

The Steel Factory Workers, Nepal



This research was based on six months of ethnographic fieldwork among migrant and non-migrant workers from both India and Nepal in a steel factory in the Terai region of Nepal. There were about 4000 workers in the factory, $\frac{3}{4}$ of whom were migrant workers.

Ethnographic data were collected through participant observation, in-depth interviews, a questionnaire schedule and field notes. Audio-visual aids such as camera, voice recorder and GPS logger were used for survey, qualitative interviews and medicine mapping. Stool samples were collected and sent for microbiological analysis and whole-genome sequencing.

Medicine use was mapped based on observations in the factory health clinic and visits to health care providers outside the plant such as pharmacies, clinics, PHC and hospitals.

Some preliminary findings from the field are described below.

Migration: Among migrant workers from India, the main reason for migration was that the factory was located 'close to home', i.e. in the national border region. Many workers had worked at the steel plant all their lives. The migrant workers commuted regularly between India and Nepal.



Facilities: The basic facilities provided by the factory included safety equipment, health services, housing, canteen and social security fund. These facilities were frequently cited by workers as a reason for continuing to work in the hazardous steel industry. Workers frequently visited the factory health clinic for work-related injuries such as cuts, burns and fractures. Apart from these, workers had complaints of ailments such as skin allergy, dust allergy, various types of stomach problems, cold and fever; or they needed to monitor their blood pressure. Various types of medicine, including antibiotics, were prescribed not only by health workers but also by private providers without formal medical qualifications. Over-the-counter sales of antibiotics and painkillers were common in almost all pharmacies visited during the fieldwork, contributing to a high prevalence of antimicrobial resistance being identified in stool samples provided by the participating workers.

