**Abstract**

Labour migration is an important and necessary livelihood strategy for millions of individual and households throughout India. Migration has become a way of life to many, who are unskilled and semi skilled and find difficult to get better jobs within their natives and locality. Most of the poor people migrating to cities and towns join one or another informal sector activity either in wage employment or self-employment. The unorganized sector, now being referred as informal economy at global forums, is understood to be outside the world of regular, stable and protected employment which means that the workers in this economy are not recognized, regulated or protected by the existing legal and regulatory frameworks. Construction is a fundamental, integral part of economic development and provides many of the materials benefit of progress: housing, schools, hospitals, transport, infrastructure, irrigation schemes, power stations, industrial plant, etc. The generation of largest scale employment is a significant aspect of construction work for both male and female workers. Construction workers are unskilled and illiterate workers, which make them very vulnerable to exploitation. The main occupational health problems in the construction industry are back injuries from carrying heavy loads, respiratory disease from inhaling dust, musculoskeletal disorders, noise-induced hearing loss and skin problems. With this background the present study is been carried out in order to examine the health problems among migrant women workers of sample size 110 employed in construction sectors in India with special concentration on Coimbatore region of Tamil Nadu.