*. Pregnant women can also avail of antenatal and post-partum care through these anganwadis, which will be linked to government health services. Adolescent girls can be given treatment for anaemia at the anganwadi centres and, in addition, be provided life skills and sex education through the ICDS programmes. This guideline has tremendous potential to address the health concerns of migrant children, adolescents and women; hence its effective implementation is of the utmost importance.

13.2 Programme Perspective

Andhra Pradesh runs several vertical programmes for health (funded by the central government), which include those against diseases like HIV/AIDS, TB and malaria. Interventions pertaining to these programmes are often long term and require follow-up; thus these programmes often find it extremely challenging to maintain continuity of medical care and monitor health outcomes in migrant populations. Currently, few government databases have data pertaining to migrants; almost none have data over time. Even when this information exists, it remains confined to the labour sector. There is need to consciously channelize this information into the health sector and devise 'tracking strategies' for improving health outcomes of migrants. Some currently functioning programmes, such as the National AIDS Control Programmes, have a mandate to provide outreach services. This programme has adopted an outreach approach for HIV/AIDS prevention and treatment of few categories of the migrant population, viz., truckers, sex workers and construction workers in Andhra Pradesh. The National Rural Health Mission (NRHM), India's flagship health programmes launched in 2005, has generated some interest in demarcating 'vulnerable' populations in decentralized state and sub-state health plans. These plans have been useful in identifying some earlier neglected pockets of the migrant population, but since the NRHM targets rural areas, urban migrants remain neglected. There is strong political interest in rolling out a National Urban Health Mission (NUHM) in the next few years, focusing on

the health of the underserved poor urban population dwelling in slums and other temporary sites (like construction sites). The NUHM aims to provide essential primary care to all urban poor through partnerships with the private sector, social insurance schemes and community involvement (NUHM 2008). Thus, it is a good time for academicians and programmes implementers to reflect on what would enable upcoming health programmes and policies to better target migrants.

13.3 Rationale to Address Migrants' Health

Evidences suggests that agriculture labour migration can play an important role in poverty reduction and economic development, hence positive facilitation of safe migration should be specially emphasized, which includes mainly access to basic necessities and public services, predominantly in health, education and livelihood. Further, the high volume of migration and inter-linkages of the health needs of migrants with all the Millennium Development Goals and national policies (National Health Policy, National Population Policy and India Vision 2020) mean that success in meeting these needs can help support the achievement of the MDGs and these policies. Hence, increased emphasis is required to address the special health needs of the migrant population, which can help to improve their health indicators as well the general experience of migration Migrants are poor, uneducated, socially excluded and face a very alien environment when they come to urban landscapes. They have trouble proving identity/eligibility, find language to be a barrier, have insufficient awareness of entitlements/rights, little understanding of how hospitals and insurance providers operate, etc. Thus there is an urgent need to design health programmes and policies for them that are simple and easily accessible.

13.4 Current Challenges and Ways Forward to Address Agriculture Labour Migrants

1.1.1 Health Needs

Need for Improved definition of migrants: Unlike categories such as Schedule Castes (SCs), Scheduled Tribes (STs) or Other Backward Classes (OBCs) (who are categorized as 'vulnerable populations' in all development sector strategies), 'seasonal migrants' are rarely culled out as a vulnerable group in different health studies and programmes. This is partly due to the fact that definitions of internal labour migrants are still not consistent.

1.1.2 Recommendation

An improved definition of the internal migrant population and its sub-categories is necessary to enable more accurate measurements of health care utilization indicators and health outcomes within this group.

i. One way is to involve the Panchayat Raj Institutions (PRIs) to initiate a countrywide documentation of migrant workers moving out of rural areas. Civil society organizations and the labour department can take a proactive role in supporting this initiative. At the source, civil society organizations can support PRIs in undertaking surveys/registrations. The database being built as a result of this effort could be computerized and then integrated at successive block, district and state levels. Registration of migrants at destination cities can be done collectively by the labour department of the receiving state and civil society organizations.
ii. There is need to consciously channelize information pertaining specifically to migrants into the health sector and devise 'tracking strategies' for improving their health outcomes. Providing mobile health cards to migrants that can be utilized both at source and destination in any state is crucial. The migrant health card can be tracked by any health official at any location in order to continue treatment. This would be similar to the RNTCP and RSBY programmes, which provides a duplicate card to a migrant to continue the treatment anywhere in India. Coordination among health facilities at village, block, district and state levels is crucial for effective implementation.
iii. It is important to carefully study programmes, such as the Indian Population Project and a few initiatives by NGOs, and draw lessons for reliability and scaling up of other public health outreach interventions for all categories of migrants.
iv. Initiating or reinforcing migrant friendly public health services, and creating greater awareness about those services among migrants would be important to address agriculture labour migrants' special health needs. Onsite mobile health services or providing special assistance to migrants in regular health services would be helpful.

14. Capacity Building

i. Sensitizing and training of concerned policymakers and health stakeholders for effective implementation and convergence of state policies would be important to address migrant health issues. These stakeholders can be the nodal ministry, that is, the Ministry of Health and Family Welfare (MOHFW), other ministries such as Labour and Employment, Urban Development, Rural Development, Women and Child Welfare Municipal corporations, etc. Other stakeholders could include NGOs, migrant employers' associations, insurance companies, financial institutions, academic institutions and health professionals involved with migrants' health.
ii. Building partnerships with NGOs working at source and destination levels of agriculture labour migration to raise awareness among migrants to become more knowledgeable and stay updated about the available health services.
iii. Human resource development and cadre building in the government bodies (MOHFW, Labour Ministry) as well as in the private sector would be crucial steps to address migrant's health and other related development issues.
iv. Promoting collaboration among government, different donor agencies, and agencies working on migration for health policies/programmes implementation would be an important step for capacity building of these stakeholders.

15. Advocacy and Policy Development

i. There is strong need to advocate for strengthening the existing programmes for migrants especially for convergence of the programmes at source and destination levels with respective government departments, including inter-state departments.
ii. Covering all categories of migrant workers is crucial under the government's different national health programmes, including occupational health, HIV/AIDS prevention and treatment programmes, testing and counselling, RTI/STI diagnosis and treatment, antenatal check-ups and family planning services. iii. Promoting migrant-friendly health policies that aim to address the diverse health needs of migrants is crucial. Andhra Pradesh currently does not have a comprehensive state migration policy that could act as an umbrella under which the health, education, livelihood and rights issues of migrants could be addressed and which would define the roles of the districts in execution of policy.

16. Conclusion

Andhra Pradesh is facing migration challenges and has increasing need to formulate and implement policies to improve migrants' health. Currently, Andhra Pradesh has few or no structural policies or programmes targeting the migrant issues in totality, and this segment of the population still faces exclusion from the various mainstream programmes. There is a need to modify the existing policy structures and programmes so that the needs of this marginalized group are accommodated in the various state policies and programmes. Development of a State Migration Policy would be a proactive step towards it. Effective implementation of the available programmes as well as their convergence at source and destination levels at both inter- and intra-state levels would be important to improve the status of agriculture labour migrants' health. For this, inter-state collaboration is required among government departments to assess and subsequently tackle occupational risks and their health consequences before, during and after migrants' period of work, both in their place of origin and in their destination. Sensitization and capacity building of concerned policymakers and health stakeholders, mainly Ministries of Health and Family Welfare, Labour and Employment, Urban Development, NGO networks, employers associations of migrants, insurance companies and financial institutions need to be done on a large scale. Cadre building in government as well private sector is critical. The provision of basic services would require better coordination among departments located in different sectors and different areas. The state government has a major role to play in the whole process, including promoting an alliance between key health services providers and their respective departments, facilitate their capacity building, and oversee resource allocation. Migrants have rarely had visible champions to take up their causes. The few struggles and rights movements around migrant issues have focused on survival, livelihood and exploitation issues, while health has been given a back seat. It is time to mainstream health into dialogues on agriculture labour migrant's development.

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