

Socio Economic Characteristics of Migrant Brick Kiln Workers in Haryana

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Abstract

Migrant workers in Haryana's brick kilns form a vital yet frequently ignored part of the state's labour force. Predominantly hailing from economically disadvantaged regions like Uttar Pradesh, Bihar, Jharkhand, and West Bengal, they are attracted to Haryana's thriving construction sector. Their socio-economic circumstances are largely defined by a mix of poverty, limited educational opportunities, social exclusion, and economic hardship. This paper discusses the socio-economic characteristics of migrant brick kiln workers in Haryana. Present study is based on primary data collected through the field survey. Major findings reveal that migrant brick kiln workers face lack of education and health care facilities. Lower income levels, prevalence of debt, lack of savings are the major socio-economic challenges faced by the migrant workers.

Keywords: Socio-Economic, Education, Health, Migrant Workers

Objective: Major objective of this study is to understand the socio-economic characteristics of migrant brick kiln worker in Haryana.

Methodology

Present study is based on primary data collected through the field survey. A sample size of 600 households of brick kilns workers from 60 brick kilns of all districts of Haryana is taken into consideration. Multi stage sampling has been used to select the brick kilns from different districts, blocks, tehsils, and village level. Further, Simple random sampling has been used to select the household in the sample. Socio-economic characteristics of migrant brick kiln workers have been assessed based on various indicators like health, education, income, expenditure etc. Data have been represented with the help of suitable diagrams.

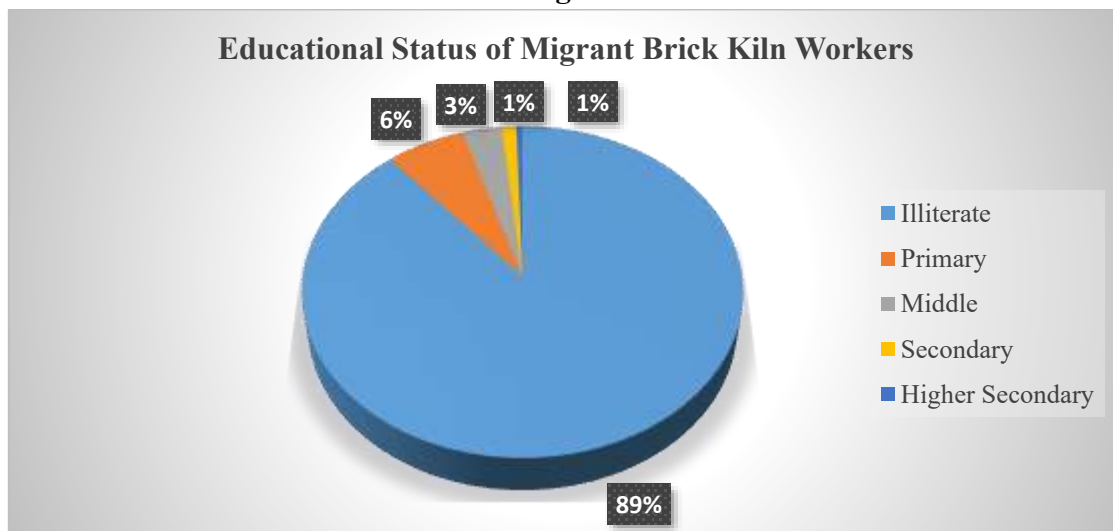
Results and Discussions

Brick kiln workers constitute one of the most marginalized and vulnerable sections of the informal labor force in India. Engaged in physically demanding and low-paid work, they often face precarious living conditions, limited access to basic services, and socio-economic insecurity. Understanding their socio-economic characteristics is essential to highlight structural inequalities and inform effective policy interventions aimed at improving their quality of life.

Education

Education is one of the most important aspects of the social status of a person. Labour force usually faces lack of the educational opportunities. The educational landscape of migrant brick kiln workers in Haryana is marked by significant challenges stemming from socio-economic hardships and systemic barriers. Literacy levels among these workers remain low, with many having either dropped out of school at an early age or never having enrolled. The data collected from the field survey also reveals the lack of education among the migrant brick kiln workers in the state of Haryana. It was evident from the analysis of data that 533 out of 600 surveyed households had all illiterate members. It constitutes around 88 percent of the total surveyed households. In 6.3 percent of the surveyed households, level of education of workers was up to primary education. The number of households with workers educated up to middle level was 19 while 7 households had the members who were educated upto 10th class. In only 3 households, workers were educated up to 12th class. None of the workers of any of the surveyed households was found educated up to graduation level. The pie chart given below depicts the level of education among the migrant brick kiln workers in Haryana.

Fig 1.



Source: Field Survey (2023-2024)

Another major dimension of the educational characteristics of brick kiln workers was the male dominance in education. Those who were educated to various levels were mainly males. This depicts the gender discrimination and disparities in the educational opportunities prevalent in the society. Out of the 77 households where the educated workers were recorded, 43 households had the males who were educated and no female member of the household was found to be educated. In 34 households, it was either a female or both who were educated. Thus, it was only 11 percent of the total surveyed households where a female member of family was educated. Another major dilemma of the migrant labour at brick kilns is their inability to send their children to schools. Due to poverty and financial hurdles, most of these households are unable to send their children to schools.

Factors Responsible for Lack of Education

Major reasons of lack of education cited by the migrant workers include financial constraints followed by lack of awareness, lack of interest in study. It became evident from the analysis of data that most of the

migrant brick kiln workers belong to the financially backward families. Their families could not support their studies and this was the reason they are either illiterate or very less educated. Some of the workers revealed that before migrating to Haryana, they were working in other industries/occupations to support the finances of their families.

Table 1.
Causes of Lack of Education cited by Migrant Brick Kiln Workers

Level of Education of worker	Causes of Lack of Education			
	Financial Hurdles	Lack of Awareness	Lack of Interest	Other
Illiterate	302	201	28	5
Primary	25	8	4	1
Middle	14	4	1	0
Secondary	5	0	2	0
Higher Secondary	3	0	0	0

Source: Field Survey (2023-2024)

Another important reason cited by the migrant workers was lack of awareness of education among the parents. Many of the illiterate workers told that their parents are also illiterate and they considered them as the human resource and engaged them in the work from very young age. Some of the workers also told that they were not interested in study. Although their parents tried to send them to schools but due to their unwillingness they could not get educated.

Educational Aspects of Children of Migrant Brick Kiln Workers

A prominent problem which exists in the premises of brick kilns is the inability of the children to get education. It was analysed from the data that from 91 percent of the households, no children is going to school at present. Only 9 percent of the households from all the surveyed brick kilns were able to send their children to school, that too not all the children. The inability to access the education for the children of brick kiln workers subjugates the future opportunities for them. And subsequently, they also get engaged in labour work. In addition to geographical barriers, socio-economic factors further exacerbate the problem. The financial instability of brick kiln workers often compels them to prioritize daily survival over long-term investments in education. Many parents are reluctant to send their children to schools due to the associated costs of transportation, uniforms, and study materials, even when education is technically free. Furthermore, cultural perceptions and lack of awareness about the importance of education also play a significant role. For many families, children's contribution to the workforce is seen as essential for meeting daily expenses.

Table 2.
Educational Status of Children of Migrant Brick Kiln Workers

Sr. No	Category of the Children	Number of Households
1	Never Enrolled in any school	491
2	Enrolled at Native Place but Dropped	49

3	Enrolled after migration but dropped	9
4	Currently Going to school	44
5	Engaged in any other kind of Formal/ Informal Education	7
6	Currently Engaged in Education Total	51
7	Currently not Engaged in Education Total	549

Source: Field Survey (2023-2024)

The table highlights the educational engagement of children across households, categorized by their schooling status, and paints a concerning picture of widespread educational deprivation. A significant number of children, represented by 491 households, have never been enrolled in any school, underscoring deep systemic barriers to education, potentially stemming from socio-economic challenges, limited access to schools, lack of parental awareness, or social marginalization. Another interesting aspect of lack of education of children of migrant brick kiln workers was the factors or causes responsible for the hindrance in the education. It was found from the analysis of data that lack of awareness among parents, distance of schools from brick kiln units, financial hurdles and considering children as human resource were the major factors responsible for the lack of education of children of migrant brick kiln workers. One major factor responsible for the lack of education of children of migrant brick kiln workers was migration itself. Workers revealed that if they would have not been migrated to brick kiln, they might be educating their children at their native places. The table given below cited the major causes of not sending their children to school cited by the migrant brick kiln workers.

Table 3.

Factors Responsible for Lack of Education of Children of Migrant Brick Kiln Workers

Sr. No.	Major Cause/Factor hindering education	Number of Households	Percent
1	Lack of Awareness	176	32.05
2	Financial Hurdles	133	24.22
3	Distance from School	117	21.31
4	Human Resource	68	12.38
5	Migration	49	8.92
6	Others	6	1.09

Source: Field Survey (2023-2024)

The table highlights the key factors contributing to the lack of education among children of migrant brick kiln workers, underscoring a complex interplay of socio-economic and logistical challenges faced by these households. A predominant cause is the lack of awareness, affecting 176 households, which reflects the limited understanding or prioritization of education in these communities, likely influenced by generational patterns and insufficient exposure to educational opportunities. Following closely are financial hurdles, impacting 133 households, which indicates the pervasive poverty within this demographic, where limited resources are allocated to immediate survival needs rather than long-term investments like education. Another significant barrier is the distance from schools, cited by 117 households, emphasizing the geographical and infrastructural disadvantages these families face, as many

brick kiln sites are located in remote areas without accessible schooling facilities. Furthermore, considering children as human resources, reported by 68 households, underscores the economic necessity driving child labour, where children contribute to family income by assisting in kiln-related tasks, thus deprioritizing education. The migrant nature of these workers, noted by 49 households, adds another layer of complexity, as frequent relocations disrupt educational continuity and make enrolment in formal schooling challenging. A minor segment, classified as others (6 households), may encompass various less common issues, including health concerns or cultural barriers. Collectively, these factors reveal the multifaceted challenges that perpetuate educational deprivation among children of migrant brick kiln workers, calling for targeted interventions to address awareness, accessibility, and socio-economic support.

Health

The health of brick kiln workers is a pressing concern, as they are often exposed to harsh working conditions that pose significant risks. These workers typically endure long hours of physically demanding labour in extreme heat, dust, and smoke, which can lead to respiratory issues, chronic bronchitis, and other pulmonary diseases. The absence of adequate safety measures and protective equipment exacerbates their vulnerability to occupational hazards, including musculoskeletal injuries and skin conditions caused by prolonged exposure to sunlight and chemicals.

Bharai Workers (Transporters of Raw Bricks)

Bharai workers manually transport raw bricks to firing kilns, often over distances ranging using carts or head-loading techniques. Repetitive lifting and carrying heavy loads cause severe musculoskeletal pain, particularly in the back, shoulders, and knees, with prolonged awkward postures interfering with daily activities and reducing job satisfaction (Sett & Sahu, 2014). Frequent accidents during transportation, such as falls or cart mishandling, result in cuts, bruises, and fractures, with 57% of bharai workers experiencing income loss due to treatment costs and only 10% covered by healthcare schemes (Khan & Husain, 2018). Exposure to dust from raw bricks and kiln emissions leads to respiratory problems, including chronic cough and bronchitis, due to poor ventilation and dust inhalation in Tufanganj, West Bengal (Das, 2016). Working in open areas under high temperatures exacerbates dehydration and heat-related illnesses, with bharai workers particularly susceptible to heat stress during summer months (De, 2023). The physically demanding job, coupled with low wages, results in chronic stress and anxiety, with 42.29% of bharai workers in Bangladesh using smoking as a coping mechanism (Sultana & Mahumud, 2017). Migratory work patterns disrupt social networks, contributing to feelings of loneliness and psychological toll in Coimbatore, Tamil Nadu (Karthikeyan & Jeyanthi, 2024).

Jalai Workers (Fire Regulators)

Jalai workers regulate fuel supply atop brick stacks in the firing kilns, working in extreme heat and proximity to open flames. Constant exposure to kiln heat (often exceeding 40°C) causes heat exhaustion, heat stroke, and burns, with sleep deprivation (3–4 hours per shift) worsening heat stress effects (De, 2023). Inhalation of smoke from fuels like mustard husk or coal increases the risk of chronic obstructive pulmonary disease (COPD) by 70% and causes other respiratory issues (Khan & Akram, 2021). Prolonged exposure to smoke and heat leads to eye irritation and vision impairment, while kiln noise contributes to hearing loss in Bangladesh (Sultana & Mahumud, 2017). Direct contact with hot surfaces and fuel residues

results in dermatitis and burns due to unhygienic conditions in Nepal (Shaikh et al., 2012). Grueling work schedules and hazardous environments cause chronic fatigue and depression among Bangladeshi construction workers, including jalai roles (Sarkar & Bhowmik, 2022). Limited sleep (3–4 hours per shift) impairs cognitive function and increases irritability (De, 2023).

Nikasi Workers (Brick Loaders)

Nikasi workers load fired bricks onto tractors for transport, working near hot kilns with minimal protective gear. Lifting and stacking heavy bricks cause chronic pain in the back, wrists, and legs, with wrist pain prevalent due to repetitive strain (Varun et al., 2019). Handling hot bricks without gloves leads to burns and blisters, while loading accidents cause fractures, with 90% of nikasi workers lacking health insurance (Khan & Husain, 2018).

Pathers (Brick Molders)

Pathers mold raw bricks, often working in open areas with exposure to dust and weather extremes. Prolonged squatting and bending during molding cause knee and lower back pain, impacting daily living in Southern India (Sett & Sahu, 2014). Primary data collected through field survey reveals that a significant proportion of brick kiln workers are suffering from a wide range of health problems that are intrinsically linked to their working environment, the physical nature of their jobs, and socio-economic conditions. Brick kiln work typically involves intense manual labor, long hours under extreme weather conditions, and exposure to hazardous materials like dust, ash, smoke, and unprotected fire pits. The findings reflect not only the physical toll of the occupation but also the systemic neglect of occupational health standards and social welfare in the informal labor sector.

Musculoskeletal Pain

This is the most common health complaint, stemming from repetitive manual tasks such as lifting, carrying, moulding, and stacking heavy bricks for extended hours daily. Poor ergonomic conditions, lack of rest breaks, and absence of mechanical aids contribute heavily to back pain, joint aches, and muscular strain. 312 households out of the total 600 surveyed households reported prevalence of musculoskeletal pain.

Fatigue

Chronic fatigue is reported by nearly all workers, resulting from 10–12-hour shifts under physically demanding conditions. The energy-draining nature of the work, combined with poor nutritional intake, irregular meals, and sleep deprivation, leads to persistent physical exhaustion. 267 household reported the fatigue among the members of the household because of above mentioned reasons.

Respiratory Issues

Respiratory disorders such as coughing, wheezing, breathlessness, and chronic bronchitis are caused by prolonged exposure to coal and wood smoke, dust particles, and fine ash in the kiln environment. Lack of masks or respiratory protection further exacerbates these conditions. Members of 157 households revealed that at least one of the members of their family was suffering from the respiratory issues like coughing, wheezing etc.

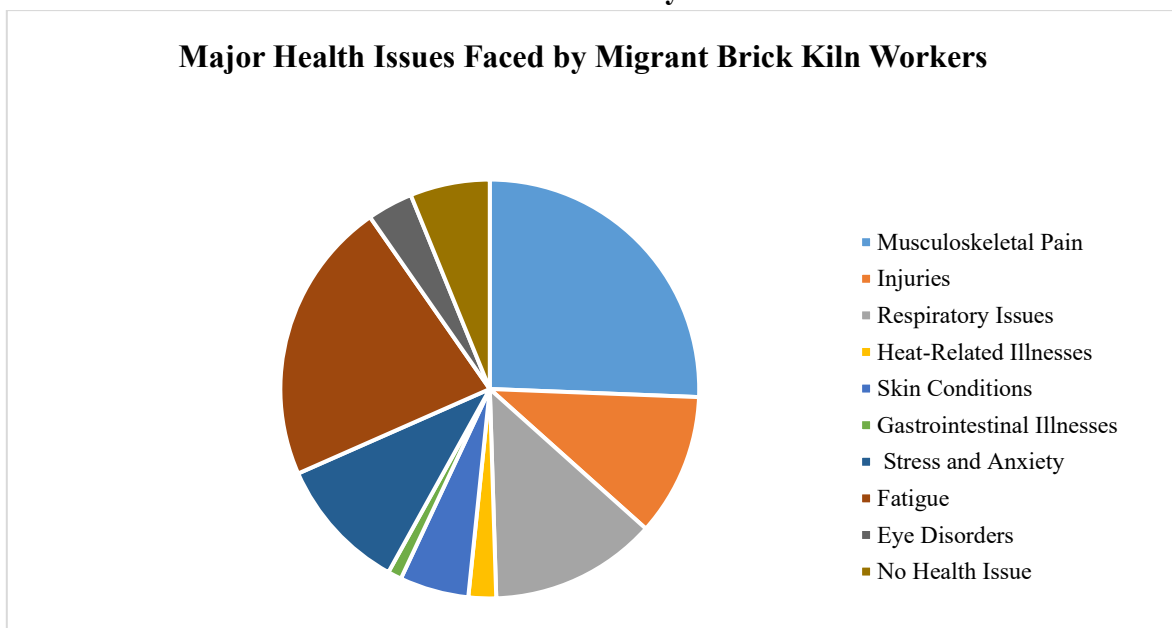
Injuries

Common injuries include cuts, burns, fractures, and sprains, often due to manual handling of bricks, unprotected exposure to open flames, and unsafe work surfaces. The absence of safety protocols or first-aid facilities makes even minor injuries risky and recurrent. 134 households reported major or minor injuries among the members of households. Nikasi workers and loaders were found more suffering from injuries.

Stress and Anxiety

Mental health issues among workers often stem from job insecurity, low wages, long working hours, lack of social support, and family separation (especially for migrant workers). The constant pressure to meet production targets in harsh conditions contributes to psychological distress. 126 households reported presence of Stress and Anxiety. They stated that they were pressurised by the poor financial conditions.

Fig 2.
Health Issue Faced by Workers



Source: Field Survey (2023-2024)

Workers frequently report skin allergies, rashes, and infections, primarily due to direct contact with clay, lime, and chemicals, sweat retention, and lack of hygiene facilities. The exposure to sun and soot particles without any protective lotion or clothing also contributes to skin disorders. 65 households witnessed skill related issues at brick kiln due to various reasons mentioned above.

Eye Disorders

Irritation, redness, watering of eyes, and reduced vision are common, mostly because of exposure to smoke, dust, and high glare from fire pits or sunlight. Lack of protective eyewear is a major concern in such an environment. 43 Households recorded the eye related infections and problems among the workers. Loading and unloading workers are more affected by the eye related issues as the dust from burnt brick frequently goes in their eyes which results in multiple eye related issue.

Heat-Related Illnesses

These include heat exhaustion, dehydration, and heat strokes, especially during peak summer when kilns operate in extreme temperatures. The absence of shaded rest areas, improper hydration, and continuous exposure to heat are the main causes. Brick kiln workers start working at kilns in early morning hours and they work throughout the day without proper shading and resting facility. This results in heat related issues among the workers. Moreover, heat related risk in Jalai and Nikasi work is more pronounced because of proximity to fire. 26 households reported heat related illness among the workers. This problem is more pronounced in the month of May and June when temperature in the region is very high. A small portion of the workers reported no apparent health problems. 75 households out of the total surveyed households reported all healthy members.

Nature of Health services.

The health check data of 600 brick kiln workers reveals a striking dependence on informal and self-care practices, highlighting serious gaps in access to formal healthcare facilities. The largest proportion of workers (45.5%) reported keeping tablets of various types and relying on self-medication, reflecting easy availability of over-the-counter drugs, financial constraints, and lack of awareness about long-term risks. A considerable share (30.2%) depended on local doctors, mostly informal or rural practitioners, due to their proximity to kilns, flexible timings, and familiarity, even though such practitioners may lack formal qualifications. In contrast, public health facilities were severely underutilized, with only 12.8% of workers accessing Primary Health Centres (PHCs) and just 1.2% turning to Community Health Centres (CHCs), which indicates barriers such as distance from kiln sites, wage loss due to long waiting times, and mistrust of government facilities. Private hospitals, though offering better infrastructure, were accessed by merely 4.5% of workers because of high costs and geographical inaccessibility. Additionally, 5.8% of respondents could not specify any healthcare source, suggesting neglect of health issues, irregular care, and exclusion from the formal healthcare system. Overall, the findings show that nearly three-fourths of kiln workers rely on unsafe or informal practices while formal public and private health institutions cater to less than one-fifth of the population. This mirrors patterns found in studies from Faridabad, (Siddaiah, A. et.al 2018) where barriers such as long work hours, wage loss, poor sanitation at worksites, and lack of insurance coverage discouraged the use of public facilities, while informal providers and self-care filled the gap. Such a scenario not only increases the risk of misdiagnosis and drug misuse but also leaves chronic and occupational illnesses untreated.

Frequency of Health Check Up

From the primary data collected during the survey, it was observed that none of the 600 respondent households of brick kiln workers reported going for any form of regular health check-up. Instead, they seek medical attention only when faced with illness, injury, or severe discomfort, relying either on a local private practitioner or visiting a government hospital as a last resort. This absence of preventive healthcare practices reflects multiple underlying socio-economic challenges. A major factor is the lack of awareness among the workers regarding the importance of routine medical examinations in preventing long-term health issues. Financial constraints also play a significant role, as most families prioritize their limited income for necessities such as food, shelter, and education of children, leaving little room for healthcare expenditure unless necessary. Moreover, the demanding and prolonged working hours in brick kilns reduce their opportunity to visit healthcare facilities, further discouraging regular health monitoring.

Together, these factors create a cycle of neglect and vulnerability, exposing workers and their families to greater health risks and delayed treatment of potentially serious ailments.

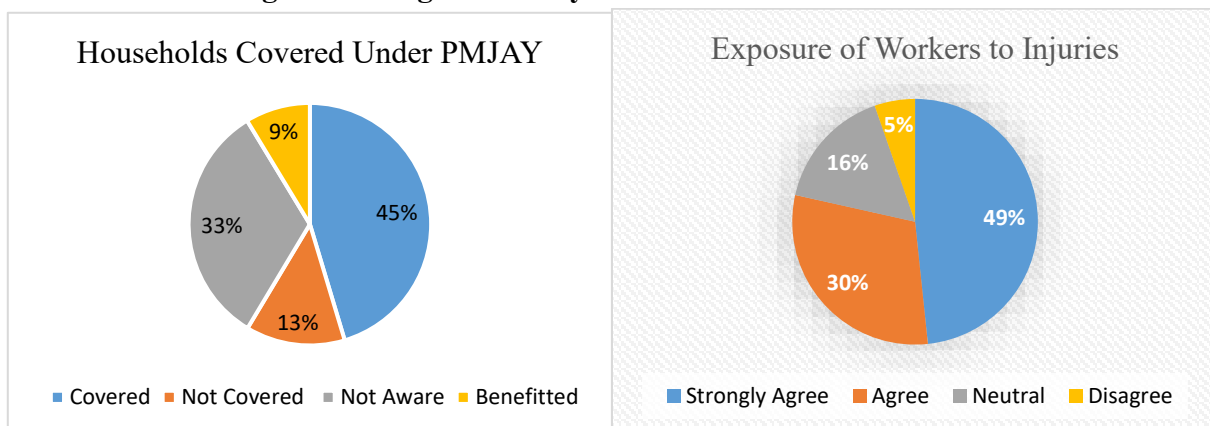
Access to Medicines.

With respect to access to medicines, the analysis of primary data revealed a striking disparity in the healthcare experiences of brick kiln workers. It was found that those who manage to reach government health facilities such as Primary Health Centres (PHCs) and Community Health Centres (CHCs) are entitled to receive free medicines during their visits. However, only a very small proportion—around 12 percent of the surveyed households across different districts—avail themselves of these services. The limited use of government medical facilities is largely attributed to multiple challenges, including geographical inaccessibility, lack of proper transportation, and a general sense of ignorance or mistrust toward the functioning of these institutions. In many instances, workers perceive government-run centres as inefficient due to frequent unavailability of doctors, irregular supply of medicines, and the unresponsive or indifferent behaviour of staff members, which discourages them from relying on these facilities. As a result, the majority of households are compelled to seek healthcare from private practitioners or local chemists, where they must purchase medicines out of pocket. This imposes a heavy financial burden on their already meagre incomes, forcing families to compromise on other basic needs. The situation not only highlights the economic vulnerability of the workers but also underlines systemic gaps in public health delivery, where those most in need of affordable healthcare are unable to fully access or benefit from it.

Health Protection through Insurance and Government Schemes

Migrant brick kiln workers are economically weak and mainly focus on meeting basic needs. Due to low income, long working hours, and lack of awareness, none of the surveyed 600 households had any personal health insurance. Most workers do not understand how insurance works, cannot afford premium payments, and feel unable to complete required procedures like medical check-ups. As a result, they depend on costly out-of-pocket treatment, which increases their financial stress. However, 216 households were covered under Ayushman Bharat–Pradhan Mantri Jan Arogya Yojana (PM-JAY), which provides free health coverage up to ₹5 lakh per year for hospitalization. Despite this, many workers were unaware of their eligibility, did not have Ayushman cards, and only 57 households had actually used the scheme’s benefits. This shows limited awareness and low utilization of government health support among migrant workers.

Fig 3. Coverage of Surveyed Households under PMJAY



Source: Field Survey (2023-2024)

Maternity Benefits and Immunization

Questions were asked about the awareness of various govt schemes related to the maternity benefit and child immunization like Janani Surakshya Yojna, Surakshit Matritav Abhiyan, Mission Indradhanush from the respondents. The field survey revealed significant gaps in both awareness and utilization of maternal and child health services among brick kiln households. Out of 600 households surveyed, 268 households were not aware of the Janani Suraksha Yojana (JSY), highlighting that nearly half of the population remained uninformed about this critical maternity benefit scheme. Among the 301 households who had heard of JSY, only 106 households received cash benefits and medical aid, while the remaining 195 households did not benefit from the scheme. This gap was largely due to a lack of knowledge about the procedures and documentation required to avail the benefits, as well as limited accessibility of ambulance services at brick kiln sites, which often function in remote or temporary locations. The data indicates that even when women are aware of the scheme, practical barriers such as seasonal migration, work constraints, and bureaucratic complexities hinder the effective utilization of these services. With respect to child immunization, the survey showed that 108 households reported full immunization of their children, while 278 households had children with partial immunization, and the rest were either unaware of the immunization status or could not recall it accurately. These findings point to significant gaps in both awareness and record-keeping regarding child health, with many caregivers not fully understanding the immunization schedule or lacking vaccination cards to track the doses. However, the study also observed that government hospital teams and ASHA workers regularly visit brick kiln sites to conduct vaccination drives, which significantly facilitates the immunization process and improves coverage. Despite these efforts, challenges such as the migratory nature of the workforce, time constraints due to labour-intensive work, and occasional lack of coordination with health services contribute to incomplete immunization among children.

Healthcare Expenditure and Burden

Brick-kiln workers in India experience a disproportionately high burden of occupational morbidities and healthcare expenditures due to unsafe working conditions, low wages, and limited access to organized healthcare systems. The field survey revealed a varied pattern of annual health expenditure among brick-kiln households. Out of the total surveyed households, 147 (approximately 22%) reported spending less than ₹8,000 per year on healthcare, while 154 households (about 23%) incurred annual expenditures ranging between ₹8,000 and ₹15,000. A smaller proportion, 36 households (around 5%), reported spending between ₹15,000 and ₹20,000 annually. However, a considerable number—263 households (nearly 40%)—could not determine their annual health expenditure, which may reflect irregular or unrecorded spending patterns, particularly in cases of sporadic illness or informal treatment. It was also observed that most workers sought medical help from local or informal practitioners in case of injury, fever, or other common ailments rather than visiting formal healthcare facilities. This trend suggests a dependence on easily accessible but often unqualified local doctors, possibly due to the lack of awareness, affordability issues, and distance from government health centres. Furthermore, the health expenditure was relatively higher among elderly workers compared to younger ones, owing to age-related ailments and chronic conditions. In a few households where severe health problems such as respiratory illnesses, injuries, or long-term diseases were reported, the annual medical expenses were substantially higher than the average range. Overall, the findings point to a pattern of low to moderate healthcare spending,

dominated by out-of-pocket expenses in informal medical setups, with significant vulnerability among older and severely ill workers.

Economic Aspects

Migrant brick kiln workers constitute one of the most economically vulnerable and informal labour groups in India. Their livelihood is primarily seasonal, dependent on the agricultural off-season, compelling them to migrate temporarily in search of work.

The payment structure in brick kilns is largely based on piece-rate wages, which leads to income fluctuations and uncertainty. Workers often arrive with advance loans or financial commitments, resulting in debt bondage-like situations that reduce their economic autonomy. Low literacy levels, lack of skill diversification, and absence of formal contracts further weaken their bargaining capacity and restrict access to social security. Consequently, expenditure patterns are largely oriented toward basic survival needs, with limited provisions for education, healthcare, savings, or asset creation. Economic decisions within these families are shaped by the number of earning members, the intensity of labour required, and the constraints of living conditions at kiln sites. Understanding the income-expenditure cycle, earning capacity, asset ownership, and access to amenities is essential to reveal the deeper socio-economic challenges that define their economic life.

Number of Earners in Migrant Brick Kiln Workers’ Households

A total of 600 households were surveyed to understand the earning structure of migrant brick kiln workers. The distribution of earners across households reveals significant dependence on multiple earning members, reflecting the labour-intensive and family-based nature of brick kiln employment.

Table 4.
Distribution of Households by Number of Earners

Category of Households	No. of Households	Total Earners	Male Earners	Female Earners	Percentage of Households
One Earner (Single Male)	33	33	33	0	5.50%
Two Earners (Both Males)	11	22	22	0	1.83%
Two Earners (Mixed Gender)	410	820	450	370	68.33%
Three Earners	124	372	200	172	20.67%
Four Earners	16	64	36	28	2.67%
Five Earners	6	30	19	11	1.00%
Total	600	1341	760	581	100%

Source: Field Survey (2023-2024)

The gender composition of earners among migrant brick kiln households shows that out of the total 1,341 earners identified during the survey, 760 (56.67%) were males and 581 (43.33%) were females, indicating

a substantial female participation in the labour force. This high share of women earners (nearly 43%) reflects the family-based and labour-intensive nature of brick kiln production, where work is shared among multiple family members rather than restricted to adult males. The household distribution further strengthens this observation, with the largest segment being two-earner households, accounting for 68.33 percent of the surveyed families, demonstrating heavy reliance on more than one income source for economic survival. Additionally, 20.67 percent of households reported three earners, pointing toward increased involvement of adolescents and young adults in the wage labour economy due to economic necessity. While only 3.67 percent of households reported four or five earners, these represent extreme cases of labour intensification where entire families, including women and often younger members, engage in kiln work to maximize earnings. In contrast, 5.50 percent of households had only a single male earner, placing them in a highly vulnerable economic position with limited capacity to manage expenses and cope with financial uncertainties. Overall, the dominance of multi-earner households and the high involvement of women clearly suggest that participation in brick kiln labour is driven by economic compulsion rather than choice, as low wages, high living costs and lack of social security force all eligible family.

The field survey revealed a striking dependence of brick kiln workers on a single source of livelihood. Out of the 600 surveyed households, only 17 reported having any form of alternative income, and even these were limited to occasional part-time labour-based activities rather than stable or regular employment. The remaining households were entirely dependent on brick kiln work as their sole source of income, indicating an absence of income diversification and a high level of economic vulnerability. Such limited livelihood options leave workers exposed to financial insecurity, particularly during the monsoon months when kilns remain non-functional, and create a situation where households are trapped in a cycle of informal labour without any economic fallback or resilience.

Land Ownership Status

The field survey of 600 migrant brick-kiln worker households in Haryana reveals a complete absence of land ownership at the destination region. None of the surveyed households possessed any parcel of land in the host area—neither residential housing nor agricultural land—highlighting their critical dependence on employer-provided or rented accommodation. This lack of asset ownership at the destination underscores their residential and socio-economic vulnerability in the migratory context.

The survey further indicates that all respondent households maintained residential houses in their native places, suggesting continued socio-cultural and economic linkage with their place of origin. Additionally, 35 surveyed households reported ownership of agricultural land at the native location; however, the holding size remained marginal in all cases, being less than one acre. Such minimal landholdings are insufficient to provide a stable agrarian livelihood, thereby contributing to their migration toward wage labour in brick kilns.

Livestock Ownership

The field survey revealed that livestock ownership among migrant brick kiln workers is extremely low. Out of 600 surveyed households, the vast majority did not possess any cattle; only 24 households reported having small animals such as hens and goats. The absence of livestock was primarily linked to major constraints faced by these workers, including lack of adequate space to keep cattle at the destination worksites, insufficient time to take care of animals due to long working hours ranging from 8 to 10 hours

per day, and non-availability of fodder. These conditions collectively restrict their capacity to maintain livestock, further limiting their opportunities for supplementary income and nutritional security.

Expenditure Patterns.

The expenditure pattern of migrant brick kiln workers demonstrates a persistent struggle for economic survival, characterised by low incomes, absence of financial buffer, and limited ability to transform earnings into long-term assets. The distribution of income across essential and non-essential categories reflects not only economic constraints but also deeper structural and socio-cultural factors associated with migration, labour informality, and deprivation.

Table 5.
Expenditure Pattern of Migrant Brick Kiln Workers.

Area of Expenditure	0–10% Income	10–20% Income	20–30% Income	30–40% Income	40–50% Income
Food & Beverages	0	147	410	43	0
Health Expenditure	75	295	215	10	5
Clothing	490	98	12	0	0
Education	535	65	0	0	0
Alcohol & Smoking	298	26	0	0	0
Others (phone recharge, repairs, shoes, etc.)	310	15	0	0	0

Source: Field Survey (2023-2024)

The expenditure pattern of migrant brick kiln households shows that most of their income is absorbed by necessities, particularly food and health. A large share (20–40%) is spent on food due to low incomes, lack of access to subsidized PDS facilities, and high caloric needs from physically demanding work. Health is the second major burden, as widespread occupational illnesses and absence of insurance force reliance on costly private care, often leading to debt. In contrast, education and clothing receive minimal spending, reflecting economic compulsion and reinforcing intergenerational poverty. Some income is also spent on alcohol and minor recurring needs like mobile recharge, further straining limited resources. Overall, 60–70% of total income is consumed by essential expenses, leaving almost no scope for savings, asset formation, or upward mobility, thereby trapping households in a cycle of chronic poverty and financial insecurity.

Debt Profile

The survey findings indicate a high prevalence of indebtedness among migrant brick kiln workers, with 402 out of 600 households (67%) under debt and only 198 households (33%) reporting no outstanding loans, highlighting borrowing as a widespread coping mechanism among these economically vulnerable families. Among the indebted households, informal financial intermediaries constituted the most dominant source, accounting for 316 households, followed by NBFCs/private finance companies (47 households), banks (27 households), and brick kiln owners who provided advances to 12 households. Additionally,

74% of total loans were taken from the native place and only 26% from the destination region, suggesting continued financial reliance in their place of origin rather than the worksite.

Table 6.
Debt Profile of Migrant Brick Kiln Workers

Debt Status / Source	Number of Households
Households under debt	402
Households with no debt	198
Sources of Borrowing	
Advance from Brick Kiln Owner	12
Banks	27
Informal Financial Intermediaries	316
NBFCs / Private Finance Companies	47

Debt Amount Category in Rupees	Number of Households
Less than 20,000	92
20,000 – 50,000	208
50,000 – 1,00,000	79
Above 1,00,000	23

Source: Field Survey (2023-2024)

In terms of the loan amount, 92 households owed less than ₹20,000, 208 owed ₹20,000–₹50,000, 79 owed ₹50,000–₹1,00,000, and 23 owed more than ₹1,00,000, indicating variations in financial burden with a considerable number of households trapped in moderate to high debt liabilities.

Migrant brick kiln workers fall into debt mainly because of structural problems, not because of poor financial habits. Most of them cannot access bank loans due to lack of documents, property, or stable income, so they depend on informal moneylenders and NBFCs that give quick loans but charge very high interest. Since their work is seasonal, income stops during the monsoon, and frequent medical expenses and social needs force them to borrow again and again. The survey shows that none of the indebted families had fully repaid their loans. Those who borrowed from banks or NBFCs pay fixed monthly installments, while those who borrowed from informal lenders mostly pay only interest with small, irregular payments toward the main amount, which keeps the debt going for a long time. As a result, debt becomes a continuous burden and keeps these workers financially insecure.

Assets Possessed by Migrant Brick Kiln Workers

The pattern of asset possession among migrant brick kiln workers reflects the socio-economic marginalization and restrained living standards of this community. The overall distribution of durable goods indicates that except for basic and low-cost items, most households lack ownership of assets that typically constitute a modern standard of living. The extremely low possession of radios (27 households) illustrates generational differences in media consumption, as most younger members tend to rely on mobile phones rather than conventional audio devices. Motorcycle ownership (31 households) signifies a very small proportion of families who have managed to invest in relatively expensive means of transport;

for others, bicycles (176 households) remain an affordable alternative for daily mobility and procuring household necessities.

Table 7.
Assets Possessed by Migrant Brick Kiln Workers.

Asset Type	No. of Households Possessing	Percentage (%)
Radio	27	4.5%
Motorcycle	31	5.2%
Television	52	8.7%
Gas Stove / LPG	135	22.5%
Bicycle	176	29.3%
Ceiling Fan	293	48.8%
Mobile Phone	584	97.3%

Source: Field Survey (2023-2024)

Only 52 households owned a television, showing limited access to entertainment and information due to long working hours and low income. About 135 households had LPG gas connections, indicating partial benefits from welfare schemes like the Pradhan Mantri Ujjwala Yojana and reduced use of traditional fuels. Ceiling fans were found in 293 households, mainly due to extreme summer heat rather than improved living standards. In contrast, mobile phones were owned by 584 households, highlighting the importance of communication for work and family contact. Overall, asset ownership remains low, reflecting economic insecurity, limited savings, and a survival-focused lifestyle rather than real financial stability.

Savings

With reference to the savings status, the field survey revealed that out of 600 surveyed households, 66 percent (396 households) reported having some form of savings, though the amount was extremely low in most cases. During interactions, it was observed that the respondents were highly reluctant to disclose the exact amount of savings, reflecting psychological insecurity and fear of losing financial benefits or social assistance. However, through careful probing, it was found that 310 out of 396 households with savings possessed less than ₹50,000, indicating a very minimal financial buffer considering the high vulnerability and uncertainty of migrant labour conditions. Among the households with savings, some were found to maintain formal banking accounts in banks and post offices, while others preferred to keep cash-based savings at home, largely due to accessibility issues, mistrust of banking systems, or lack of financial literacy. On the other hand, 204 households (34 percent of total surveyed population) reported no savings at all, highlighting their precarious economic condition where income barely meets daily subsistence requirements. This situation indicates a high level of financial insecurity, leaving a large proportion of migrant brick kiln workers highly exposed to economic shocks, health emergencies, and unemployment risks.

Conclusions

The study reveals that brick kiln workers represent a highly marginalized socio-economic group character-

ized by extreme deprivation. With 89 percent of workers illiterate and only 11 percent possessing minimal literacy, education remains severely neglected due to financial hardships and lack of awareness. Children's education is also adversely affected by poverty and limited access to nearby schools, perpetuating the cycle of low human capital formation. Health conditions among workers are equally concerning, with widespread prevalence of musculoskeletal pain, respiratory problems, fatigue, injuries, stress, eye disorders, and heat-related illnesses. Inadequate health facilities, absence of regular check-ups, poor access to medicines, and limited effectiveness of government schemes further aggravate their vulnerability. Economically, most households spend primarily on basic food needs, with high levels of debt, minimal asset ownership, and almost no savings. Overall, the findings highlight a persistent cycle of poverty, poor health, low education, and economic insecurity, underscoring the urgent need for targeted policy interventions and effective implementation of welfare measures to improve their living and working conditions.

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