

RICE MILL

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THIS RESEARCH IS BASED ON A SIX-MONTH ENGAGEMENT IN A RICE MILL IN BIHAR, INDIA, IN THE REGION NEAR THE INDO-NEPAL BORDER. IT BEGAN BY EXPLORING THE ADMINISTRATIVE AND HEALTH BOUNDARIES THAT MIGRANTS FACE IN THE WORKPLACE ACROSS STATES AND DISTRICTS.



If there are no health clinics in a workplace, what do workers do to mitigate the effect of dust, noise and heat, and to treat illness? What are the drug hubs and networks around a factory in the hinterland? Is self medication or prescriptions by unqualified persons the main reason for indiscriminate use of antibiotics?



WORKPLACE

Through a workplace study encompassing surveys, long form interviews, interactions and fieldnotes, the study sought to understand the lifeworld, workplace experience as well as migration trajectory of the workers in the rice mill. The aim was to understand the impact of work on the body, and the extent of medicalisation of the working body. An attempt was made to link production process and the health consequences.

MEDICINE MAPPING



DRUG SUSCEPTIBILITY

Stool samples were collected from participants to understand the pattern of drug resistance and to link it to the other findings in the study. These included social or community dynamics, and links to the work environment and type of healthcare provider.

Some of the findings indicate a high level of resistance to commonly used antibiotics, particularly those used to treat upper respiratory tract infections.