

## **An interplay between education and health - Consequences for the migrant worker community**

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With the objective to explore the state of education among children from rural households in the backdrop of the Covid-19 pandemic while also aiming to identify the learning gaps, we ventured into the labor colonies of Rai village in the Sonipat district of Haryana which was predominantly inhabited by migrant workers from Bihar and Uttar Pradesh. Temporary or seasonal migration accounts for a large proportion of the population internally migrating in India. Their young children usually drop out of school and never start again as they move from one place to another in search of work. National laws governing the legalization of stay and admissions of students whose parents have

immigrated for work frequently impede migrant children's access to quality education through government schools. Some member schools charge high fees for these students, making education out of reach for some migrant children from low-income families. As a result, access to education becomes unequal, with migrant children potentially missing out entirely. However, despite the financial constraints, parents in Rai showed an eagerness to send their children to schools and get them educated. While education was regarded as necessary, the migrant parents faced systemic challenges that impeded them from materializing their dreams for their children. More so our field visit to Rai exposed us to the harsh realities of the migrant worker



*Image 1-Children of migrant workers*

community. In this article, we attempt to look at these realities through two lenses - health and education. We aim to explore how these dimensions interact and impact the

overall well-being of the children and their families within the migrant worker community.

### **Health for education**

As we walked into the lanes of the densely populated labor colonies we came across garbage-filled streets, cramped-up apartments for which they had to pay exorbitant rents, open drains, and a high buzzing sound of the houseflies. Their dilapidated living conditions raised severe concerns in our heads. Recalling our learnings from the health policy class, that living conditions are an important social determinant of health, we found ourselves worrying about the state of health of migrant children and their families. It has been widely accepted that safe living conditions are critical to ensure public health. In this light, we identified two key issues that might play an imperative role in amplifying the health vulnerabilities of the migrant worker community.

- Overcrowded living spaces

More than hundreds of families occupied the multi-story buildings spread across three lanes of the labor colony in Rai. Congested living spaces, where a large group of people live close to each other, increase the risk of spreading infectious diseases. Moreover, it is also believed that living in congested spaces can have a negative effect on the health and well-being of children and their families. A study conducted in Delhi established that overcrowding was a potential risk factor in increasing the instances of adverse health outcomes in the form of certain diseases such as tuberculosis, asthma, acute respiratory infections, and throat, eye, and skin infections. Studies have also shown that crowding is also associated with gastroenteritis and diarrhoeal diseases. Moreover, WHO in its WHO Housing and Health Guidelines have provided shreds of evidence that crowding can also impact the mental health of the people inhabiting such spaces by increasing their stress levels.

Not only that, but a few studies have also associated overcrowding with poor educational attainment. The research was conducted in France which attempted to explore the effect of overcrowded housing on children's performance at school. The study found that there was a strong statistical relationship between housing conditions and academic failure. Children who lived in overcrowded homes performed much less well in comparison to those who did not live in overcrowded homes. Although we realize that this study is in a different context it holds relevance



Image 2- Streets of labour colonies in Rai

for us as we go about gauging the education prospects for children in these migrant homes.

In addition to that, it has been found that these migrant colonies are mostly illegal, lack property rights, and are heavily dominated by tenants. The development of these colonies is largely dependent on the tenants, who are mostly ignorant and irresponsible towards the migrant workers' poor living conditions. While conversing with the migrant households on the field, we learned from these workers that tenants only contact them to collect rent and are unresponsive to any complaints about the condition of their houses



*Image 3- In conversation with migrant households*

and surroundings. When asked if they took any collective action to improve the state of their surroundings, they mentioned that it was futile and unnecessary. One of the migrant workers expressed, “there’s no point to it because nothing will change”. This acceptance of their poor living conditions could be attributed to their lack of education and awareness because of which these people lacked community building and civic engagement and were

thereby, uninterested in fighting for their rights as a group, preferring to focus on their own comfort. This lack of unity could be felt among the locals, and it was also a major reason for the migrant colonies' lack of development. Because the migrant workers do not have a legal position to contact government officials for maintenance, these migrant colonies suffer from poor sewer lines, electricity, and damaged roads, which leads us to another concern.

- Poor sanitation and improper waste disposal

Recalling our observations on the field, we were met with the sight of wide-open drains that emanated a foul odour. Besides that, it seemed that these migrant colonies lacked proper waste disposal mechanisms as we spotted garbage heaps lying on the streets. This points to the fact that migrant workers live in very unhygienic conditions. Again, this raises severe concerns regarding the health of migrant children and their families. Living conditions are a crucial factor affecting the health of people and because of the poor and unhygienic conditions that the migrant workers live in, they are more prone to certain waterborne diseases.





*Image 4-Open drains near the houses*

These drains filled with wastewater were running past the houses of migrant workers and were barely a few inches away from their doorsteps. This sanitation crisis faced by the residents of these migrant colonies demands immediate attention. The people in the neighbourhood use these drains to dispose of water from their domestic kitchens and bathrooms. As mentioned by our respondents, there is no timely and proper management and cleaning of these drains. Because they are not cleaned periodically, they become an emanating ground

for methane and other poisonous gases. Moreover, dirt and garbage, and waste from households fall into these open drains, culminating in unhealthy surroundings which affect the health of the residents while also harming the environment.

In addition to that, a study done in Uttarakhand revealed that the existence of dirty drains in the neighbourhood influenced the instances of ill health in the surveyed households. Around 52 percent of the total households surveyed had dirty or very dirty drains in their neighbourhood. And 17 percent of the households with “very dirty” neighbourhood drains had ill health incidences.



*Image 5- choked sewage from migrant colonies in Rai*

Moreover, the households living around cleaner drains had 0.33 times lower ill health incidence. This is to direct our thinking toward the need to address the unsanitary conditions in these living spaces to minimize the chances of poor health outcomes for migrant workers.



Another unsettling thing in these migrant colonies was the improper disposal and management of domestic waste. The waste generated by the households lies unattended on the street which endangers public health. This unattended waste lures houseflies, rats, and other creatures that in consequence fuel the spread of diseases. The segment of the population which is at a higher risk as a result of improper domestic waste disposal is children.

A study done in India found that children (in the age group 5-7 years) who were exposed to domestic waste were suffering more from diarrhoea in comparison to those who were not exposed. Further, the research also revealed that the prevalence of health-related problems such as eyes infection, skin infections/allergies, respiratory tract infections, and nervous disorders was more in waste dump-dwelling children. This suggests that the children of migrant workers might be more susceptible to certain diseases and hence, it becomes to ensure secure, safe, and hygienic living conditions for the migrant worker community so that the growth and development of children from these communities are not hampered and they are able to realize their potentials.



*Image 6-Dirty roads depicting poor waste disposal*

It is imperative to address these health concerns, especially taking into consideration the children, who were also the focus of this research. For children to achieve optimal levels of learning, it is vital that they are healthy. Numerous studies have shown an association between child health and subsequent school performance. Poor sanitation and hygiene can enhance the instances of illness among children which becomes an impediment to the physical and cognitive development of the children. In addition, it can also contribute to increased absenteeism from school and a substantial decline in academic performance. That said, minimizing absenteeism caused by sickness is crucial for enhancing learning among children. To ensure that education and learning are not disturbed it is vital to ensure that children are healthy and live in secure spaces.

## **Education for health**

Further, during our field visit to the village of Rai and Jindal Global City, we came across many migrant families with minimal or no access to education. Through our interviews we found there were variations in the levels of education of parents. While there were a few parents who had a college degree, there were some who never went to school. Nevertheless, the general observation was that the levels of education among parents within the migrant community was largely low. This definitely had an impact on their financial conditions, as they frequently mentioned about their economic hardships. However, what piqued our interest was the question that whether their level of education had any bearing on their access to healthcare services.

Literature suggests that illiteracy is one of the major reasons behind the poor health of migrant workers. It means that people are less likely to be aware of important information about AIDS, malaria, and other infectious diseases and what are the reasons responsible for them. In some cases, it even makes it impossible for people to comprehend the instructions on a medicine bottle and read prescriptions. And, because

two-thirds of the uneducated are women and girls, who frequently carry the responsibility of caring for sick members of their families, they are less likely to be aware of preventative health and care systems, and how to use life-saving medications and other treatments. These migrant workers live in underdeveloped societies with inadequate sanitation and water facilities, causing them to become ill frequently. However, due to illiteracy and a lack of awareness, they are unable to determine the



*Image 7- People in migrant colonies sitting around garbage*

possible causes of these diseases. The onset of increased migration and urbanization has resulted in an increase in unsanitary living conditions in urban areas, which are characterized by a lack of access to clean water and access to sanitation, among other things. These, in turn, affect economic efficiency. Due to sanitary conditions, an unhealthy environment, and a lack of preventive and curative medical healthcare services, millions of people die in these slums from preventable diseases and illnesses.

There are many intricate and interconnected ways that education affects health. To start, the way that education is distributed and what it covers evolves with time. Second, when



healthcare costs rise and/or riskier businesses emerge, the link between the mediators and health may evolve over time. Third, some research has shown that even small variations in socioeconomic position can have an impact on health; therefore, shifts in the distribution of education may signal alterations in the causal chain connecting education and health. The relative index of inequality captures how much socioeconomic status contributes to health inequities. Fourth, alterations in the distribution of mortality and health suggest that the routes to ill health may have altered, impacting the connection. Studies have suggested that economic, social, psychological, and interpersonal factors, as well as behavioural health, all serve as general classes of mediators in the association between education and health. Economic factors that control and determine access to urgent and preventive medical care mediate the relationship between education and health. Examples include income and occupation. People with varying levels of education can access coping mechanisms, social support, problem-solving skills, and interpersonal resources that help them deal with the negative effects of stress on their health, such as stress. The link between education and health is a good one, but the reasons why this is the case are not well understood. As evidenced by the high levels of self-reported health and low levels of illness, mortality, and disability, people with higher levels of education tend to have better health. Further, low educational attainment is linked to self-reported bad health, a shorter life expectancy, and a quicker recovery from illness. Although as mentioned, prior studies have suggested that there is a complex relationship between education and health, with a variety of possible indicators, including (but not limited to) interrelationships between demographic and family background indicators, the effects of poor health in childhood, more resources connected to higher levels of education, an appreciation for healthy behaviours, and access to social networks.

According to some findings, health determinants like preventative care are closely related to education. Education fosters relationships, supports healthy lifestyles and ethical decisions, and improves the well-being of the individual, the family, and the community. But education might also have some negative effects. Education may lead to a greater focus on preventative care, which, while advantageous in the long run, raises healthcare expenses in the short run. Some studies have discovered a link between education and some types of illegal drug and alcohol consumption.

Moving forth, we categorize the determinants of health into 5 A's, namely:

- Awareness
- Availability
- Accessibility
- Acceptability
- Affordability

Relating this to our field experiences, households lacked access to good education which translates to a lack of access to healthcare services and especially in the case of migrant workers as the population of migrant workers is a naturally more vulnerable group,

either due to the elevated risk involved in the migration process and the circumstances in which it occurs or due to the situational conditions of integration in the host country, such as access to health care and health information, which are determining factors for improving their health status.

Lack of education translates to a lack of health literacy and awareness, and thus Awareness, Accessibility, and Acceptability become the major determinants of the health of an individual in the case of migrant workers, especially in under-developed or developing countries like India.

### **Conclusion**

Education and health are important characteristics of human capital. Through this article, we have attempted to explore how these two interact with each other and how they are inextricably embedded within our social context. Given the context of the pandemic, where inequalities concerning education and health have only widened, creating a disproportionate burden on migrant workers and their families, government and policymakers need to move from individual-focused analysis to a more comprehensive approach to tackling these issues. It also opens a window for our existing project 'Bringing children back to school' to look at child education from an interdisciplinary lens.



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