

Impact of Seasonal Migration on Maternal Healthcare Access and Nutritional Status of Women Labourers in Brick Kiln Clusters of Etawah, Uttar Pradesh, India

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Abstract

Seasonal migration is a critical livelihood strategy among economically marginalized populations in India, particularly in informal sectors such as brick kilns. However, migration disrupts access to essential healthcare services and exacerbates nutritional vulnerabilities among women labourers. This study examines the impact of seasonal migration on maternal healthcare access and nutritional status among women working in brick kiln clusters in Etawah district, Uttar Pradesh. A cross-sectional mixed-method approach was adopted, covering 300 migrant women labourers. The findings reveal low utilization of antenatal care (28%), limited institutional deliveries (35%), and high prevalence of undernutrition and anemia. Structural barriers such as lack of healthcare portability, informal employment, and poor living conditions significantly contribute to adverse outcomes. The study highlights the urgent need for mobile healthcare systems, portable welfare entitlements, and targeted nutrition interventions.

Keywords: Seasonal migration; maternal health; brick kiln workers; nutritional status; informal labour; Uttar Pradesh

1. Introduction

Seasonal migration is a defining feature of rural labour dynamics in India, driven by agrarian distress, unemployment, and poverty. Brick kiln industries represent a major destination for migrant labourers, employing millions under informal and unregulated conditions.

Women constitute a significant proportion of this workforce, yet their maternal health needs remain largely neglected. Migration disrupts access to public healthcare services such as antenatal care (ANC), institutional delivery, and postnatal care. Additionally, harsh working conditions and food insecurity exacerbate nutritional deficiencies.

Despite growing literature on migration and labour vulnerability, district-level evidence remains scarce. This study addresses this gap by focusing on Etawah district, Uttar Pradesh.

2. Literature Review

Previous research indicates that migrant women in brick kilns face severe barriers to maternal healthcare

access. Studies report low antenatal coverage, poor institutional delivery rates, and limited awareness of government schemes.

Research also highlights high prevalence of anemia and undernutrition among migrant women due to inadequate dietary intake and occupational stress. Circular migration has been linked to “nutritional disruption,” where mobility leads to irregular food consumption patterns and poor dietary diversity.

However, localized studies examining both healthcare access and nutrition in a combined framework are limited, particularly in the context of Etawah.

3. Objectives

1. To examine maternal healthcare access among migrant women labourers
2. To assess their nutritional status using anthropometric and clinical indicators
3. To identify socio-economic and occupational determinants
4. To propose policy interventions for improving maternal health outcomes

4. Materials and Methods

4.1 Study Design

A cross-sectional study using mixed-methods approach.

4.2 Study Area

Brick kiln clusters in Etawah district, Uttar Pradesh, India.

4.3 Sample Size and Sampling Technique

A total of 300 women labourers (aged 15–49 years) were selected using stratified random sampling.

4.4 Data Collection Tools

- Structured questionnaire (demographic and health indicators)
- Anthropometric measurements (BMI, MUAC)
- Hemoglobin estimation
- Focus Group Discussions (FGDs)
- Key informant interviews

4.5 Variables

- Dependent: Maternal healthcare utilization, nutritional status
- Independent: Migration status, income, education, working conditions

4.6 Statistical Analysis

Data were analyzed using descriptive statistics, chi-square tests, and logistic regression models. Qualitative data were analyzed thematically.

4.7 Ethical Considerations

- Informed consent obtained
- Confidentiality maintained
- No harm to participants

5. Results

5.1 Socio-Demographic Characteristics

The majority of respondents belonged to socially disadvantaged groups (SC/ST/OBC), with high illiteracy rates and early age of marriage.

5.2 Maternal Healthcare Access

Indicator	Percentage
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≥3 ANC visits	28%
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Institutional delivery	35%
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Awareness of schemes	38%
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Key barriers included:

- Lack of nearby healthcare facilities
- Absence of identity documents
- Long working hours
- Limited outreach by frontline health workers

5.3 Nutritional Status

Indicator	Prevalence
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Underweight	42%
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Moderate anemia	48%
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Severe anemia	12%
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Dietary intake was dominated by cereals, with low consumption of protein and micronutrient-rich foods.

5.4 Occupational Conditions

Women were engaged in physically intensive labour during pregnancy, with no maternity benefits or healthcare support.

6. Discussion

The findings demonstrate that seasonal migration significantly impairs maternal healthcare access and nutritional status.

First, mobility disrupts continuity of care, resulting in low ANC utilization and institutional delivery rates. Second, poor living conditions and inadequate diet contribute to high levels of undernutrition and anemia. Third, informal labour arrangements expose women to occupational risks without social protection.

The study supports existing frameworks of **health inequity and structural exclusion**, where migrant populations are systematically deprived of basic services.

7. Policy Implications

- **Healthcare Portability:** Integration of migrant women into local health systems
- **Mobile Health Units:** Regular health camps at kiln sites
- **Nutrition Programs:** Expansion of ICDS services to migrant populations
- **Labour Protection:** Enforcement of maternity benefits and workplace safety

8. Conclusion

Seasonal migration to brick kiln clusters creates a significant barrier to maternal healthcare access and nutritional well-being. Addressing these challenges requires coordinated interventions across health, labour, and social protection systems.

9. Limitations

- Cross-sectional design limits causality
- Potential recall bias
- Limited geographical scope

10. Acknowledgements

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13. References (APA 7th Edition)

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