HEALTH STATUS OF WOMEN CONSTRUCTION WORKERS; A CASE STUDY

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ABSTRACT

Health of women is closely linked to her status in the society. The nature of occupation and working condition affects health of the labourer. (Women bear a triple burden of reproduction, production and domestic work.) The working conditions in the construction industry have been improved during the past decades and efforts have been made to reduce the amount of heavy lifting and carrying, but hard physical labour, static work, climatic influences, noise and dust are still considerable burdens for construction workers. This paper examines the nature of working and working conditions and its effects on the Health of women construction workers. The study was conducted Chikmagaluru district of Karnataka State India. Field work was carried out by using appropriate and Nature work and working conditions, personal interview schedule to study the health status of women construction workers. Further the study highlights major findings and shows the need and possibility for further health primitive women construction in workers targeting both work related conditions and personal lifestyle factors.

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Key words: Health status, women construction labourer working conditions, Nature of work. Health Hazards.

INTRODUCTION:

Background:

Globalization, Industrialization and Urbanization are emerging trends in India. Industrialization and urbanization is the construction of larger industries, road, township, and many more. For all such constructions, there is need of the larger number of construction workers on site. Recently the larger number of small and big construction projects are going of small and big construction projects are going on all over India. In India women workers construct of major portion in the work force of the construction industry. They remain not only unorganized but also unskilled at compared to male construction workers. Construction workers are of one of such migratory group. They have maximum mobility because of the nature of their work. They have more from one construction site to other as per the directions of the contractors. Women construction workers are one of the most numerous and vulnerable segments of the unorganized sector like construction industry. Served factors make them vulnerable like employment which is casual nature, temporary relationship between employer and

employee, uncertain working hours, lack of basic amenities, lack of safety, health inadequate welfare facilities.

The human development report for 2010 recently published United Nations development programme, presents a gloomy picture of the status of women in the world. The most striking point is that there is not a single country where women enjoy equality with men. Women perform 11 trill on worth of unpaid or invisible economic activity worldwide. According to the findings of a 31 country study, women work longer hours than men. On an average, women put in 13.0 percent more times than men in developing countries and 6.0 percent more than men in developed countries. Another finding was that of the total burden of the work, women carry, 53.0 percent and men carry 47.0 percent in developing countries and the figures of 51.0 percent and 49.0 percent for developed economies.

The discriminatory approach towards women was still keep rooted in our society, even though our constitution guarantees them an equal rights and status. We have failed to recognize the extensive contribution of women to household and national economy as active workers, and producers of goods and services. Sex difference is linked with unequal distribution of resources towards rights and responsibilities.

The status of women in a society is usual measured in terms of the level of education, employment, income, health as well as role played by them in the family, community and society.

Construction workers are one of the most numerous and vulnerable segments of the unorganized sector in India. The building and other construction workers are characterized by their inherent risk to the life and limb of the workers. The work is also characterized by its casual nature, temporary relationship between employer and employees, uncertain working hours lack of basic amenities and inadequate welfare facilities. There is no discernible and permanent employer employee relationship in the construction sector due to the migratory nature of the labour, short duration of projects, and the numerous sub-contractors, (Suchitra and Rajasekar, 2006). Usually, the principal employer never knows who is actual working for him and nor does the workers know for whom he is working. These characteristics also influence the practice of gender discrimination, working conditions, social security, health and safety of the workers special the women in this industry. Even though construction is considered to be one of the principal industries in the country, the workers in the industry still remain unskilled, exploited and discriminated against (Mathew, 2005).

Women are engaged in a whole of unskilled work, which though invisible, are unavoidable in the construction activity. They are mostly head load workers, who carry bricks, cement, sand and water from one place to the other, sometimes over great heights along precariously balanced wooden beams or structures. This exposes them to high risks of accidents as well as physical and mental strain. They are also involved in cleaning up concreting and earth work. In construction industry unskilled men, as helper, also do head load, concreting and earth work but women are usually paid less than men for equal work.

The job of unskilled worker is more strenuous in the construction industry than in other manufacturing industries. As causal workers, women not only face insecurity of work but are also paid lower wages compared to their male counterparts. Minimum wage and other legislation are violated for women. Women face instability in work, they get poor remuneration discrimination in the payment of wages and virtual absence of enforcement of protective labour legislation. Their work is regarded as

unskilled, but they are given no opportunity to acquire skills on the job. Usual, women workers in construction industry have to assume multiple burdens of household work, looking after children and work in the sites to earn a living. More than 35 percent of the construction workers are women (ILO, 200/a). Unlike other industries where women are employed in semi-skilled or sometimes even in skilled jobs in the construction industry they are employed only as unskilled labourers.

The health and welfare condition of women has profound impact on the overall health and welfare of a community. This is more important and true about women in India who beads more physical and mental work and share more responsibilities of their family. Women's general health and welfare is often not a high priority not only for their family, but also for their own. The large majorities of women who work in the informal sector face health problems and type emerging from the work place, nature of work and their domestic situation.

The health condition of women workers in India due to unfavorable working condition, workplace and nature of work they suffer from various occupational diseases. According to national commission on self-employed women and women in the informal sector that in order to understand the occupational aspect of physical and mental health; it is necessary to have detailed examination of women's work and its effects in terms of physical and mental health. It is necessary to analyze their health in terms of physical stress, the postural position and their effect and occupational related health problems. Many features of women's work activities have adverse consequences for their status of health and welfare.

The socio-economic factors related status of health such as malnutrition, over burden of physical work, and lack of approach to available facilities reflect gender discrimination and related problems. In regarding women, it made them more vulnerable to diseases and ill health. The poor dietary intake due to heavy physical labour, performing all household activities along with work outside the home lead to chronic energy deficiency and severe anemic condition. The status of women's health is more reflected by women mortality and morbidly, disease, burden reproductive behaviors, nutrition, work environment, violence and its consequences on health care system. Hence, still there is a need to look at women's health and some of their social and physical environment and experiences to understand their status. With this background the present work is intended to study the health status of women construction workers. They are victims of different health hazards, diseases, and occupational stress and strain.

Work stress is generally known for negative impact on productivity and job satisfaction among workers of different professions. (Mc Vicar, 2003; Ng et al., 2005; Ibemet at., 2011) Ibem et al. (2011) reported that the stress and strain among construction workers were due to work load, fixed time frame, lack of training, poor communication among workers as well as with supervisors. Leiter (1991) and Ng et al. (2005) suggested that the other causes of stress and strain among workers were inadequate room for innovation, lower wages, ambiguity of job requirement, inadequate knowledge of project objectives, long working hours, tight schedules and unfavourable working conditions etc. Lower wages and exploitation by labour contractors to the unorganized construction workers was noted by self-employed women's association (SEWA, 2000).

Health safety and executive (HSE) suggested health priorities for construction industrial workers with reference to manual handing of building materials, hand and arm vibration syndrome and cement dermatitis (Beswick et al., 2007)

Insomnia, nausea and headaches due to psychosocial stresses like job uncertainty, sexual harassment and gender discrimination in women construction workers was reported by Goldenhar et al.(1998) and Linda and Goldenher (1999).

Huges et al. (1997) noted that psychosocial factors like job satisfaction and social support might influence the prevalence of musculoskeletal symptoms (Morken et al., 2000). Latza et al. (2002) and Abbe (2008) found that chronic low back pain in construction workers might be due to awkward posture and repetitive nature of work.

Objectives:

1. To examine the health status of women construction workers.
2. To andesite empirical record, the socio-economic status of women construction workers in study area.
3. To suggest and recommendations to meet the health and welfare of these women construction workers.
4. To analyze the major findings study area.

RESEARCH METHODOLOGY

The study was conducted in chikkamagalore district of Karnataka, in India. According to the 2011 census, chikkamagalore district has a total population of 11,37,961 of which 5,66,622 are males and 5, 71,339 are females. The total area of chikkamagalore district is 7,201 sq. km and number of hoblies 34, the seven taluks of the district has been further sub-divided into 34 hoblies (revenue cities) and density population per sq.km 158 and sex ratio is 1008 in 2011.

In this study multistage stratified random sampling technique was used. A sample of 300 women construction workers in chikkamagalore district were selected for the study. The present study is based on the primary data. Primary data is collected from respondent with the help of an “Interview scheduled”. As majority of the women construction workers are illiterate and the women construction workers interviewed in the local language such as kannada and the responses were noted in interview schedule.

Simple statistics tools like percentage, frequency table and cross tabulation and for this SPSS -17 statistical packages was used for analyze the data and explain its results.

Data Analysis and Interpretation

Table no 1

Socio-demographic profile of the respondents (n-300)

Age wise (years)	No	Percentage
	15	5.00
15-30	104	39.66
30-40	130	43.33
40-50	47	15.66
Above 50	19	6.33
Educational status		
Illiterate	166	55.33
Primary 1 to 7^{th}	99	33.00
Secondary 8 to 10^{th}	207	09.00
	-	-
Higher secondary (PUC)	08	2.66
Degree	-	-
Martial status		
Married	236	78.66
Unmarried	25	08.33
Widow	36	12.00
Separated	03	01.00
Castes		
Scheduled caste	134	44.66
Scheduled tribes	42	13.99
Backward castes	108	36.00
Forward castes	16	05.33
Religion		
Hindu	289	96.33
Muslims	07	2.33
Christian	04	1.33
Others	-	-

Source:- Field survey

Summarizes the following facts presented in the table No.1 out of 300 respondents must of women workers were between 15 to 40 years of age; only a few worked after the age of 50. As the work is hard there are fewer women over the age of 50.

53 percent of the respondent were illiterate and 33 percent of the respondents have the majority of women construction workers are illiterate and educational status is very poor.

The majority of respondents are married i.e., 240 respondents out of 300. It shows that majority women construction workers are married. After the marriage they more with the husband family for income generally activities.

Majority 44.66% of the women construction workers belonging to scheduled castes and scheduled tribes (13.99%) other backward community (36%).

Their status in society is lower than forward castes. These lower castes live below the poverty line and most of them working in construction industry.

Table No-2

Frequency Table of Multiple Type of Work Done by Women Construction Workers in the Construction Industry

Type of work doing	Frequency	Percentage
1,2,3,4,5	1	0.33
1,2	5	1.66
1,2,3	7	2.33
1,2,3,12	2	0.66
1,2,3,4	27	9
1,2,3,4,12	4	1.33
1,2,3,4,5	36	12
1,2,3,4,5,6	3	1
1,2,3,4,5,6,12	2	0.66
1,2,3,4,5,6,7,12	4	1.33
1,2,3,47,8,9	2	0.66
1,2,34	3	1
1,2,4	27	9
1,2,4,5	142	47.33
1,2,4,5,7	3	1
1,2,5	3	1
1,3	3	1
1,3,4	8	2.66
1,3,4,5	15	5
1,3,4,5,7	3	1
Grand Total	300	100

Source: Field Survey

Note: 1. Water feeding 2.Material supply **3.** Mall mixing **4.**Mixing Cement **5.**Stone shaping **6.**Slab pouring **7.** Load Carrying **8.** Breaking Stones **9.**Mixing Motor **10.**Digging **11.**Concreting **12.**Leveling **13.**Plastering **14.**MasonWork **15.** Supervision

Table No.2 shows the results of type of work of women construction workers. The majority of women construction workers do the work like water feeding, material supply, mixing cement and stone shaping with percent of 47.33 and its amount to be 142 out of 300 respondents. Next highest multiple type of work done by the respondents is 1,2,3,4,5 by 36 respondents, followed by each 9 percent (27) of the respondents doing 1,2 ,4 and again 9 percent of the respondents(27) doing 1,2,3,4. Totally 77.33 percent of workers work done by above said works. Than the remaining 22.67 percent of the respondents doing different types of construction works.

This result reveals that totally 77.33 percent of the women construction workers have to work in multiple types of construction works. It is due to because of nature of industry itself.

Table No-3

Frequency Table of Opinion of Health Problems by the Respondents

Opinion	Frequency	Percentage	Valid Percentage	Cumulative Percentage
Yes	257	85.6	85.6	85.6
No	43	14.3	14.3	100.0
total	300.0	100.0	100.0	

Source: Field Survey

Table No.3 shows the result of frequency test health problems of the respondents. Women construction workers suffer from different diseases. Only 14.3 percent of them do not have any health problems.

Table No-4

Health Problems and Sickness of the Women Construction Workers

S.No	Particular Disease	Opinion of Respondents	Percentage
General Disease			
1	Malaria	126	42
2	Injuries	42	14
3	Caugh& cold	123	41
4	Diabetic fever	02	0.66
5	Gastric Ulser	07	2.33
6	Hypertension	02	0.66
7	Skin Disease	18	6
8	Weakness	24	8
Specific disease			
1	Bronichial diseases	11	3.66
2	Body aches	10	3.33
3	Heat Exhaustion	7	2.33
4	Jaundice	121	40.33
5	TB and Typhoid	8	2.66
6	Anemia	3	1
7	Others	66	22

Source: Field Survey

Table No.4 shows the results of general and specific health problems of women construction workers. They have faced in generall malaria, injuries, cough and cold, diabetic fever, gastric ulser,

hypertension, skin diseases and weakness. But specific health problems are bronichial disease, body aches, heat Exhaustion, and jaundice, TB and typhoid, anemia and others. Out of 300 respondents 42 respondents have faced malaria followed by 41 percent of respondents are cough and cold, 40.33 percent of the respondents are faced to jaundice. 14 percent of the respondents have faced injuries. 11 and 10 percent of the respondents have faced by bronchial disease and body aches respectively. 8, 7 and 6 percent of the respondents are faced TB and typhoid and weakness, heat exhaustion and skin diseases respectively. 22 percent of the respondents are stated that other disease like kidney failure, heart related disease, lung cancer, etc. Remaining a small percentage from1 to 3 of the respondents have faced anemia, diabetic fever and hypertension etc.

The result reveals that majority of the women workers have faced important major diseases like malaria (42%), caugh and cold (41%), and jaundice (40.33%). It is because Chikmagalur district have a malnad region, climatic conditions are change often, like heavy clouds, rainy area etc. Hence, it leads to have a malaria, caugh and cold, commonly it affected to jaundice of the women worker.

Table No-5

Cross Tabulation of Caste and Specific Health Hazards of the Respondents

Caste / Specific Health Hazards		Skin Cancer	Eye Diseases	Blood Pressure	Other	No	Total
Scheduled Caste	Count	0	6	5	2	119	133
	% within Caste	.0%	4.5%	3.8%	1.5%	90.2%	100.0%
Scheduled tribes	Count	1	0	1	2	40	44
	% within Caste	2.3%	.0%	2.3%	4.5%	90.9%	100.0%
Nomadic tribes	Count	0	0	0	0	3	3
	% within Caste	.0%	.0%	.0%	.0%	100.0%	100.0%
Backward castes	Count	0	3	4	6	90	103
	% within Caste	.0%	2.9%	3.9%	5.8%	87.4%	100.0%
Forward caste	Count	0	1	1	0	9	11
	% within Caste	.0%	9.1%	9.1%	.0%	81.8%	100.0%
Others	Count	0	0	0	0	6	6
	% within Caste	.0%	.0%	.0%	.0%	100.0%	100.0%
Total	Count	1	11	11	10	267	300
	% within Caste	.3%	3.3%	3.7%	3.3%	89.3%	100.0%

Source: Field Survey

The above table No. 5 shows the result of cross tabulation between caste and health hazards. Out of 300 respondents 267 respondents (89.3%) stated that there is no specific health hazard. Remaining of the respondents are having specific health hazards in construction industry. 3 percent of the respondents having skin cancer, 3.3 percent of respondents facing Eye diseases, 3.7 percent of the respondents having blood pressures and 3.3 percent of the respondents facing other specific health hazards. This result shows that 33 respondents (11%) have to facing the specific health hazards, because of the working conditions and facilities provided at the site are far from satisfactory, dangerous working conditions, lack of access to any kind of welfare are the causes for ill-health. Most of contractors or owners do not even provide safety belts, eye protection wears, hand gloves, shoes and helmets to their workers.

Major Findings

1. This study reveals that majority i.e. 85.7 percent of the women workers are suffering from various occupational diseases out of 300 respondents. Further found that in study area the main diseases like malaria (42 %), cough and cold (41%), Jaundice (40.33%) and other like skin cancer, eye diseases, and blood pressure (22%). It is because Chikmagalur district belong to Malnad region, it have typical climate condition, and climate conditions are change oftenly like heavy clouds, rainy area. Hence this area have malaria, cough and cold, commonly it leads to the jaundice and related diseases.
2. The study shows that rate of exploitation of women workers doing the work like water feeding, material supply, mall mixing, brik handling and other work. Actual wages of these work Rs 300 per day for among the women workers, but wages are paid Rs 230 to 260 per day by the contractor. Differences of actual wages and paid wages to workers it is rate of exploitation i.e. water feeding rate of exploitation is 23.33 percent, material supply, brik handling and other works with 16.66 percent, and mall mixing 13.33 percent out of 300 respondents. Majority of women workers are exploited by contractor in the form of wages. Rate of exploitation is variation according with the nature of work among the women workers. This type of wage exploitation exists in the construction workers; it is because women workers are illiterates, insecurity of job, and discrimination of gender.

Recommendation and policy implications

1. As mentioned earlier the health expenditure in the family of women workers is born by herself, by husband, by the family member and part of it by the contractor. In fact it is the responsibility of the house builder or the owner to look in to the health expenditure of women workers. The law should be framed to see that the house owner also share a part of health expenses of the women construction workers.
2. The diseases like malaria, cough and cold, jaundice, skin cancer and eye diseases are very common among the women workers in construction industry. It is recommended that under National Urban Health Mission a separate provision should be made these workers with additional medical facilities through the board they should be abele get all types of treatments and meditations.
3. Indira AwasYojana should be speeded up to provide housing facilities to women construction workers. It is already evident that quality of house construction among women workers in construction industry has improved side by side, sanitation facilities and toilet facilities along with safe drinking water facilities have improved. Add to this is the electricity facilities, the programme like social sector incentives should be implemented rigorously.
4. Maximum number of insurance schemes should be brought under the benefits of women construction workers, not only that the government should pay the premiums also. The payments

should shuttled soon after either the accident or the death of the workers. Government can also involve the owners of the building to pay the part of the premium and compensation in case of injure or death of the workers. If the building work is stopped in between for a while the building owners should pay interim wage payment to retain the workers in their place.

CONCLUSION:-

The construction workers were poor. Majority of them were literate. Their wages were low. Hence, fulfillment of their basic needs was a difficult proposition. The workers were exposed to different types of working environment. They worked for long hours. The workers might be lacking in concentration towards work due to tiredness and work load. The injuries/accidents were responsible for loss of man days. The workers were suffering from job stress and strain. Low wages, job insecurity, repetitive work and bullying by superiors were some of the causes of occupational stress and strain. A good number of subjects were suffering from low back pain. They were neither aware off nor availed off the different available social security schemes. Individual awareness during collection of data was made. However, awareness programmes was necessary for their overall upliftment. The government has launched a large number of programmes and schemes to address the major concerns and bridge the gaps in existing health infrastructure and provide accessible, affordable, equitable health care.

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