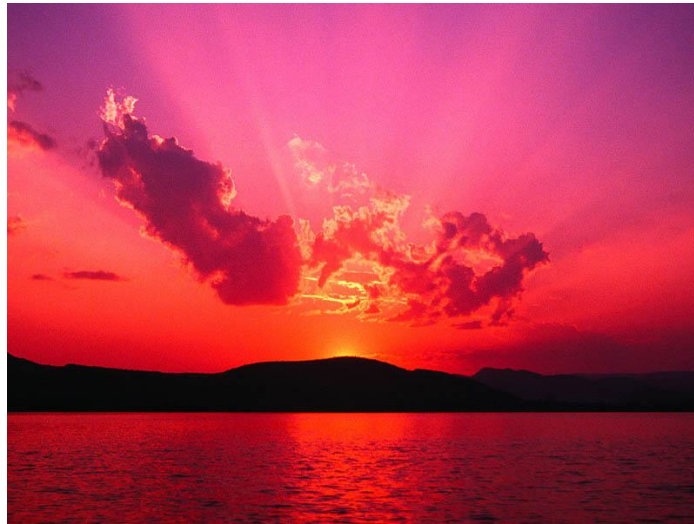


**Report on health condition of brick  
kiln workers in Ahmedabad &  
surrounding area, Gujarat ,India.**  
( May 2009 to April 2010)



A collaborative study conducted by  
“ PRAYAS ”  
&  
“ People’s Health & Development Trust ”

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# 1. Introduction

Tribal community is widely recognized to be the poorest in India. Seasonal migration has become an inevitable part of the livelihood cycle of millions of tribal families of western India. The seasonal migrants face a host of problems in the destination areas – low wages that often do not get paid at all, miserable living conditions, and total apathy of civil society and administration – both at home and in destination areas.

Tribal seasonal migrants enter the workforce at the bottom of the pile. The living and working conditions are very difficult. These are compounded by the fact that the tribal migrants have absolutely no support systems in cities and villages they are going to. The miserable working and living conditions ensure that the tribal migrants remain seasonal migrants all through their productive life.

Migrant workers are exposed to risks to much greater extent than normal workers. Traveling itself is hazardous. Then the workers are often forced to undertake the most hazardous jobs without any guarantee of insurance. The living conditions are also unsafe. Consequently accidental insurance is a high felt need by the workers, the middlemen who recruit migrant workers and employers who employ them. However there are no existing products to cater to this specific need.

Access to primary health services in destination areas remains very low. It is very surprising that the first response on falling ill is to come back home. This is the state when migrants suffer from a host of medical problems arising from their situation. Work related illnesses are very common. However there is no documentation that will attract attention of public health authorities to the plight of migrant workers. The project will set up pilots across specific streams to do this documentation. It is proposed to set up free health clinics on a pilot basis in areas of migrant concentration to encourage migrant population to use the services. The free clinics will pull in migrants and make it possible to undertake occupational health studies. Over a period of time, the free clinics will be merged with existing public health services. It is proposed to cover 6,000 migrant populations in each year of the project operation.

The present campaign was under taken to fulfill this gap. This year , unlike previous year the work duration was increased to 7 months with an average of 800-900 workers per month. Considering around 20 camps per month it comes to about 40 - 50 cases per camp. So the doctors had enough time to do check up as well as explaining to patients.

## 2. Method :

The population of the current project included around 50000 brick kiln's workers working in area around Ahmedabad.

The Objectives of the series of health check up & treatment camps are to have an idea about proportional morbidity among the treatment seekers & to support them with treatment for various ailments which can be dealt with at their door step. On a long run this will be helpful to devise strategy to provide them primary health care services with support of existing government support. This year extensive efforts were made to involve government functionaries in our camps. We had very good response at top level officials. However at PHC & sub-center level we got little to good support depending upon the area.

The target of giving treatment to around 5000 workers was based on 10 % morbidity out of 50000 workers. Additional 1000 workers were included for examination as in previous year we could complete target of only 3000 against 5000. We have included 6000 patients who were examined ( & treated if required ) in a span of one year (May 2009 to April 2010) , but the effective period was from October 2009 to March 2010.

This year , the more emphasis was on women & children . Gynecologist & pediatrician were present for providing referral services at door step for around 8 camps. Unlike previous year most of the places were covered by single unit of team members. Most of the camps included female doctor through out the period. The camp was organized in a such a way that each patient at least gets on an average 10 – 15 minutes for examination & treatment. When feasible education for prevention was also imparted. This year a series of posters were prepared in Hindi & it was displayed at various places. Although it was not possible to use extensively as per plan.

The format was developed by discussion with some of the team members. It was explained to doctors & staff for their respective part to be filled up. The team comprised of driver , case – recorder , doctors & supporter to give medicines. Standard drugs were procured from reliable companies. The drug kits were replenished daily. In addition to examination & treatment on site

as per the necessity patients were advised referral to nearby govt. or charitable health care facility. Appropriate advice for follow up was given.

A special cards with their names were given to many workers. It was not given to all workers as per plan. The idea was that the card would give them identity as well as confidence to call at helpline number given & they can approach to any hospital even in absence of refer slip as it may not be available at the time of serious illness. However, if patient is found to be sick enough to consult specialist, A refer slip was issued to patient with details of where to go. It has also telephone numbers of nearby government facilities. In addition to this system a refer slip booklet was given to most of supervisors of the brick kiln , for referral in emergency.

The nearby PHCs & CHCs , in addition to certain specialist doctors of nearby areas were also consulted for providing referral services in emergencies as well as for serious diseases.

Although more than 6000 workers were examined & treated as per need , data of only 1000 workers was entered due to paucity of resources. Unfortunately these 1000 workers were selected from last check up as data was collected in specially developed format for these workers. These formats had checklist of all important symptoms to be asked to worker. This was to reduce the missing of information on the part of worker. The data collected was entered in excel & data verified by principal investigator. Based on the symptoms & clinical signs clinical judgment was taken for putting the provisional diagnosis. Then the data was analyzed by EPI INFO - software prepared by the WHO for the purpose.

Addition of premium free insurance like scheme for workers was started this year , but it was too late to succeed. However in last month it showed some direction for working. If accompanied from house to hospital , patients were ready to come to hospital.

### 3. Observation & Discussion

Total 1000 workers were included for data analysis out of total 6000 workers who were examined. Preferably only main diagnosis per patient is taken for analysis. Percentages are out of 1000 patients. While symptoms were 1.8 per worker who underwent analysis, diagnosis was 1.04 per worker.

#### Diagnosis by doctor

<b>Provisional Diagnosis</b>	<b>Frequency</b>	<b>percentage</b>
<b>Aneamia</b>	120	12
<b>Antenatal</b>	3	0.3
<b>Antenatal check up</b>	19	1.9
<b>APD</b>	82	8.2
<b>Arthritis &amp; polyarthritis</b>	101	10.1
<b>ARTI</b>	189	18.9
<b>Backache</b>	82	8.2
<b>Bodyache</b>	2	0.2
<b>Burns</b>	2	0.2
<b>Cardiac problem</b>	1	0.1
<b>Constipation</b>	3	0.3
<b>CRTI</b>	34	3.4
<b>Dysmenorrhea</b>	4	0.4
<b>Ear problem</b>	14	1.4



<b>Eczema</b>	2	0.2
<b>Epistaxis</b>	4	0.4
<b>Eye problem</b>	23	2.3
<b>Headache</b>	15	1.5
<b>Hemiplegia</b>	1	0.1
<b>Infertility</b>	1	0.1
<b>Injury</b>	49	4.9
<b>Jaundice</b>	1	0.1
<b>Menopause</b>	1	0.1
<b>Muscular pain</b>	93	9.3
<b>Migraine</b>	2	0.2
<b>Night blindness</b>	4	0.4
<b>PID</b>	14	1.4
<b>Pulmonary tuberculosis</b>	1	0.1
<b>Renal stone</b>	2	0.2
<b>Skin disease</b>	67	6.7
<b>Gastritis tomach Infection</b>	45	4.5
<b>Stomatitis</b>	13	1.3
<b>Stye</b>	1	0.1
<b>Teeth problem</b>	2	0.2
<b>Tremors in hands</b>	1	0.1
<b>UTI</b>	9	0.9

<b>Vaginitis</b>	1	0.1
<b>viral fever</b>	15	1.5
<b>Worm infection</b>	21	2.1
<b>Total</b>	1044	104.4

## **Symptoms of workers**

<b>Complain</b>	<b>Frequency</b>	<b>percentages</b>
<b>abdominal pain</b>	118	11.8
<b>ankle jt pain</b>	13	1.3
<b>backache</b>	225	22.5
<b>black spot on face</b>	1	0.1
<b>bodyache</b>	134	13.4
<b>boil</b>	9	0.9
<b>breast tumour due to injury</b>	1	0.1
<b>breathlessness</b>	19	1.9
<b>burning in chest</b>	37	3.7
<b>burning micturation</b>	12	1.2
<b>burns over leg</b>	2	0.2
<b>chest pain</b>	23	2.3
<b>cold</b>	154	15.4
<b>constipation</b>	5	0.5
<b>cough</b>	172	17.2
<b>cough with expectoration</b>	3	0.3
<b>decrease appetite</b>	7	0.7

<b>diarrhea</b>	44	4.4
<b>dimness of vision</b>	6	0.6
<b>dog bite</b>	1	0.1
<b>numbness</b>	1	0.1
<b>dysmenorrhea</b>	4	0.4
<b>ear pain</b>	15	1.5
<b>eating sand</b>	20	2
<b>elbow jt pain</b>	5	0.5
<b>epistaxis</b>	4	0.4
<b>eruption</b>	2	0.2
<b>eye burn</b>	12	1.2
<b>fever</b>	139	13.9
<b>hand pain</b>	4	0.4
<b>headache</b>	90	9
<b>indigestion</b>	8	0.8
<b>infertility</b>	1	0.1
<b>injury</b>	7	0.7
<b>injury in back</b>	5	0.5
<b>injury on hand</b>	11	1.1
<b>injury on leg</b>	23	2.3
<b>irregular menses</b>	2	0.2
<b>itching</b>	49	4.9
<b>itching in eyes</b>	4	0.4
<b>itching on ear</b>	1	0.1
<b>itching on hands</b>	3	0.3
<b>itching on legs</b>	6	0.6

<b>joint pain</b>	3	0.3
<b>knee jt pain</b>	46	4.6
<b>leg pain</b>	35	3.5
<b>leucorrhea</b>	12	1.2
<b>menstrual p.</b>	1	0.1
<b>night blindness</b>	6	0.6
<b>numbness</b>	12	1.2
<b>old case of tb</b>	1	0.1
<b>pain</b>	3	0.3
<b>pain in both extremities</b>	49	4.9
<b>pain in breast</b>	1	0.1
<b>pain in hip</b>	3	0.3
<b>pain in ribs</b>	3	0.3
<b>pregnancy</b>	22	2.2
<b>pus in ear</b>	1	0.1
<b>redness on chick</b>	1	0.1
<b>rigor</b>	2	0.2
<b>running eyes</b>	1	0.1
<b>shoulder jt pain</b>	7	0.7
<b>skin infection</b>	2	0.2
<b>sole pain</b>	2	0.2
<b>sour eructation</b>	26	2.6
<b>stye</b>	1	0.1
<b>swelling</b>	17	1.7
<b>teeth pain</b>	2	0.2
<b>tendon strain</b>	1	0.1
<b>tremor in hands</b>	1	0.1
<b>ulcer in mouth</b>		1.2

	12	
<b>ulceration in eyes</b>	2	0.2
<b>vertigo</b>	19	1.9
<b>vomiting</b>	18	1.8
<b>weakness</b>	157	15.7
<b>weight loss</b>	2	0.2
<b>white discolouration on face</b>	3	0.3
<b>wrist jt pain</b>	9	0.9
<b>Total</b>	1885	1.88