



Health Status of Women in Construction Industry in Visakhapatnam City- A Research Study

Dr. Mrs. P.
JAYALAKSHMI

Associate Professor in Economics, Principal Investigator of UGC-Minor Research Project (2014-16), St. Joseph's College for Women (A) VISAKHAPATNAM A.P

ABSTRACT

Informal employment is more in developing economies. Construction industry is the major and important industry of the world. Construction industry is one of the major informal sectors to provide employment next to Agriculture in most of the Developing economies. It is broadly classified as building and civil engineering construction works include structures such as houses, offices, shops, industries, schools, roads, Dams, Canals etc. The common health problems among construction women workers apart from a number of fatalities are work related musculoskeletal disorders which occur due to the nature of work. In these study 100 samples was selected from four areas (East, West, North and South) of Visakhapatnam city and collected the data both qualitative and quantitative. Selected statistical tools were used to analyze the data. The major findings are, majority of the women facing common health problems, and specific and serious health problems were not found. The number of women is aware about the work related health problems.

KEYWORDS : Informal sector, Developing Economies, Musculoskeletal disorders, Fatalities

Introduction:

Construction sector is next to Agriculture in terms of employment and income Contribution to the Indian Economy. Industrialization and Modernization has paved a good way to the construction industry. The construction sector is one of the largest employers of women next to agriculture in India. Construction work is often described as difficult and dangerous one. It is one of the most hazardous and accident prone activities as reported by International Labor Organization (ILO). Construction sectors involve works that are highly unsafe and most dangerous. So far as women construction workers are concerned their conditions even worse. Women construction workers may carry heavy loads more than the weight limit recommended by occupation safety and health standards for women. They also tend to carry heavier loads when they have to climb up a job site and in repetition of this takes a toll on the women, and their bodies.

The unorganized women workers in the construction industry face several health hazards. The public health facilities are poor in most of the construction sites. Construction industry is attracting huge quantity of unorganized workers from various parts of the country. At present this sector is becoming "a path" to enter urban from rural. Every occupation is associated with one or other ill effects on health. One such occupational group is construction workers. Today is era of women who have diverse role to play in society; often they handle two or more tasks simultaneously. Therefore they are prone to suffer from work-related diseases. Construction work is one of the unorganized occupations of service's industries which employ more number of women and are expressed to physical stress and dust leading to health problem which are further aggravated cause of malnutrition and anemia. Anemia and even more musculoskeletal disorders and were associated with reduced work output among women construction workers. Mainly the construction women carry heavy loads so bones are effected badly, it leads to iron deficient anemia is more in construction women.

The women construction workers have maximum mobility because of the nature of their work. These laborers are engaged in huge industrial constructions, residential flat constructions, road constructions, city modernization and development works. Most of the construction laborers migrate to cities are from poor families and are illiterate. Their lack education, training and skills make their choice very limited. When they migrated to metro cities, face many problems because of their inexperience and lack of knowledge and skills. In Visakhapatnam city many laborers come from rural and tribal belts. The present study is to analyze the extent of women construction laborers health problems in Visakhapatnam city, in which after separation of Andhra Pradesh the construction business is booming fast and there is greater development of the state, modernization of the city. According to Central Government development schemes like "SMART CITY" "Housing for All" etc. the construction industry also finding their business

in its highest level in Visakhapatnam. A wide range of works are involved in it and the women workers engaged in this industry are victims of different occupational disorders and psychological stresses. It is evident that a sizable number of the workforce is from informal sectors, the working hours are not the stipulated in nature, the work place is not hygienic and the working conditions are non-congenial and involves risk also. The difficulties include handling of different materials required for construction, and exposure to harsh environmental conditions like sun heat, rainy and so on. These workers face inherent risk to the life and bodily injuries including loss of vital parts. The work is of casual nature and temporary and thereby there is no continuity in relationship between employer and employee.

Objective of the study:

To explore health problems of female workers at construction sites in working environment in Visakhapatnam city.

Research Methodology:

The present study used simple random sampling method using lottery technique. The researcher carried out descriptive research design. The number of sample size 100 from four parts of the city (East, West, North and South). The present study concentrated on occupational health problem faced by women construction workers in Visakhapatnam city. Before conducting the interview, verbal consent of the respondents was taken after explaining them about the study purpose and objective. Permission from the contractor was also taken to collect information from the workers and get the maximum co-operation and support from the respondents. A semi structured questionnaire was prepared to collect the participant's response based on the findings of interviews. The study is both qualitative and quantitative.

Sources of Data:

The researcher used both primary and secondary sources of data for study. The primary sources of the data were collected through the questionnaire and the secondary data were collected through books, articles news papers and e-sources.

Pilot Study:

In the preliminary stage of the study the researcher conducted a pilot study in order to find out the possibility of taking out of study. The researcher visited and covered four (East, West, North and south) corners of the Visakhapatnam city, to meet the women construction worker to get the list of workers and collected Hb counts and work related health problems are also identified and information collected. This study was carried out among 100 female building construction workers who were working in different sites in Visakhapatnam.

Review of Literature:

Kuruvila, Dubey and Gahalaut (2006) in their study on pattern of skin diseases among migrant construction workers in Mangalore found

high prevalence of skin diseases among the workers. Infective and non infective dermatomes were seen in 89.72 percent and 53.74 percent of laborers respectively.

Tiwary and Gangopadhyay (2011) in their study find several occupation diseases prevalent among the construction workers. For them, the major diseases requiring attention are as follows: silicosis, lead poisoning, diseases of joints and bones, carbon monoxide, and benzene poisoning, skin diseases and so on.

Sameer Valsanagar, k. Surendranath Sai (2012), in his study 'Impact of musculoskeletal disorders and social determinants on health in construction workers' found that the musculoskeletal disorders represent a large burden of disease among construction workers and cause significant impairment in physical and mental health along with limitation in daily activities.

Nahid Sultana, Jannatul Ferdoust, and Md. Shahidullah (2014), in their study, "Health Problems among Building Construction Workers" find that different types of health problems were prevalent amongst the workers in construction industry. In addition to that the workers should be aware regarding the hazards in their working place.

Methods and Materials:

A semi structured questionnaire was used to obtain information from women construction workers via a face to face interview, on two areas one is job characteristics indicating work type, nature and duration and second one is social and general evaluation of physical, mental health related problems. Data analysis was done using SPSS software, and measures of central tendency, percentages etc.

Findings:

- In this study 47 percent of respondents mentioned the problems are dust, injuries, heat and moisture
- 29 percent of the respondents expressed that the risk of accidents increase with extremes of temperature, age, weakness, mental problems etc.
- 27 percent of respondents said that lack of good sanitary facilities facing some geynainic problems
- 50 percent of respondents have got an attributable risk for musculoskeletal injuries especially backache higher than all other workers
- 63 respondents were expressed dust as the one of the hazards in work place, it leads to ill health.
- 32 percent of women expressed that illiteracy affects their knowledge regarding the use of personal protective measures to keep good health.
- 22 percent of women said that Inhalation of cement dust can cause respiratory disorders and difficulty in breathing
- 43 percent of respondents are suffering from anemia due to low level of Hemoglobin.
- More than 60 percent of women are suffering from iron deficiency, it leads to various health problems.
- 68 percent of women are not approach doctors simply purchasing medicines in Medical shops
- 57 percent of women expressed that their incomes are sufficient to take sufficient healthy food.
- 36 percent of women living in slum areas in the city.
- 22 percent of women are married under 18 and got pregnancies
- 14 percent of respondents expressed that the contractors are not providing paid leaves for approach to Doctors about health issues.
- 77 percent of respondents said that health security for them and families.
- 19 percent of women expressed that contractors are not providing minimum health protection devices.
- Normal level of haemoglobin (12-14g/dl) was found among 24.7 percent of women.
- 32 percent of women in this study suffered from moderate degree of anemia.
- Almost 31 percent participants believed that they do not get support from supervisor and co workers at work site
- Almost 42 percent of women suffering from extreme high level stress
- 10 percent of respondents are suffering from headache
- 14 percent of women are facing mental stress at work place.

- 7 percent of women are suffering from age related disorders.
- 4 percent of women are suffering from frequent fever and headache
- 56 percent of respondents are straggling from body pains.
- At work place there is no pure drinking water facility so 12 percent of women facing health problems.

Conclusion:

Study results shows that women workers in construction industry facing various health hazards. Musculoskeletal disorders represent a large burden of disease among construction workers and cause important impairment in physical and mental health along with limitation in daily activities. Employers should have a policy for the management of worker health that makes reference to work stress. They should enable that policy to be implemented by putting the required facilities at work place. Such facilities should correct the issues of risks; timely reaction and solution have possible. Necessary measures should be taken to protect the women workers by reducing exposure to prevailing hazards.

Health Problems of Women Workers in Construction Industry in Visakhapatnam city (4 Areas)

Name of Problem	East	west	North	South	Total
Anemia	04(10.0)	04(10.0)	05(12.5)	04(10.0)	17(10.625)
Allergy/Skin disease	02(5.0)	05(12.5)	03(7.5)	02(5.0)	12(7.5)
Asthma	01(2.5)	02(5.0)	02(5.0)	04(10.0)	09(5.625)
Back pains	06(15.0)	05(12.5)	04(10.0)	06(15.0)	21(13.125)
Blood pressure H/L	01(2.5)	01(2.5)	01(2.5)	00(0.00)	03(1.875)
Cough / Cold	01(2.5)	01(2.5)	01(2.5)	01(2.5)	04(2.5)
Diabetics	02(5.0)	01(2.5)	02(5.0)	02(5.0)	07(4.375)
Exposure to Dust	02(5.0)	01(2.5)	02(5.0)	01(2.5)	06(3.75)
Eye Problems	01(2.5)	01(2.5)	02(5.0)	01(2.5)	05(3.125)
Food problem	01(2.5)	02(2.5)	01(2.5)	00(0.00)	04(2.5)
Gynecological problems	02(2.5)	03(7.5)	02(5.0)	02(5.0)	09(5.625)
Heat Exposure	01(2.5)	02(5.0)	01(2.5)	01(2.5)	05(3.125)
Joint pains	05(12.5)	03(7.5)	05(12.5)	04(10.0)	17(10.625)
Noise Pollution	02(5.0)	02(5.0)	02(5.0)	02(5.0)	08(5.0)
Respiratory Diseases	04(10.0)	02(5.0)	04(10.0)	03(7.5)	13(3.125)
Others	03(7.5)	01(2.5)	01(2.5)	03(7.5)	08(5.0)
Total	40(100.0)	40(100.0)	40(100.0)	40(100.0)	160(100.0)

Source: Primary data

REFERENCES:

1. Adsul B. B., Laad P.S., Howal P.V. and Chaturvedi R.M (2011). Health problems among migrant construction workers: A unique public-private partnership project, Indian Journal Occup. Environ Med, 15, 29-32
2. Breman J. (1985), Of peasants, Migrants and Paupers: Rural Labour and capitalist Production in Western India. Delhi., Oxford University Press.
3. Building and Other Construction Workers (Regulation of Employment and Condition of Service) Act, 1996, Ministry of Labour, Government of India.
4. Bharara. P, Sandhu and M. Sidhu (2012) "Issues of Occupational Health and Injuries among Unskilled Female Labourers in Construction Industry: A Scenario of Punjab State," Studies of Home Science, Vol.6, Vo.1, pp. 1-6.
5. Cai, L. and Kalb, G. (2006), „Health Status and Labour Force Participation: Evidence from Australia , Health Economics, Vol.15, No.3, pp. 241-261.
6. Feldstein P. J. (1979) "Health care Economics" John Wiley & Sons, New York.
7. Gothoskar (2003) "Globalization forced to do their work: Globalization and women workers in the informal economy- A perspective" Combat Law, Vol.1, pp. 5-7.
8. Govindappa.V (2012), "Women Workers in Garment Factories in Karnataka", Southern Economist, Vol.50, No.17, pp.19-22.
9. Hakim,A. and A.Aziz, (1998) "Social, Cultural, Religious, and Political Aspects of the Status of Women in Pakistan" The Pakistan Development Review, Vol. 37. No.4, pp 727-746.
10. Hibbard and Pope (1985), "Do Non Evidence From Panel Data" The Australian National University, Centre for Economic Policy Research. Discussion Paper No.518.

11. Jayakrishnan Thomas B. Rao B. Geogre B.(2013) "Occupational health problems of Construction workers in India. Inter National Journal of Medicine and Public Health 2013;3:225-9.
12. Rodin N. H. (1991). "Strengthening Income Generating Opportunities for rural Women in Kyrgyzstan", Unpublished Thesis, Kyrgyz-Russian Slavic University, Bishkek.
13. Sarojini, (2006), "Women's Right to Health", In N.B. Sarojini & S, Chakraborty D, Venkatachalam, S. Bhattacharya, A, Kapilashrami, R. (Eds.). National Human Rights Commission, Rajika Press Services: New Delhi.
14. Seshadri.S (1997), "Nutritional Anemia in South Asia in Stuart Gillespie (ed), Malnutrition in South Asia: A Regional Profile, Katmandu Regional Office for South Asia, UNICEF.
15. Shah K.R., Tiwari R.R., (2010) "Occupational skin problems in Construction workers" Indian Journal of Dermotol
16. Srinivasan S. and Ilango P.(2013), "Occupational Health Problems of Women Migrant Workers in Thogamalai, Karur District, Tamil Nadu, India", International Research journal of social Science, Vol. 2, No.2, February pp. 21-26.
17. Standing.G (1999), "Global Labour Flexibility", Seeking Distribute Justice. London.
18. Tiwary Gangopadhyay, PK., (2011) "A review on the occupational health and social security of unorganized workers in the construction industry" Indian Journal of Occupation Environment
19. Zend and Ranjwan. (2007), "Health Status of Women Employed in Unorganized and Self-Employed Sector", Journal of Dairying, Foods and Home Science, Vol.26, No. 3 and 4, pp. 226-228.
20. Bharara. P, Sandhu and M. Sidhu (2012) "Issues of Occupational Health and Injuries among Unskilled Female Labourers in Construction Industry: A Scenario of Punjab State," Studies of Home Science, Vol.6, Vo.1, pp. 1-6.
21. Cai, L. and Kalb, G. (2006), "Health Status and Labour Force Participation: Evidence from Australia", Health Economics, Vol.15, No.3, pp. 241-261.
22. Feldstein P.J. (1979) "Health care Economics" John Wiley & Sons, New York.
23. Gothoskar (2003) "Globalization forced to do their work: Globalization and women workers in the informal economy- A perspective" Combat Law, Vol.1, pp. 5-7.
24. Govindappa.V (2012), "Women Workers in Garment Factories in Karnataka", Southern Economist, Vol.50, No.17, pp.19-22.
25. Hakim,A. and A.Aziz, (1998) "Social, Cultural, Religious, and Political Aspects of the Status of Women in Pakistan" The Pakistan Development Review, Vol. 37. No.4, pp.727-746.
26. Hibbard and Pope (1985), "Do Non Evidence From Panel Data" The Australian National University, Centre for Economic Policy Research. Discussion Paper No.518.
27. Rodin N. H. (1991). "Strengthening Income Generating Opportunities for rural Women in Kyrgyzstan", Unpublished Thesis, Kyrgyz-Russian Slavic University, Bishkek.
28. Sarojini, (2006), "Women s Right to Health", In N.B. Sarojini & S, Chakraborty D, Venkatachalam, S. Bhattacharya, A, Kapilashrami, R. (Eds.). National Human Rights Commission, Rajika Press Services: New Delhi.
29. Seshadri.S (1997), "Nutritional Anemia in South Asia in Stuart Gillespie (ed), Malnutrition in South Asia: A Regional Profile, Katmandu Regional Office for South Asia, UNICEF.
30. Srinivasan S. and Ilango P.(2013), "Occupational Health Problems of Women Migrant Workers in Thogamalai, Karur District, Tamil Nadu, India", International Research journal of social Science, Vol. 2, No.2, February pp. 21-26.
31. Standing.G (1999),"Global Labour Flexibility", Seeking Distribute Justice. London.
32. Zend and Ranjwan. (2007), "Health Status of Women Employed in Unorganized and Self-Employed Sector", Journal of Dairying, Foods and Home Science, Vol.26, No. 3 and 4, pp. 226-228.