

## **Living and working away from home: Sociological inquiry on the life and work of internal migrant laborers in a hospital setting.**

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### **Abstract**

Hospital Sanitation workers play an important role in the health and sanitation systems and maintaining a healthy society. However, they may be mostly unskilled workers who are paid generally lower salaries. The importance of their work, dignity, and labour rights have not been adequately recognized, while stigma and lower social status are also attached to their work. Sanitation workers in lower income countries often endure grueling conditions to perform a service that's vital to keeping their communities healthy. Yet their suffering is largely gone ignored. The problems encountered by these sanitation workers are still unsolved matter/ untouched area in Sri Lanka. This study investigates the hospital sanitary labourers, their lifestyle changes, its impacts to the family. However, after a thorough exploration due to paucity of available information about hospital sanitary labourers this report will be another attempt to understand the challenges faced by sanitation workers and to make the public aware of their condition. It does not seek to make specific conclusions or detailed recommendations on how to improve

the working conditions of sanitation workers. The study focuses on three main research questions such as how the sanitary workers balance the pros and cons of comparative differences of the previous setting and the new setting, how they accept the challenges in view of social and psychological wellbeing and how they are fulfilling their home centered gender role once they come to new work environment? The main objective of the present study was to inquire the changes occurred in the life style and work environment of hospital sanitation labourers due to their migration to a new setting. The sub objectives are found to be analyzing the changes brought into their personal life due to internal migration and scrutinizing the mechanism they have followed to balance their home centered gender role.

This is a qualitative study, conducted using 10 case studies which was selected by purposive sampling method. The in-depth interviews and non-participatory observation methods were equipped for collecting data. As the research study reveals,

ninety percent of the migrant workers found that their life got significant changes such been into extra marital affairs, addicted to alcohol and other substance abuse and etc. Meantime, all the respondents found that their home base gender role couldn't be balanced due to the migration though the financial support positively

impacts on family chores including children's education. As recommendations, Government must make a team for strict vigilance so that migrant workers must get the full protection of law. There must be government counselor near to the work site, who can guide the migrant workers as and when required.

***Keywords:*** Migration, Social Exclusion, Gender, Wellbeing

## **Introduction**

### **1.1. Study background**

Living and working away from home is common in social systems. Family is one of the necessities for many people and have many phases of emotion people go through when they first move, but eventually they get used with, as they were driven to achieve their life targets. Internal migrant sanitation worker also moved to the city from different parts of the country, with a hoping of uplifting the living standard of the whole family. The "migrant worker" itself sounds troublesome, as it is often a catch all term to describe workers whose legal status, working and employment conditions, skills, education and wages can be vastly different. In this manner, inquire the internal migrant hospital sanitation workers in a sociological perspective is much needed and important. Cleanliness is one of the most important practices for a clean and healthy environment. It may be related to public hygiene or personal hygiene. It is essential for everyone to learn about cleanliness, hygiene, sanitation and the various diseases that are caused due to poor maintenance of hygienic conditions. Cleanliness is one of the words that we all have undergone during early childhood education through formal and informal teachings. That helps us shaping our personality. Without thinking what we do after waking up is ordered routinely as it was done from our small days. Eg. Teeth brushing face washing, wearing clean clothes etc. Apart from the personal health benefits and cleanliness it is also impacts the lives of those around us too. So, it is obvious that cleaning plays an essential part in reducing the risk of being ill.

Controlling the spread of infections or viruses in our surrounding is vitally important in maintaining a healthy life especially places such as schools, leisure enters and work place, but it is even more crucial for healthcare providers. People

visiting or receiving treatments in these environments are generally vulnerable to the spread of infection. A clean and welcoming environment is also important from an aesthetic point of view, engendering feelings of well-being and trust in people who may be anxious or unwell (McCandless, 2016). Therefore hospitals itself have special requirements for sanitation as they may have to deal with patients who are infected with number of diseases.

In recent past it was done by hospital sanitation worker, which was the government job title attached to the Ministry of Health till 2006 in Sri Lanka. Though sanitation is important and vital, the job title of hospital sanitation worker does not sound glamorous. But without sanitation workers, we would not have the safe, clean environment we rely on in hospitals (Hospital Sanitation Worker, n.d.) Sanitation workers provide an essential public service but often at the cost of their dignity, safety, health, and living conditions. Sanitation work includes emptying toilets, pits and septic tanks; entering manholes and sewers to fix or unblock them; transporting faecal waste; working treatment plants; as well as cleaning public toilets or defecation around homes and businesses.

These invisible factors lead hospital sanitation workers to make a strong voice against their job title and accordingly it was corrected and treated in a better way with Public Administration Service Circular 06/ 2006 through Re-categorization and Re-grouping of Posts / Services. Thereafter the title of hospital sanitation worker is no longer used and introduces the post of Health Care Assistant. Soon after the title changed, government called tenders in cleaning hospitals. As a result of that cleaning was outsourced. The man power companies hired workers. It was a better choice for people who were looking for a path for living and surviving.

Both men and women who had no means of life joined this sanitary work. Working is an opportunity which comes with a sacrifice. Migration is one of the sacrifices that people make for a better living. Making a living away from home motivates people in a wide ranging. It can be for generating more money, seeking novelty in their life, for an adventure or expanding their carrier growth. The global international population movement showed that about 3% of the world's population lived in a state or territory not of their birth but in a new setting as a migrant. (United Nations, 2018).

Rural-to-rural, urban-to-urban, urban-to-rural and rural to urban flows also play a role, although as populations become concentrated in urban areas, migration out of and within the rural sector declines as movements within the urban sector come to dominate (Warnasuriya, Gamage, & Institute of Policy Studies, 2014).

Internal labour migration is an important and necessary livelihood strategy for thousands of individuals and households in Sri Lanka. However, the precarious position of migrant workers within the society may have numerous consequences for the health and the life standards of these individuals.

## **1.2. Research Problem**

Internal migration is a major force redistributing the population during development as sectorial composition of the economy and the geographic distribution of employment change (Kuznets, 1966). Internal migration is movement of the population within the country's administrative boundaries. Unequal distribution of facilities and opportunities in different cities, which make people go in search for better prospects. (Urbanization and migration, n.d.) Every year millions of people leave their homes in the countryside and migrate towards urban centers both within their own countries and across borders. Some of these people move simply to seek new opportunities and improve their lives. In the developing countries it is more likely internal migration (Migration, 2017). Sri Lanka is a middle- income country with GDP (Gross Domestic Product) per capita of USD 4,102 (2018) and a total population of 21.7 million people. The economy is transitioning from a predominantly rural-based economy towards a more urbanized economy oriented around manufacturing and services (United Nations, 2019).

Hospital sanitation workers and their labour is not included and not recognized in the county's GNP (Gross National Product) and GDP as it is informal economy. This informal economy/ unreported activity are very critical but provide many opportunities for the poor (Difference between formal and informal sector in India, n.d.) Migrants may have difficulty in finding a formal work in their new setting. So many of them ends up with informally employed. Informality and migration have possible alternatives to one another (Abdulloev et al., n.d.)

This sort of internal migration has not received a significant political, scientific, media and policy attention along with that it is not documented too. However, the Department of Labor has recognized the informal sector to provide minimum identifications but still not recognized sanitation workers as working people in a legal framework.

Sanitation workers in lower income countries often endure grueling conditions to perform a service that's vital to keeping their communities healthy. Yet their suffering is largely gone ignored. Though they are concern on others and to keep things and places clean they themselves are subjected to poor sanitation: such as debilitating infections, hazardous biological and chemical and injuries, low wage, social discrimination and stigma. Workers' rights need to be recognized; workers

need freedom and support to organize as a labor force; and their working conditions need to be improved and progressively formalized to safeguard health and labor rights to ensure decent working conditions (Health, Safety and Dignity of Sanitation Workers, n.d.). The problems encountered by these sanitation workers are still unsolved matter/ untouched area in Sri Lanka. This study investigates the hospital sanitary labourers, their lifestyle changes, its impacts to the family. However, after a thorough exploration due to paucity of available information about hospital sanitary labourers this report will be another attempt to understand the challenges faced by sanitation workers and to make the public aware of their condition.

### **1.3 Research Objectives**

- To study the changes occurred in the life style and work environment of hospital sanitation labourers due to their migration to a new setting.

The hospital sanitary workers who falls under the informal working sector in the society endures numerous hardship both psychosocially and economically. As a result of that they adhere to different mechanisms such as drug addiction, extra marital relationships and etc in order to adjust their life in the new urban set up. All these facts finally affect not only on their personal life but also on their carrier life.

#### **Sub-objectives**

- To analyze the changes brought into their personal life due to internal migration.
- To scrutinize the mechanism which is followed by hospital sanitation laborers to balance home centered gender role.

### **1.4. Research questions**

The study focuses on three main research questions.

- How do the sanitary laborers balance the pros and cons of comparative differences of the previous setting and the new setting?
- How do the sanitary laborers accept the challenges in view of social and psychological wellbeing?
- How are the sanitary laborers fulfilling their home centered gender role once they come to new work environment?

### **1.5. Study area**

This study was conducted in Colombo district, Sri Lanka. Sanitation workers in the peripheral hospitals in Colombo area are always changing due to the demand that the man power agencies get from main hospitals. Therefore, researcher decided to

select the sample from the main hospitals in Colombo. In these main hospitals sanitation workers do work uninterruptedly at least for three months' time, if supervisors, the medical staff have no complains his/her service will be extended to the respective ward/ unit. It was much advantaged to have repetitive interviews with the workers at these main hospitals. Due to busyness in the main hospitals researcher selected one of the leading Hospitals for Children in Colombo. This hospital is a tertiary care children's hospital in Colombo. It is with a bed-strength of over 900 and is considered to be the largest children's hospital in the South Asia. This hospital serves an average of nearly 2500 to 3000 patients a day, out of which approximately 250 to 300 are admitted daily for inward care. This hospital is limited to children under 16 years and that made the researcher to choose this hospital as the sanitation workers in this hospital have less work load compared to the other main hospitals which serves both children and adults.

### **1.6. Research Methodology**

The study has taken the form of mix method and therein the purposive sampling method is occupied in selecting 10 sanitary laborers including 8 females and 2 males. Hospital sanitation workers' jobs are not permanent, they are not working in a place and often they change their jobs. Due to these challenges, researcher decided to select a representative subset of the population for this study based on non-probability sampling. Purposive sampling method was used to this study as the participants are chosen based on the study's purpose.

For the success of this research, both primary and secondary data has been used. Also both qualitative and quantitative data has been used and among them qualitative data was the main stream of this research. Interviews and Non-participant observation has been used as the main methods of data collection.

#### **Methods of primary data collection**

- Interviews (Nonstructural, focused and in-depth)

Interview method was used to obtain detailed information with selected respondents for the research sample. The interview method builds a good interaction between the researcher and the respondent, thus making the research a success.

- Non-participant observation.

Non-participant observation, a research technique whereby the researcher watches the subjects of the study, with their knowledge, but without taking an active part in the situation under scrutiny. There it was useful to find out the reality that narrates by the respondent of the study.

The key persons in-depth interviews completed according to the schedule one of each person interviewed 30 – 45 minutes, getting time arrangements without disturbing their other activities.

### **1.7. Data analysis**

After editing and coding the data given by the respondent, Qualitative analyzing methods were used in this study. Especially the data given under in-depth interviews were stored and noted in a field book and identified under thematic analysis. Thematic analysis is a method of analyzing qualitative data. It is usually applied to a set of texts, such as interview transcripts.

## **2. Definition of concepts & Theoretical perspectives**

### **2.1.1 Internal Migration**

This refers to a change of residence within national boundaries, such as between states, provinces, cities, or municipalities. An internal migrant is someone who moves to a different administrative territory.

Migration is usually combined with fertility and mortality in most introductory descriptions of the basic components of population change. The study of internal migration involves an examination of two questions: Who moves? And what places grow? At the level of the individual person or household, the answer to the question, who moves? Is often found in a set of personal traits linked to economic activity, the life cycle, sociocultural context, and policies that vary over space (Bogue, 1959).

### **2.1.2 Culture of poverty (social theory – domestic violence)**

The culture of poverty is a concept in social theory that asserts that the values of people experiencing poverty for an extended period play a significant role in perpetuating their impoverished condition, sustaining a cycle of poverty across generations.

The "culture of poverty" thesis, which emanated from the anthropological arguments of Oscar Lewis (1970), later came to be erroneously associated with laying blame for poverty either on the poor themselves or on a government that keeps them dependent. Along these lines, it is the deficient character of the poor along with their deviant behavior and the resultant self-reinforcing environment that restrict their access to economic viability and success (Jordan, 2004).

As the internal migrant labourers in a hospital setting are considered as the members of the poverty, the concept of Culture of poverty has been used to overview the study.

### **2.1.3 Purity and Impurity**

Mary Douglas, a British cultural anthropologist offered an alternate way of investigating the general language of clean and unclean and its specific forms in Jewish and Christian literature. As a cultural anthropologist he spoke on how societies classified and arranged in Purity and Danger. Douglas theorizes as a homeostatic system which ensures the preservation of this social whole, generally encoding that which threatens social equilibrium as impurity their worlds.

## **2.2 Understanding the Hospital Sanitation Labour and the migrant working**

### **2.2.1. Hospital Sanitation Labour**

Labour may be defined as —Any exertion of mind or body undergone partly or wholly with a view to earning some good other than the pleasure derived directly from the work. (Marshall, 1890).

The job title of hospital sanitation worker certainly does not sound glamorous; it is an important part of healthcare and health sector. Without hospital sanitation workers, we would not have the safe, clean environment. Disease and infection would be rampant and patient care would be compromised. As a carrier hospital sanitation worker is not for everyone, it is a stable choice for someone who wants to play a part in keeping things safe and clean for everyone. It can work as a temporary or long-term career role and give you the satisfaction in knowing you are improving hospital conditions. Though, sanitary work and sanitation worker identifies as an odd job or minor staff service according to the job title clarification in the society. More often societies in Sri Lanka give certain respect and value and treated differently to different job titles. . (Tausig, M., & Fenwick, R. 2011)

Hospital sanitation labour was a government job title attached to the Ministry of Health till 2006 in Sri Lanka. Workers who joined to that job have come from the lower income communities and proletariat societies to fulfill the daily essentials of their lives. As most of them work far away from their homes and without their basic needs they were facing lack of satisfaction on the job. This job title “sanitation worker” is special as they represent the lower identity among the sector where hierarchy is strictly maintained.

### **2.2.2. Personal life and work life**

Balancing work and family demands is a critical challenge facing most employees. Over the last decade, an ever increasing number of employees are struggling with how to manage their joint enactment of work and family roles to support productivity in both domains. No matter what society one lives in, all human beings depend on systems of production to survive. Indeed, the sociological study of work and mental health emphasizes that social and economic structures routinely and normatively affect exposure to work-related stressors and the consequences of that exposure (Fenwick & Tausig, 2007; Tausig & Fenwick, 2011). Migrant hospital labourers perceive the changes brought into their personal life and work life due to migration.

### **2.2.3. Social wellbeing**

Wellbeing has been described from the perspective of the self (of individuals) – this is most often referred to as subjective wellbeing. In this perspective, wellbeing tends to be viewed as something that happens within an individual (Carruthers and Hood, 2004). The theory of Wellbeing homeostasis is an example of how subjective wellbeing may be explained from a narrow perspective. This theory posits that individuals maintain subjective wellbeing by psychological devices – similar to how the body maintains its blood temperature and blood pressure (Cummins, Eckersley, Pallant, Van Vugt and Misajon 2003).

However, it is more useful to view wellbeing as a social thing– something that goes beyond the psychological aspect of being an individual or a group. As Keyes (1998), and later Keyes & Lopez (2002), argued, wellbeing consists of five social dimensions, including:

- Social acceptance (accepting others as they are)
- Social actualization (positive comfort level with society)
- Social contribution (a feeling that one has a contribution to make to society)
- Social coherence (understanding the social world as predictable and comprehensible)
- Social integration (feeling as a part of the community)

(Carruthers and Hood, 2004).

Wellbeing is also described from a perspective as an objective wellbeing. The importance of social well-being is important to a migrant worker while

compromising and understanding the differences of their status between home and workplace.

#### **2.2.4. Psychological wellbeing**

The workplace is one of the key environments that affect our mental wellbeing and health. There is an acknowledgement and growing awareness of the role of work in promoting or hindering mental wellness and its corollary – mental illness. Although it is difficult to quantify the impact of work alone on personal identity, self-esteem and social recognition, most mental health professionals agree that the workplace environment can have a significant impact on an individual's psychological wellbeing (International Labour Organization, 2000).

Employment provides five categories of psychological experience that promote mental well-being:

- Time structure (an absence of time structure can be a major psychological burden)
- Social contact
- Collective effort and purpose (employment offers a social context outside the family)
- Social identity (employment is an important element in defining oneself)
- Regular activity (organizing one's daily life). (International Labour Organization, 2000).

When we concern about psychological wellbeing, Physiological Needs are the foundation of Maslow's hierarchy of needs and include survival needs such as the need for sleep, food, air, and reproduction. Better understanding the link between cultural disconnection and social and emotional wellbeing may offer clear solutions to how it can be addressed while addressing —How do internal migrant hospital labours accept the challenges in view of psychological wellbeing?

#### **2.2.5. Home centered gender role**

The major trends in family structures and their shifts over the past decades are well known. These changes have led to increasingly complex family compositions and to a growing diversity of family forms and relationships over the life course. The new family trends and patterns have been paralleled by changes in gender roles, especially an expansion of the female role to include economic provision for a family, and lately also transformation of the male role with more intense involvement in family responsibilities, especially care for children. (Tausig, M., & Fenwick, R. 2007)

However, labour is the fundamental and active factor of production. Labour has important contribution to the production of commodities

## **Discussion**

Internal migrant hospital laborers and changes of their personal life due to migration.

Occupational prestige is a way for sociologists to describe the relative social class positions people have. It refers to the consensual nature of rating a job based on the belief of its worthiness. The term prestige itself refers to the admiration and respect that a particular occupation holds in a society. This comes along with social acceptance. Social acceptance is one of the main change that faced by the respondents according to their life due to migration. Social acceptance means that other people signal that they wish to include you in their groups and relationships (Leary, 2010). Social acceptance occurs on a continuum that ranges from merely tolerating another person's presence to actively pursuing someone as a relationship partner. Social rejection means that others have little desire to include you in their groups and relationships (Leary, 2010).

“Doing sanitary work was not accepted by my relatives and they opposed my decision at first. It took more time for me to convince them. However, when I joined with Colombo hospitals it was a group of workers from different part of the country. Everyone was looking at each other with some sort of suspect. Which made me sad and felt loneliness very badly. But very sooner I could churn myself and made friends in the work setting.” (case study 01, 38 F interviewed on July 2020) .

The importance of social relationships in people's lives and their experience of wellbeing are evident in the ways in which their lives are organized around groups and relationships, be these within the family or among a larger community of people (White, Abeysekara, 2014). So without the social acceptance no one can concentrate their work with a good sense of their personal life. According to case study 01, her main concern is disparate behavior and practices of her hierarchical authority.

“We sanitation workers are very good and important until we finish the work. Once we done, they (supervisors of the man power agency or hospital staff) jump on to us. Not letting us to sit a little. They use vey hash, rude and loud voices, as we have not done any single work that have been told to us.” (case study 02, 42 F interviewed on July 2020)

“I prefer working in a Colombo hospital rather working at Nuwaraeliya hospital. I am mentioning my unwillingness of my identity as a sanitary laborer. Most of visitors to the hospital called sewage cleaners without no respect to us when their kids were vomited or passed feaces in the ward. (case study 03, 35 F interviewed on July 2020)

Douglas has spoken on how societies classified and arranged their worlds. The process of ordering a sociocultural system was called purity, in contrast to pollution, which stands for the violation of the classification systems, its lines and boundaries. So we can understand the social acceptance in not going well with their personal life due to the concept of dirt. As the sanitary jobs are taking as a lower job title which engage dirt throughout the time is one of the common thoughts of the society.

The loss of Social actualization is another major change facing by the internal migrant hospital labourers due to Social actualization their migration. After the migration positive comfort level with society hasn't reach by many of them due to their change of residence. Maslow defined self-actualization to be "the desire for self-fulfillment, namely the tendency for him to become actualized in what he is potentially. This tendency might be phrased as the desire to become more and more what one is, to become everything that one is capable of becoming. He used the term to describe a desire, not a driving force, that could lead to realizing one's capabilities. He did not feel that self-actualization determined one's life; rather, he felt that it gave the individual a desire, or motivation to achieve budding ambitions (Rogers, 1961). Especially many a people still calling them for the cleaning duties except the cleaning staff for sanitary duties. That positive comfort in both their personal lives and work lives has frustrated them. Respondents view on this with migration as follows.

“I was seeking my happiness and freedom (case study 04, 55 F interviewed on July 2020)

“My friends who live with me now are very good. They are not like my husband. Some of them have affairs after coming here some are consuming liquor. Even they are good. The happiest part in my life is my children also ask some financial help from me not from their father. My grandchildren are waiting until I come home as Santa Clause (case study 04, 55 F interviewed on July 2020)

She was happy about this change life and a family atmosphere at her home residence. Same time she has adjusted the life with the new conditions and atmosphere to enjoy the change. According to Hashi she herself has become successful due to the internal migration.

When we concern about psychological wellbeing, Physiological Needs are the foundation of Maslow's hierarchy of needs and include survival needs such as the need for sleep, food, air, and reproduction. Physiological needs are the requirements we all need individually for human survival.

According to the in-depth interviews, Lashi is a 40 year's old Sinhala Buddhist lady. Lashi is the breadwinner of the family from her young age. She was with full of tears when she expressed her past history. According to her she did not sleep with her family and her kids at least a full month. She has worked without a break from the very first day of her career. Further she told that she come back to Colombo very soon after the delivery of her youngest. Lashi could not remember the number of days that she spent with her youngest baby at home when researcher quizzed. More she told that her husband is weak and old, she has no choice and forced her to go for a job. (Case study 05, 40 F interviewed on July 2020)

The satisfaction and the wellbeing in the mentality are important to one's life. According to the responds, most of them are not satisfies with the life away from the home. They have faced many troubles and social discriminations due to their internal migration.

Nash is a 72 year old man has come to Colombo from Hatton 8 years ago. He has worked for 40 years to the estate until he turns 60. Due to financial restrains in day today life he wants to earn money. As estate does not recruited people over 60 he had to come out of the village.

“We as men do not want to employ our women. That is what we practiced in our caste. But this generation from the same caste of mine even have put down our values and morals we practice for several years. Same time we can't say no due to this high-rise of paddy.” This made him to come to Colombo in finding a job. He has found out a job at a construction site which is much heavier that what he practiced for a long time. Nash has been with them for about 2 years and has developed asthma. Then he had to change his job as there were no options for him to do. Finally, he has ended up himself as a sanitary worker in a hospital setting. (Case study 06, 72 M interviewed on July 2020)

Nash has also faced the personal life changes in here Colombo after the migration. Especially he is still trying to hide his identity as a sanitation labourers. (Case study 06, 72 M interviewed on July 2020)

“Whenever I meet a person from Hatton in the hospital, I used to say that I am here to mason work in the hospital. Otherwise it would be a shame on me, my family and my caste” (case study 06, 72 M interviewed on July 2020)

This is a major problem of them. Still they are not in a satisfied on what they do. The personal life is still counting badly even after the migration. The next change is the home centered gender role.

As Nash (72) said his wife can't take decisions over him and must obey what he says. "That's how we had our family life. But there were no divorce cases like today. (laugh) But according to his responds now he is not having his dominance in this society which challenges his male superiority.

"Our wives are obeyed what we said, here these women are arrogant, and they used to argue all the time, I wish I could slap someone who came to quarrel with myself." (Case study 07, 34 M interviewed on July 2020)

We argue that people's gender identity impacts the way men and women cope with the co-presence of work and family identities differently. More specifically, decisions about engaging in or refraining from work and family roles are influenced by prevailing gender norms in one's social context – norms that indicate what roles are and should be for men and women, and as such, communicate to what extent male and female identities are compatible with work and family identities. According to the data both men respondents have lose their home cantered gender role after migration. They cannot order others, and especially they have to engage with household works like washing cloths and preparing food

"I was seeking my happiness and freedom." (Case study 04, 55 F interviewed on July 2020).

Vashi (43) said that she is happy as she could earn around Rs.30000/- – 35000/- per month. She said that all her family members respect her as the main financial supporter of the family. They referred as the anglel that provides money (Lakshmie Manio). Vashi purchased little electrical equipment which helps them to make their life easier. She is happy that her children have their breakfast now before going to school. Further she added that working in a Colombo hospital also brings them a certain prestige and it adds a value to the family.

According to the above case study, she enjoys the working in distance to the home as a new experience and her family background is adding a value for her from the fact of working in Colombo. There they never consider about the above mentioned dirty concept or the social labeling for working as a minor staff and that is how the concept of Purity and Impurity works in different cultures.

The idea of anomie means the lack of normal ethical or social standards. This concept first emerged in 1893, when French sociologist Emile Durkheim published his book entitled, *The Division of Labor in Society*. Anomic family depression is a

form of depression which occurs in reaction to a disruption in a family's ability to discover a sense of meaning and purpose in life. Anomic depression often occurs during times of family migration where there is an increased danger of a disruption in the family's traditional methods of discovering and experiencing meaning.

Among all other informal work Mash chose hospital sanitation work. "I am very much happier with the light work that has to be performed. At the same time, I am happy about the mental and physical security I have, being a worker in a hospital. I earn nearly 30000 per month and visit his parents every two months. What I earned previously is a quite big amount when compared with the present salary. On the other hand, I am happy to be in the hospital as I get maximum caring from the hospital when he ill. (Case study 07, 34 M interviewed on July 2020)

In other hand most of the respondents has become the impact of anomic family depression. Many of them are facing the loss of the caring of the family and specially the children.

"I am doing this job because of my little ones, but when I remember them it hurts a lot" (Case study 05, 40 F interviewed on July 2020)

Negative Impact of the internal migrations are always come out in many studies. The loss of a person from rural areas, impact on the level of output and development of rural areas. The influx of workers in urban areas increases competition for facilities too. Having large population puts too much pressure on natural resources, amenities and services. These workers are facing this situation badly, especially in sanitary needs and day to day needs. It is difficult for a villager to survive in urban areas because in urban areas there is no natural environment and pure air. This is a major influence that they face during there working places far away from homes.

The gender perspective on jobs is also an important fact to review this situation, especially the point of feminism is to work towards equality. This means equality for everyone, regardless of gender. Equality means that men can comfortably aspire to be nurses and primary school teachers while women can aspire to be miners and bin collectors and neither will be judged for doing so, or treated like they're too feminine or too masculine for doing a certain type of work.

The changes in the life of internal migrant sanitation labourers are as follows which mark differences of social views and the actual acquisition.

- Now I used to have a drink each evening. (Nash, 72)
- I always try to do something extra for my family. (Lashi, 40)

- Yes, it is all about freedom. I can enjoy the rest of my life. (Hashi, 55).
- Only happiness is I am doing something to my family (Mushi, 40).
- My husband respects me as I am earning more than him. (Sashi 38)

Some of these ideas make a sense that they are no longer lumpenproletariats. Because they have a target and they know what they are doing for their occupation. They clearly do this job for the sake of their family and their future. Lumpenproletariats have no idea and they do only jobs for the survival day to day life. Therefore these sanitary laborers are in a deep situation and no longer are they lumpenproletariats.

Also it is clear that as the social mobility expresses people become vulnerable while the migration works and low income working with migration. But here according to data we can see women have become a social vulnerable and men has become economic vulnerable during the migration. Women have faced many social issues after migration for sanitary works and men have faced economic crisis due to their careless economical management.

According to the collected data from the sample, we can identify the internal migrant hospital laborers and what are the changes of their personal life due to migration. Work-family life changing is said to arise from simultaneous pressures from the work and family domains that are incompatible in some respect. Because of this incompatibility, participation in one role is made more difficult by virtue of participation in the other role (Greenhaus & Beutell, 1985).

The main change is living away from the home and family. Especially the women facing this situation coercively just only for the survival. So we can see internal migrant hospital laborers have faced many changes of their personal life due to migration and most of them are not working for their social or psychological wellbeing in their personal lives. Shortages of health workers are evident in hospital setting, but the degree and nature of such shortages are difficult to determine due to the lack of evidence and health information. The relationship of such shortages to internal migration is not clear. Policy responses to health worker migration are also similarly embedded in wider processes aimed at health workforce management, but overall, there is no clear policy agenda to manage health worker migration issues and their life condition. Therefore their life condition is having a upside down condition and there is an essential need to margin and focus their life goals and a maintain system for their economy.

## **Conclusions**

This study focusses on hospital sanitation workers and the impact of migration on the life and work, addressing on the research problem; “What are the issues related to everyday life and work among internal migrant hospital sanitation workers?”. Migration, internal or external, is seen as causing numerous issues on social and psychological wellbeing. The study delineated that, these internal migrant sanitation workers are also facing such issues of migrants.

Migrant labourers are one of the most vulnerable communities in Sri Lanka. It has been observing for a long period of time though we have not taken necessary initiatives. Unlike in the past, hospital sanitation is an outsourced work today. Sanitation workers are not a part of the hospital internal staff; but work under various man power agencies as casual workers. Under these circumstances sanitation workers often neither get appropriate facilities nor proper remuneration from their employer, in that situation they keep on struggling to defend their regular expenses and to keep on tackling health and safety obligations to maintain an uninterrupted routine life.

Cleanliness is one of the most important practices for a clean and healthy environment. It may be related to public hygiene or personal hygiene. It is essential for everyone to learn about cleanliness, hygiene, sanitation and the various diseases that are caused due to poor maintenance of hygienic conditions. Cleanliness is a great virtue. Hygiene is practiced in urban and semi urban environments while rural communities are being educated on proper hygienic practices. In this manner, Sri Lanka is moving ahead towards providing good sanitation with proper knowledge. In this context the continuation of the sanitary work and sanitation worker becomes significant. Slowly this job title become essential and important. In order to supply the demand a specific job market was created, and workers were called from throughout the country by man power agencies. Unskilled labourers who had no means of reaching their social goals joined the newly created sector from every nook and corner of the country.

However, the precarious position of migrant workers within the society may have consequences for the health of these individuals. Thus, there is a need for better identification of life and work of internal migrant labourers in a hospital setting through a sociological perspective. The job title of sanitation worker is a somewhat marginalized title among other occupations. It is mostly considered as a brown color job as workers generally become dirty once they finish their work. Among some cultured groups, practice of humiliation on sanitation workers due to the job/ work they do is still prevalent. These stereotype attitudes of people in those cultures

prevent sanitation workers engaging in work in their residential areas, therefore they often leave their native place and migrate.

The study identified some changes in work environment and life style of the sanitation worker. Migration as a pull factor helps to improve social life of people as they learn about new culture, customs, and languages which help to improve relationship among people. Migration of skilled workers leads to a greater economic growth of the region while this segment of the workforce associated with low skill level or limited economic value for the work they performed. However, according to the given responses of the respondents their life style has been changed completely. Most of them have not been able to reach their physical, psychological and social standard that cater to their migration from their native places. The lack of care and being separated from the family and children has severely affected their psychological wellbeing. And also the social wellbeing has been challenged with the labeling and exclusion of the society. Being a labourer is considered in the Sri Lankan context as a minor work and it is more so in the rural setting of the country according to the narratives of the migrant workers.

Many of the women revealed their experiences related to harassment at their home settings by their husbands which compelled them to leave their homes looking for a work in the city. Even in the new setting discriminatory harassment, insults, offensive jokes and intimidation tactics are common. Some of the respondents attempted to adjust to this situation because they consider their aspirations such as the wellbeing of the children and escaping from family problems as more important. They have succeeded to incorporate the culture, customs and language of the new setting to their day today living. Success they have achieved in adjusting to a new lifestyle has almost entirely estranged many of the hospital sanitation workers from their rural lifestyle and its social cultural expectations. It was much obvious some even do not want to go home rather transferring money.

While studying the internal migrant sanitation workers and their attempt to understand the changes of their work life due to migration, highlights many psychological imbalances during their work life. They have promoted themselves by giving a monetary value to the service they provide, the freedom they have gained, enjoying their social world but not with the job title at ever. According to them society still recognizes them as sewage cleaners which drops their positive perspective on duty.

Home centered gender role has been changed and many women stood up with the freedom while eliminating their home-based oppression and changing their everyday pattern of life including their dress and demeanor. However, women respondents still faced numerous concerns with their safety and underestimating

situations that emerge in their work life based on being an external work force due to the hierarchy in work place and social perspective on this job. Nevertheless, all of them have driven by different targets to achieve. These contradictions that appear in the level of satisfaction of migrant hospital sanitation workers provide an important picture about the life of migrant worker's psychological imbalances during the work. Personally, they are happy of being a liberated person and earning their living but still feel degraded due to the humiliation experiencing them face on daily basis due to being recognized as a cleaning worker. Respondents explained even some visitors react on them in a degrading manner. This discrimination drops their positive perspective on duty as well.

Migration has made transnational families a global phenomenon, as families whose members live some or most of the time separated from each other yet hold together and create common aspirations, forwards collective welfare and unity of the family. Except the few, this internal migrant group of sanitation workers' families, social relatives and intimate relationships are being contribute and associate negatively. So the favorable relationships are being challenged in this group as it affects the unity of the family.

However, it was clear that they also have not totally abounded their family centered life targets which was the motivation behind their migration to the city. They have attempted to share their problems, concerns and challengers related to their social and psychological wellbeing within the new social relations and companionships. But the behavior of men was quite different. Migrant male sanitation workers seemed to have addicted to alcohol and other negative practices devastating effect on the user and their families they have left behind.

Previous studies have shown patterns of migrate and their impact in fulfilling the parents' roles which generally centered within the family. In the present study context, all female respondents were happy about the fact that they could provide enough money especially for their "children's breakfast" before going school. Men sanitation workers expose more to chemicals that hospital dispose and still become voiceless in situation that create health hazards. At the same time, they despite their alcoholism and other negative practices, also seemed to feel highly dissatisfied about not being able to fulfil their duties toward their families.

Working in an informal work sector and living in an unhygienic/ polluted environment has also led them to health problems and sickness. Most of these sanitation workers live in open spaces or make shift shelters in spite of the Contract Labour Act which stipulates that the contractor or employer should provide suitable accommodation. Apart from seasonal workers, who migrate to the cities for work live in parks and pavements or in slums and shanties? They live in deplorable

conditions, with inadequate water and poor sanitation. Inadequate safety measures and ignorance of safety equipment lead to accidents which might even be fatal. In the past, women used to migrate along with their husbands to help them with the housework while they eked out a living. In recent years, there has been an increase in the number of women who migrate independently in search of work. So the sociological studies on such areas should be encouraged as these areas are becoming fatal social issues.

The feeling of doing something useful for society, something that has value to others, helping, making the life easier for the people who seek their assistance are some factors which inspire these workers to be engaged further in this job. In addition, at the home front women had become the “Money Goddess” (Lakshmi Menio) who provide the financial needs of the family which also brought them a high level of satisfaction. The study showed that the life of migrant sanitation workers, both men and women; in any manner has reached the satisfactory levels prescribed for workers by the International regulations nor there seem to be any attempts to make a change at the level of personal satisfaction. Female workers were both satisfied with regard to their experiences between life and work. Males on the other hand could not clearly demarcate between their home and work experience. Work related frustration created on by degrading work standards that felt more by men due to this male superiority. Their new coping strategies such as alcoholism which worsened their situation were equally had led to problematic endings. Answers are yet to be provided for their questions related to their needs and wants, demand and the supply, service and the remuneration. The lack of availability of statistics of inbound labour migrants leads to lack of information to plan for services. There is no responsible government agency to manage the issue. A revision to labour migration policy is very much needed in this context to capture the issues concerning migration worker who also get severely exploited. A responsible authority should be identified the compilation of statistics on internal migrant workers and need of revising the labour migration policy and amendments to protect the rights of sanitation workers.

Therefore sociological analysis on these areas is essential for building long lasting answers for social problems like this. As recommendations, Government must make a team for strict vigilance so that migrant workers must get the full protection of law. There must be government counselor near to the work site, who can guide the migrant workers as and when required. Government must make regular awareness program so that migrant labours can understand their rights and the rights of law. Every worker must have a bank account and all payment must be made through bank. Man power agencies/ recruitment agencies should be monitored by a government body in regularizing their remuneration, health and food and other

facilities provided. It is also imperative that recruitment of sanitation labour should occur under a proper regulatory mechanism through a licensed agency. These type of leading actions/ initiatives or law enforcements would make a conducive environment for a sanitation worker to provide his/her service with dignity and worth.

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