

Health Issues among Women Labourers at Construction Sites

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ABSTRACT: The present study was conducted on hundred women labourers consisting of 50 respondents each from Hisar and Gurgaon district. Out of these 25 respondents, each was engaged in work either at residential construction sites or commercial construction sites. The focus of the study predominantly consisted of basic amenities provided to women labourers on construction sites and reproductive health disorders faced by them. Results revealed that majority of the respondents were illiterate (93%) and hailed from Madhya Pradesh (45%). The majority of the respondents (71%) were employed on a temporary basis. Most of the respondents (36%) were residing away from the construction site followed by those living in the vicinity of the site (33%) and within the premises of construction site (31%). The labourers reported having no toilet facility (72%) and medical facility (77%). About half of them reported having drinking water facility (50%). The respondents reported having an abortion between 3-6 months of pregnancy both in the case of residential (10.86%) and commercial site workers (10.63%) as a consequence of strenuous activities and lack of medical facilities. About 60 percent of the women construction labourers (59.13%) reported suffering from the problem of leucorrhoea.

KEYWORDS: Construction Workers, Basic Amenities, Medical Facility, Health Issue.

I. INTRODUCTION

The construction sector is providing employment to 7% of total world employment. India has 406 million women out of the population of 844 million and 61.0 percent of Indian women are illiterate. Women from 89.0 percent of the informal and unorganised sector. Women's work participation rate is higher in the rural areas, 90.0 percent of the rural and 10.0 percent of the urban women workers are unskilled. More than 35 percent of construction workers are women and they get low remuneration and highly discriminated in terms of wages [1]. They lived in very poor shelters provided with minimal basic amenities. They work hard for longer hours but are unable to access proper housing, sanitation, electricity or even basic facilities of all i.e. water. In the recent past trend shows that all big cities of the country have become the centres to recruit casual labourers as construction labourers to cities and urban areas.

Most of the construction labourers who migrate to cities and metros are from poor families and are illiterate. Devi et al. [2] reported that in India, female unskilled workers work in the rural area as agriculture labourer, as this season ends they shift to cities where their employment level is increased. So to support their family they work with their husbands. Most of them belong to the migrant families, their family members also create an obstacle for them due to lack of education and males are drunkards which further make it difficult in meeting their expenditures. They have to face several adverse situations such as sexual harassment, wage discriminations and injuries. Poor relations between the employers and employees, discrimination at work, sexual harassment, poor health/medical care and denial of terminal benefits, torture and poor working conditions echo the common plight of workers in almost all spheres of this sector [3]. The absence of recreational facility, the nature of work, hours of work, low pay, poor housing and separation from family, lack of job security and lack of access of occupational health services cause anxiety in these workers [4].

In the current scenario construction is a fast growing industry and very little research has been done on occupational health, hazards and psychological problems of these workers especially in Asian countries like India [5]. Viewing the

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seriousness of the situation of the women labourer in construction site present study was conducted with twospecific objectives: (1) Basic amenities provided to women labourers on construction sites. (2) Reproductive health status of women labourers.

II. RELATED WORK

Tiwary et al. [6]observed that themajority of the respondents (60.80%) were married and they belonged to the nuclear family and largely illiterate (79.20%). The majority of the respondents working at construction sites belonged to the state of Madhya Pradesh (45%), followed by Uttar Pradesh (28%), West Bengal (16%) and Bihar (11%). In residential site majority of the respondents (46%) were coming from Uttar Pradesh whereas from commercial site majority of respondents (62%) hailed from Madhya Pradesh.

Nandal [7] also reported that in Haryana most of the workers in construction industry come from other states and constitute a higher percentage of female.

Kumar [8] , who reported that 73.8 percent of sites do not have any toilets facilities and only 20.4 percent of construction sites were having the provision of drinking water. A considerable percentage of labourer have to depend on various sources like Bore well (34.1%), tanker lorry water (31.4%), public water supply (13.7%) etc. And the 29 percent of sites do not have any water provision. Builder Company arranged temporary shed to labourer (22.8%) within the site. The majority of the labourer (66.0%) were living in self-constructed temporary sheds at nearby construction sites. Construction companies (72.2%) do not pay the medical cost incurred to the labourer. In 18.8 percent construction companies, builder and the labourer have to meet the medical cost incurred partially.

Workers faced so many problems due to the adverse and harsh environmental conditions like rain, low and high temperature which also lead to psychosocial strains. A construction worker is exposed to multiple risks at working and living places. They are exposed to physical, chemical, biological, ergonomic hazards and environmental and psychosocial risks [9]

III. METHODOLOGY

Residential and commercial construction sites from Hisar and Gurgaon district of Haryana state (cross-sectional) were selected purposively for the study. The maximum number of women labourer working at construction site were the criteria for the selection of construction sites. Secondly,

Respondents willing to cooperate were selected for further data collection. A random sampling procedure was used to draw a sample of 100 women labourer.50 respondents were selected from each district out of which 25 were from residential construction sites and 25 from commercial construction sites.A field survey was conducted with the help of interview schedule and observational studies. Information about women labourers involvement in a construction site, workplace facilities, and problems faced during work were studied. It covered various aspects like the personal and working profile of women labourer, description of work task and other health related problems.A well-structured interview schedule was prepared for data collection.

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IV. RESULTS

Table 1: Socio-personal profile of the women labourers at construction sites

n=100

Variables	Category	Site		Total n=100 f*(%)
		Residential n=50 f (%)	Commercial n=50 f (%)	
Age	20-30 years	23(46.00)	13(26.00)	36
	30-40 years	21(42.00)	26(52.00)	47
	40-50 years	6(12.00)	11(22.00)	17
Marital status	Married	44(88.00)	41(82.00)	85
	Single	4(8.00)	3(6.00)	7
	Divorced/separated	2(4.00)	6(12.00)	8
Age at marriage	10-15yrs	8(16.00)	11(22.00)	19
	15-20yrs	37(74.00)	37(74.00)	74
Educational level	Illiterate	47(94.00)	46(92.00)	93
	Read & write	3(6.00)	4(8.00)	7
Family type	Joint	18(36.00)	18(36.00)	36
	Nuclear	32(64.00)	31(62.00)	64
Native place	Madhya Pradesh	14(28.00)	31(62.00)	45
	Uttar Pradesh	23(46.00)	5(10.00)	28
	West Bengal	5(10.00)	10(20.00)	16
	Bihar	8(16.00)	3(6.00)	11

*Frequency is equal to the percentage as the sample size was 100.

The results in Table 1 shows that 47 percent of the respondents were in the age group of 30-40 years followed by those having age between 20-30 years (36%), and 40-50 years of age (17%). About 46 percent of the respondents from the residential sites were in the age group of 20-30 years whereas more than half of them were in the age group of 30-40 years from commercial sites (52%). Findings in Table 1 depicts that majority of the respondents (85%) were married, followed by divorced (8%), and single (7%). The majority of the respondents (74%) got married in the age between 15-20 years and rest of the respondents (19%) got married at a very young age of 10-15 years. Regarding family type the results unfold that a large number of the respondents were having anuclear family (64%) followed by joint family (36%). The majority of the respondents were illiterate (93%), followed by the respondents who could read and write only (7%).

Table 2: Basic amenities for women labourer at construction sites

n=100

Facilities	Categories	Sites		Total n=100 f*(%)
		Residential n=50 f (%)	Commercial n=50 f (%)	
Toilet	Yes	12(24.00)	16(32.00)	28
	No	38(76.00)	34(68.00)	72
Drinking water	Yes	25(50.00)	27(54.00)	52
	No	25(50.00)	23(46.00)	48
Source of water provided	Public water supply	36(72.00)	12(24.00)	48
	Bore well	14(28.00)	38(76.00)	52
Medical facilities	Yes	11(22.00)	12(24.00)	23
	No	39(78.00)	38(76.00)	77
Place of residence	Nearby site	17(34.00)	16(32.00)	33
	Within site	20(40.00)	11(22.00)	31
	Away from site	13(26.00)	23(46.00)	36

*Frequency is equal to the percentage as the sample size was 100.

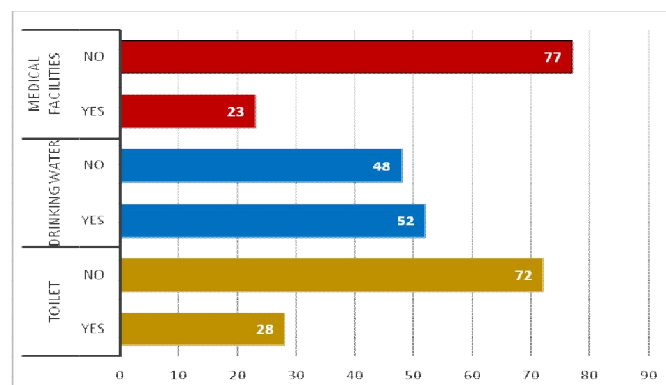
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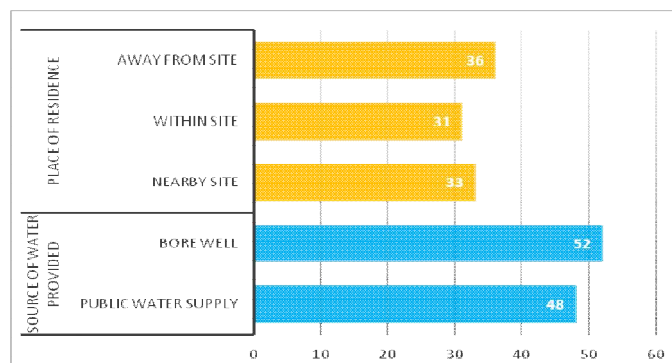
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Data in table 2 indicate the basic amenities provided at construction sites. Results revealed that about two third respondents reported having no facility for thetoilet (72%). About half of them received drinking water facility on construction sites both in residential (50%) and commercial sites (54%). The source of water supply on construction sites was through bore well (52%) followed by public water supply (48%). The source of water provided in residential sites was through public water supply (72%) and in commercial sites source of water was bore well (76%). Concerning their medical facility more than two third of the respondents (77%) reported that they were not availing any medical facility. About the place of residence the results revealed that majority of the respondents (36%) were residing away from the site followed by those who were residing nearby the site (33%) and within the site (31%).

The majority of the respondents (40%) from residential construction sites were residing within the site followed by those who were residing at nearby (34%) and away from the site (13%). In commercial site majority of the respondents (46%) were residing away from the site followed by those who were residing nearby site (32%) and within the site (22%). This is supported by the study conducted by Chawada et al. [10] also reported that workers were residing near or inside the construction site. A common water tank is provided by contractors for all purposes which were seldom cleaned. The workers lived in very poor hygienic condition resulting various health problems related to water. The majority were not getting leave for health-related events and medical treatment because there was no provision for leave with wages to any workers. As a result, workers prefer medical store (OTC) to procure drug rather any government health facility, which they found time-consuming for any treatment. The majority of the respondents 74(55.2%) had latrine facilities in their working place and 60(44.8%) had no such facilities. 97(72.6%) respondents got drinking water from supplied water, 34(25.4%) from atube well, 3(2.2%) from other sources [11].



(a)



(b)

Fig.1. showing graph (a) Basic amenities availability (b) Habitat and water facility available

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Table 3 : Reproductive health of women labourer at construction sites

n=93

Problems	Categories	Sites		Total n=93 f(%)
		Residential n=46 f(%)	Commercial n=47 f(%)	
Age of first pregnancy	15-20 years	36(78.26)	31(65.95)	67(72.04)
	20-25 years	10(21.73)	16(34.04)	26(27.95)
Total deliveries	<2	15(32.60)	15(40.54)	30(32.25)
	2-5	20(43.47)	18(38.29)	38(40.86)
	>5	11(23.91)	14(29.78)	25(26.88)
Abortion	Yes	9(19.56)	8(17.02)	17(18.27)
	No	36(78.26)	40(85.10)	76(81.72)
Time period of abortion (n=17)	1-3 month	4(8.69)	3(6.38)	7(7.52)
	3-6 month	5(10.86)	5(10.63)	10(10.75)
Rest period after delivery	Up to 4 weeks	27(58.69)	43(91.48)	60(64.51)
	4-8 weeks	18(39.13)	5(10.63)	23(24.73)
Leucorrhoea problem	Yes	30(65.21)	25(53.19)	55(59.13)
	No	15(32.60)	23(48.93)	38(40.86)

The result in table 3 gives the information about the reproductive health of respondents. It was found that the age of first pregnancy in the majority of the respondents (72.04%) was between 15-20 years, followed by 20-25 years of age group (27.95%). The majority of the respondents were also in the same age group 15-20 years from both residential (78.26%) and commercial sites (65.95%). Regarding the total deliveries, the majority of the respondents (40.86%) reported between 2-5 deliveries followed by the respondents who had total deliveries less than 2 (32.25%) and greater than 5 deliveries (26.88%). At residential site majority of the respondents (43.47%) had total delivery in between 2-5 (43.47%), whereas in commercial it was found to be less than 2 deliveries (40.54%). Less than one-third of the respondents from residential sites (19.56%) as well as from commercial sites (17.02%) reported abortion in the past. The majority of the respondents had an abortion between 3-6 month of their pregnancy in both residential (10.86%) and commercial sites (10.63%). Regarding the rest period after the delivery it was found that majority of the respondents (64.51%) had taken rest up to 4 weeks, followed by 4-8 weeks (24.73%). Regarding the leucorrhea problem majority of the respondents were facing this problem in the residential (65.21%) as well as commercial sites (53.19%). Manhas [12] also reported that half of the female (52.5%) workers were having moderate levels of genitourinary problems. The common problems encountered were pain and uneasiness during menstruation, pain and burning sensation during urination, white discharge, lack of bladder control etc. Poverty, home delivery, early age at marriage, less rest time after delivery and hard work act as risk factors for uterine prolapse [13].

V. CONCLUSIONS AND SUGGESTIONS

Regarding basic amenities, respondents reported having no facility for the toilet (72%) and medical (77%) as well. About half of them received drinking water facility (50%). The source of water supply was through bore well (52%) followed by public water supply (48%). The majority (36%) were residing away from the site followed by nearby site (33%) and within the site (31%). Age of first pregnancy in the majority of the respondents (72.04%) were in the age group of 15-20 years, with average deliveries in between 2-5 (40.86%). The majority of the respondents had an abortion in between of 3-6 month in both residential (10.86%) and commercial sites (10.63%). The majority of the respondents (64.51%) have taken rest up to 4 weeks. Leucorrhoea problem was found in both the residential (65.21%) and commercial sites (53.19%). The study revealed that women were unskilled and facing various health problems in construction industry, therefore, training program should be organised by the government and non-government organisations. Health awareness campaign should be arranged for women labourer.

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REFERENCES

- [1] Official Home Page of Indian Labour Organisation 2009. From < <http://www.indianlabour.org>> (Retrieved 29 October, 2015)
- [2] Devi, K. and Kiran, U.V., "Status of Female Workers in Construction Industry in India", IOSR Journal of Humanities and Social Science, vol. 14, no. 4, pp. 27-30, 2013
- [3] Kapur, S. and Sethy, K.P., "Working and living conditions of workers in unorganised sector- a review of the literature", Online International Interdisciplinary Research Journal, vol. 4, no. 2, pp. 197-204, 2014
- [4] Gurav, R.B., Kartikeyan, S., Wayal, K., Joshi, Sd., "Assessment of Health profile of daily wage labours", Indian J. Occup Environ Med, vol. 9, pp. 115-7, 2005
- [5] Kulkarni GK, "Construction Industry: More Needs to Be Done". India J Occup Environ Med, vol. 11, pp. 1-2, 2007
- [6] Tiwary, G., Gangopadhyay, P.K., Biswas, S., Nayak, K., Chakraborty, D. and Halder, L.C., "Psychosocial stress of the building construction workers", Human Biology Review, vol. 2, no.3, pp. 207-222, 2013
- [7] Nandal Santosh, "Women Workers in Unorganised Sector: A study on construction industry in Haryana", International Journal of Development, vol. 5, no.2, pp. 119-120, 2004
- [8] Kumar, Dileep M, "Problems of Construction Labours: A Qualitative Research", Symbiosis (SCMHRD, SCDL), IIT, SCMLD, SBS, Pune, 2006, Retrieved From http://www.indianmba.com/Faculty_Column/FC340/fc340.html.
- [9] Thayyil, J., Thomas, B., Rao, B., George, B., "Occupational health problems of construction workers in India", International Journal of Medicine and Public Health, vol. 3, pp. 225-229, 2013
- [10] Chawada BL, Gharat, V.V., Bansal, R.K. and Kantharia SL., "Plight of female construction workers of Surat city", Indian Journal of Community Health, vol. 24, no.1, pp. 19-22, 2012
- [11] Sultana, N., Ferdousi, J. and Shahidullah, Md., "Health problems among women building construction workers", Bangladesh SocPhysiol, vol. 9, no.1, pp. 31-36, 2014
- [12] Manhas Sarika, "Assessment of Physical Health Status of Female Construction Workers of Kathua District, J&K", IOSR Journal of Humanities and Social Science, vol. 19, no.4, pp.19-24, 2014
- [13] Puri R., "Prevalence Risk Factors and Traditional Treatments of Genital Prolapsed in Manma, Kalikot District, Nepal: A community-based Population Study". Faculty of Health Science. University of TROMO. Norway, 2011