

Women and Migration: A Sociological Study of Brick-Kiln and Construction Labourers in Rajasthan

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ABSTRACT

Migration has emerged as a major socio-economic coping mechanism for distressed rural households in India. Women constitute a significant proportion of internal migrants, particularly in the brick-kiln and construction sectors, which largely depend on unskilled labour. This paper presents an extended, detailed, and data-rich analysis of 300 migrant women labourers working across Rajasthan. It highlights the socio-economic profile, labour conditions, wage inequality, reproductive health concerns, and social consequences of rural-urban female migration. Findings reveal a striking combination of financial exploitation, gender-biased labour relations, hazardous work conditions, malnutrition, and absence of social protection. Although migration improves short-term income, it reinforces patriarchal control and exposes women to multi-layered vulnerabilities. The study recommends urgent policy reforms to safeguard women migrant workers under national and state labour welfare frameworks.

Keywords: Women Migrants, Brick-Kilns, Construction Labour, Rajasthan, Informal Sector, Gender Inequality, Migration.

Introduction

Migration has been a continuous feature of India's demographic transformation, shaped heavily by economic transitions, agrarian decline, and uneven development. Rajasthan attracts thousands of migrant labourers annually due to its expanding urban centres and increasing demand for construction and brick-kiln workers.

Women, however, enter migration under different circumstances than men—primarily as associational migrants accompanying husbands or family groups. Once at the destination, they engage in strenuous and unskilled labour while simultaneously handling domestic responsibilities and child care.

Despite playing a critical role in building urban infrastructure, women migrants remain absent from formal labour records, welfare schemes, and policy discourse. The dual burden of productive and reproductive labour amplifies gendered vulnerabilities, making their experiences distinct and requiring focused academic investigation.

Methodology

The study is based on primary field data collected from 300 migrant women labourers employed in brick-kilns and construction sites.

- **Sample Area:** Sri Ganganagar, Bhilwara, Udaipur, Rajsamand, Chittorgarh.
- **Tools Used:** Structured interviews, observation, informal discussions.
- **Research Design:** Descriptive and analytical.

- **Sampling Technique:** Stratified random sampling to ensure representation of both labour groups. Field observations covered work routines, living settlements, contractor interactions, health practices, and wage payments. Quantitative data were analysed through tabulation while qualitative responses were categorised thematically to interpret socio-cultural dynamics and gendered vulnerabilities.

Findings and Discussion

- **Socio-Economic Profile of Migrant Women**

The socio-economic profile of the migrant women workers reveals a pattern of deep structural disadvantage that shapes both their migration decisions and labour market outcomes. The data indicate an extremely low level of educational attainment among the respondents, with 97.7 per cent of the women being illiterate. Such widespread illiteracy severely restricts their access to skilled or semi-skilled employment and confines them almost entirely to physically demanding and low-paid work in the unorganised sector. The absence of formal education also limits their awareness of labour rights, welfare schemes, and legal protections, further intensifying their vulnerability to exploitation at worksites.

In terms of age composition, the majority of migrant women belonged to the 16–45 years age group, representing the most economically active and physically productive segment of the population. This concentration in the prime working age reflects the labour-intensive nature of employment in construction sites and brick-kiln factories, where employers prefer younger women capable of performing prolonged manual labour under strenuous conditions. However, the engagement of women at such an early age and their continued participation well into their reproductive years exposes them to serious health risks, particularly in the absence of maternity care and occupational safety measures.

Caste composition further highlights the intersection of social marginalisation and labour migration. More than 90 per cent of the respondents belonged to Scheduled Castes and Scheduled Tribes, indicating that migration is largely concentrated among historically disadvantaged communities. For these groups, migration is not merely an economic strategy but a compulsion arising from long-standing social exclusion, land alienation, and lack of alternative livelihood opportunities in their native regions. Their caste status also influences the type of work they perform at the destination, reinforcing occupational segregation and unequal treatment in wage payments and working conditions.

Marital status data show that 91.7 per cent of the women were married, underlining the predominance of associational and family-based migration. Women rarely migrated independently; instead, they accompanied their husbands as part of a household survival strategy. While this form of migration allows families to pool labour and income, it simultaneously obscures women's individual identity as workers, as their labour is often treated as supplementary or subsumed under family contracts. Consequently, women's contributions remain undervalued and under-remunerated.

The occupational background at the place of origin reveals that 82 per cent of the women were previously engaged in agriculture, either as agricultural labourers or unpaid family workers. Despite their central role in agricultural production, low productivity, seasonal employment, declining land holdings, and poor returns from agriculture compelled these women to seek alternative sources of livelihood. Migration thus emerges as a response to agrarian distress rather than a voluntary choice. The transition from agricultural work in the villages to construction and brick-kiln labour at the destination represents a shift not in skill level but in the spatial location of exploitation, as women continue to perform arduous, low-status work under insecure conditions.

- **Causes of Migration: Push Factors**

The migration of women labourers from their native regions to Rajasthan is primarily driven by a combination of persistent economic distress and structural vulnerabilities operating at the place of origin. One of the most significant push factors is the extremely low level of rural wages, which ranged between ₹75 and ₹100 per day at the time of migration. Such wages are grossly inadequate to meet even the basic subsistence needs of households, particularly in the context of rising food prices, healthcare expenses, and educational costs. For women, whose labour in agriculture is often undervalued and irregularly compensated, earnings remained even lower than those of men, making survival through local employment increasingly untenable.

Closely linked to low wages is the absence of year-round agricultural employment. Agriculture in the regions of origin is largely seasonal, offering work only during sowing and harvesting periods. During the lean months, women face prolonged spells of unemployment or underemployment, with no alternative non-farm employment opportunities available locally. The lack of irrigation facilities,

mechanisation, and rural industrial diversification has further reduced the demand for manual agricultural labour, compelling entire households to seek employment outside their villages.

Landlessness and mounting debt pressure constitute another critical push factor. A large proportion of the migrant households either owned no land or possessed marginal holdings insufficient for subsistence. To cope with consumption needs, healthcare emergencies, and social obligations such as marriages, families often relied on informal credit from moneylenders at exorbitant interest rates. The inability to service these debts through local earnings created a cycle of economic distress, making migration a survival strategy rather than a choice. In many cases, advances offered by labour contractors for construction and brick-kiln work became the immediate trigger for migration.

Environmental stress further exacerbated these economic vulnerabilities. Climatic risks such as erratic rainfall, recurrent droughts, and declining crop yields have severely undermined agrarian livelihoods in the regions of origin. Unpredictable weather patterns not only reduced agricultural output but also increased income uncertainty, disproportionately affecting women who depend on agricultural wage labour. As traditional coping mechanisms weakened, migration emerged as a necessary response to environmental insecurity.

Taken together, these push factors illustrate that women's migration is not driven by aspiration for urban opportunities alone but is deeply rooted in rural deprivation, agrarian crisis, and structural inequalities. Migration thus represents a compelled response to systemic failures in rural development, employment generation, and social protection at the place of origin.

- **Causes of Migration: Pull Factors**

Alongside the compelling push factors operating at the place of origin, several pull factors at the destination play a decisive role in shaping the migration of women labourers to Rajasthan. Foremost among these is the significant wage differential between rural areas of origin and the destination labour markets. Women workers reported earning ₹250–₹300 per day in construction sites and brick-kiln units, which is nearly three to four times higher than the wages available to them in their native villages. Although these wages remain below statutory minimum levels and are marked by gender-based disparities vis-à-vis male workers, they nevertheless represent a substantial improvement over rural earnings and provide immediate cash income essential for household survival.

Another strong pull factor is the availability of relatively continuous and predictable employment, particularly in the construction and brick-kiln sectors. Unlike agriculture, which is seasonal and uncertain, these sectors offer work for extended periods ranging from six to nine months in a year. This continuity of employment reduces income volatility and allows migrant households to plan expenditures, repay debts, and accumulate modest savings. For women, sustained employment also means greater integration into family-based labour arrangements, where husband and wife work together as a unit, thereby maximizing total household earnings.

Equally important is the role of contractor networks in facilitating and sustaining migration. Labour contractors act as intermediaries who recruit workers directly from villages, arrange transportation, provide advances, and ensure placement at worksites. These networks significantly lower the risks and uncertainties associated with migration, especially for women who face mobility constraints due to social and cultural norms. Prior connections with contractors or fellow villagers who had migrated earlier created trust-based recruitment chains, making migration a familiar and relatively secure option. In many cases, the promise of advance payments served as an immediate incentive for migration, particularly for households burdened with debt or facing acute financial distress.

Thus, the pull factors at the destination—higher wages, assured employment, and organized recruitment through contractor networks—operate in tandem with rural push factors to produce a sustained flow of women migrants. However, while these pull factors attract women into the urban and peri-urban labour markets, they simultaneously entrench them within low-paid, informal, and unprotected forms of employment, reinforcing their vulnerability within the unorganised sector.

- **Labour Conditions and Wages**

The labour conditions experienced by migrant women workers in the construction and brick-kiln sectors are characterized by physical intensity, informality, and systemic exploitation. In brick-kiln units, women are engaged in multiple stages of production, including kneading clay, moulding bricks, arranging them for drying, and carrying finished bricks for stacking and firing. Similarly, in the construction sector, women perform some of the most arduous tasks such as stone breaking, sand sieving, mixing cement, carrying bricks, cement bags, and construction debris, often alongside their husbands. These activities

demand continuous physical exertion and are carried out under harsh climatic conditions, exposing women to severe occupational health risks.

The nature of employment remains overwhelmingly informal. The study reveals that 54.7 percent of women workers were engaged as contract labourers, recruited through intermediaries or labour contractors, while 31 percent worked as daily wage labourers, with no assurance of continuity of employment. Only a negligible 5.7 percent enjoyed any form of permanent or relatively stable employment, underscoring the near-total absence of job security among migrant women workers. Contractual arrangements often bind entire families into production units, where wages are calculated on the basis of collective output rather than individual labour, leading to the invisibilisation of women's contribution.

Wage payment practices further accentuate women's vulnerability. A significant 44.3 percent of respondents reported irregular or delayed wage payments, particularly in brick-kiln operations where wages are often withheld until the end of the production season. Such delays compel women to depend on advances provided by contractors, reinforcing cycles of indebtedness and near-bonded labour conditions. Despite working long hours and contributing equally to production, women's wages remain consistently lower than those of men, reflecting entrenched gender discrimination in informal labour markets.

The absence of occupational safety measures is another glaring feature of women's work environment. None of the respondents reported access to basic safety gear such as gloves, protective footwear, helmets, or masks, even in tasks involving stone crushing, handling cement, or carrying heavy loads. This lack of protective equipment exposes women to injuries, respiratory illnesses, skin infections, and long-term musculoskeletal disorders. The working day typically extends from 8 to 12 hours, often without regulated rest intervals, maternity benefits, or provisions for childcare, further aggravating physical exhaustion and health risks.

Overall, the labour conditions of migrant women in construction and brick-kiln industries reflect the intersection of gender, migration, and informality, where women are concentrated in the most labour-intensive tasks, subjected to irregular wages, denied basic safety measures, and excluded from legal protections. While migration offers temporary income security, it simultaneously entrenches women within exploitative work regimes that undermine their health, dignity, and long-term well-being.

- **Living Conditions**

The living conditions of migrant women workers engaged in construction sites and brick-kiln units were found to be extremely precarious, insecure, and unhygienic, reflecting their marginal position within the urban and peri-urban spaces of Rajasthan. Most women resided in temporary and makeshift shelters, including tin-sheet hutments, plastic-covered structures, or poorly ventilated one-room rented units located near worksites. These shelters were constructed without any planning, drainage, or basic civic amenities and were highly vulnerable to extreme weather conditions such as intense heat, heavy rainfall, and cold nights.

A major concern reported by almost all respondents was the absence of toilet facilities, forcing women to resort to open defecation in nearby fields, vacant plots, or construction sites. This practice posed serious risks to women's health, safety, and dignity, particularly during early mornings and late evenings, when they faced threats of harassment, snake bites, and accidents. The lack of sanitation facilities also increased the incidence of urinary tract infections, gastrointestinal illnesses, and reproductive health complications, especially among pregnant and lactating women.

Access to safe drinking water was another critical issue. None of the migrant settlements studied had access to piped tap water. Women relied on contaminated water sources such as open wells, hand pumps shared with livestock, tanker water of uncertain quality, or stagnant surface water collected in containers. Fetching water added to women's already heavy workload and often resulted in conflicts due to scarcity. The consumption of unsafe water led to frequent outbreaks of diarrhoea, typhoid, skin infections, and fever, particularly affecting children.

Environmental conditions in migrant labour colonies were equally distressing. Waterlogging during monsoon seasons created breeding grounds for mosquitoes, leading to widespread incidence of malaria, dengue, and chikungunya. Poor drainage, accumulated garbage, and stagnant wastewater further worsened sanitary conditions. Most shelters lacked electricity connections, compelling families to rely on kerosene lamps or open fires for lighting, which increased risks of burns, respiratory problems, and accidents, especially for women and children.

The absence of basic civic infrastructure—such as sanitation, electricity, drainage, and waste disposal—clearly indicates the institutional neglect of migrant labour settlements. Despite their critical contribution to urban construction and industrial production, migrant women workers remain excluded from urban planning frameworks and welfare provisioning. These substandard living conditions not only undermine physical health but also contribute to chronic stress, insecurity, and psychological distress among women, reinforcing the cycle of vulnerability associated with migration, informal employment, and gender inequality.

- **Health and Reproductive Concerns**

The health status of migrant women workers in construction sites and brick-kiln units reveals a pattern of chronic physical strain, occupational hazards, and neglect of reproductive health, directly linked to the nature of informal employment and poor living conditions. The majority of women reported persistent back pain, joint pain, and muscular fatigue, resulting from continuous engagement in heavy manual labour such as load carrying, brick moulding, clay kneading, stone breaking, and sand sieving. Long working hours ranging between eight to twelve hours per day, often without adequate rest intervals, intensified physical exhaustion and contributed to early onset of musculoskeletal disorders.

Respiratory illnesses were commonly reported due to prolonged exposure to dust, ash, smoke from brick kilns, and cement particles at construction sites. The lack of protective gear such as masks aggravated breathing difficulties, chronic cough, chest congestion, and seasonal infections. Women working in brick-kilns also experienced severe dehydration, particularly during summer months, as access to potable drinking water at worksites was extremely limited. Dehydration further weakened women's physical endurance and increased susceptibility to heat stress.

A significant number of women engaged in brick-kiln activities reported skin infections, rashes, and allergic reactions, caused by prolonged contact with wet clay, contaminated water, and chemical residues. Continuous exposure to moist clay without gloves led to cracked skin, fungal infections, and open sores, which often went untreated. Additionally, women reported frequent cuts, burns, and injuries, especially while handling freshly fired hot bricks, loading and unloading stacks, and working barefoot or with minimal footwear. These injuries, though often minor in nature, frequently became infected due to the absence of basic hygiene and medical care.

One of the most alarming findings of the study was the complete absence of first-aid facilities or medical support at most worksites. Contractors and employers did not provide any emergency medical kits, nor were there arrangements for routine health check-ups. Women relied largely on self-medication, traditional remedies, or unqualified local practitioners, often delaying proper treatment until conditions became severe. Access to government health services was limited due to lack of identity documents, mobility constraints, and loss of wages on clinic visits.

Reproductive health concerns emerged as a critical yet largely invisible issue. Women reported working throughout pregnancy due to economic compulsion, with no provision for maternity leave, reduced workload, or prenatal care. Post-delivery, women resumed work within a few weeks, often carrying infants to worksites due to the absence of crèche facilities. This resulted in heightened health risks for both mothers and children, including anemia, miscarriage, low birth weight, and post-partum complications. Menstrual health was also neglected, as poor sanitation, lack of privacy, and unavailability of sanitary products forced women to adopt unsafe hygiene practices.

Overall, the findings underscore that migrant women workers face a triple burden of health vulnerability—as informal workers, as migrants, and as women. Their health concerns remain structurally embedded within exploitative labour arrangements, gendered divisions of work, and systemic exclusion from healthcare provisioning. Addressing these issues requires not only workplace safety interventions but also integrated health and reproductive care policies specifically tailored to the needs of migrant women in the unorganised sector.

- **Pregnancy-Related Health Findings and Healthcare Practices**

The study reveals severe vulnerabilities in the reproductive health of migrant women workers, particularly during pregnancy, which is shaped by economic compulsion, nutritional deprivation, and the absence of institutional support. A substantial 62.7 percent of women continued working until the seventh month of pregnancy, primarily due to household poverty, debt obligations, and the absence of maternity benefits or job security in the unorganised sector. Heavy manual labour during advanced stages of pregnancy—such as brick moulding, load carrying, and stone breaking—exposed women to extreme physical stress, significantly increasing the risk of obstetric complications. Early marriage and early

motherhood further aggravated these risks, as 46 percent of the respondents reported experiencing their first childbirth at the age of 17, indicating limited reproductive autonomy and heightened biological vulnerability.

The study also recorded a high incidence of miscarriages, which women themselves associated with continuous physical strain, inadequate rest, poor nutritional intake, dehydration, and stressful living conditions. Malnutrition emerged as a critical underlying factor, as pregnant women were unable to access protein-rich diets, iron supplements, or prenatal care, thereby increasing susceptibility to anemia, fetal growth retardation, and pregnancy loss. The absence of employer responsibility toward pregnant workers meant that women were neither reassigned to lighter work nor granted leave, forcing them to prioritize immediate survival over long-term health outcomes.

Healthcare-seeking behaviour among migrant women further reflects structural exclusion from public health systems. A dominant 77.7 percent of women relied on private doctors, despite the high cost, due to the lack of identity documents, unfamiliarity with local government facilities, and perceived discrimination in public hospitals. Alarmingly, 8.7 percent of respondents reported consulting sorcerers, while 7.3 percent depended on traditional healers, particularly for miscarriage, infertility, and delivery-related complications. This reliance on non-institutional healthcare systems highlights both cultural continuities and the failure of formal healthcare outreach among migrant populations.

Overall, pregnancy among migrant women workers remains a high-risk, unsupported, and invisibilised experience, marked by early age at childbirth, excessive labour during gestation, and inadequate medical care. These findings underline the urgent need for targeted reproductive health interventions, maternity protection, nutritional support, and inclusive public healthcare access for migrant women engaged in construction and brick-kiln work. Without such measures, migration continues to reproduce inter-generational health inequalities and entrenches gendered labour exploitation within the unorganised sector.

- **Social and Cultural Consequences of Migration**

Migration has profoundly altered the social and cultural lives of migrant women workers, producing a complex combination of dislocation, vulnerability, and reinforced gender hierarchies. One of the most significant consequences observed in the study is the disruption of traditional community networks and kinship support systems. In their places of origin, women relied on extended family structures for emotional support, childcare, and assistance during illness or pregnancy. Migration to construction sites and brick-kiln locations in Rajasthan resulted in the fragmentation of these networks, leaving women socially isolated and dependent solely on their immediate household unit.

Despite their substantial contribution to household income through wage labour, women remained excluded from decision-making processes within the family. Financial contribution did not translate into enhanced bargaining power or autonomy. Decisions regarding migration, employment contracts, expenditure, healthcare, and children's education were predominantly taken by male members or contractors. This reflects the persistence of patriarchal norms, wherein women's earnings are viewed as supplementary rather than central to household survival, thereby reinforcing their subordinate social position even in contexts of economic participation.

A particularly distressing social outcome of migration is the involvement of children in hazardous work environments. Due to the absence of childcare facilities and the compulsion to maximize family earnings, women frequently carried infants to worksites or left young children unattended near kilns, construction debris, and heavy machinery. Older children often assisted in brick stacking, load carrying, or domestic tasks at work camps, exposing them to physical danger, exploitation, and long-term educational deprivation. This phenomenon reflects the intergenerational transmission of poverty and labour exploitation within migrant households.

The study also highlights a significant increase in emotional stress and psychological insecurity among migrant women. The burden of combining multiple roles—wage labourer, caregiver, homemaker, and emotional anchor of the family—placed women under continuous mental and physical strain. Feelings of fear, uncertainty, and helplessness were intensified by unstable employment, unsafe living conditions, threat of eviction, and vulnerability to harassment at worksites. The lack of privacy, social recognition, and institutional protection further compounded their emotional distress.

Overall, migration has not led to social empowerment or cultural transformation for migrant women workers. Instead, it has largely reproduced traditional gender roles and social inequalities in new spatial contexts, intensifying women's workloads while denying them recognition, security, and voice.

These social and cultural consequences underline the need to view migration not merely as an economic process but as a deeply gendered social experience that reshapes, yet often reinforces, existing structures of inequality.

Conclusion

The study clearly demonstrates that women migrant workers in the construction and brick-kiln sectors are subjected to multiple and intersecting forms of socio-economic disadvantage shaped by their gender, migrant status, and location within the unorganised sector. Predominantly drawn from poor, socially marginalised, and disadvantaged communities, these women lack access to stable employment, adequate wages, legal safeguards, and institutional support. Their participation in the labour market is marked by informality, insecurity, and exploitation, making them one of the most vulnerable segments of the workforce.

The findings reveal that women migrants operate almost entirely outside formal labour regulations, with no job security, fixed working hours, or access to social security benefits such as maternity protection, healthcare, or childcare facilities. Long working hours, hazardous working conditions, low remuneration, and denial of basic amenities define their everyday work environment. In many instances, women remain tied to the same employers for prolonged periods under conditions that resemble bonded or near-bonded labour. Gender-based wage discrimination and social vulnerability further intensify their exploitation.

Migration among women in these sectors is largely associational and familial in nature. Women typically migrate alongside male family members as co-workers rather than independent labour migrants. Their entry into wage labour is driven primarily by economic compulsion and survival needs rather than choice. The organisation of work as family-based contract labour often involves the participation of children, indirectly encouraging child labour and increasing women's domestic and emotional burdens. Women are required to balance paid work with unpaid domestic responsibilities, childcare, and caregiving, resulting in severe physical exhaustion and mental stress.

The study also highlights the adverse effects of migration on women's health and well-being. Unsafe living conditions, lack of sanitation, inadequate nutrition, and absence of healthcare facilities expose women to occupational injuries, chronic fatigue, and reproductive health problems. The poor living environments of migrant settlements negatively affect children's health, education, and overall development, adding to women's anxiety and emotional strain.

Overall, migration does not transform existing gender relations or improve women's socio-economic status. Instead, it reproduces traditional hierarchies and gender inequalities within new spatial and occupational contexts. Women's migration in the unorganised sector emerges primarily as a survival strategy rather than a pathway to empowerment or social mobility. The study underscores the urgent need for gender-sensitive labour policies, social security measures, and inclusive development interventions to address the structural vulnerabilities faced by migrant women workers.

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