OPINION ANALYSIS ON HEALTH ISSUES AMONG WOMEN CONSTRUCTION WORKERS IN KODAIKANAL

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1. INTRODUCTION

In India women workers constitute a major portion in the work force of the construction industry. Sad to say they remain not only unorganized but also unskilled as compared to male construction workers, who by virtue of their gender preference have progressed ahead in their career form an unskilled worker to a skilled one, specifically as a mason, carpenter, welder and electrician. While on the other hand women construction workers start as unskilled helpers and remain unskilled throughout their life and as a result are victims of gender discrimination. Traditions, culture and customs along with the attitude of society towards women have placed women workers at a great disadvantage. In addition to this, they are also unorganized and dependent on their husbands without any empowerment socially and economically. Unfortunately, in this system, women workers do not have an opportunity to receive any type of skills training which has left them stagnant without any chance of promotion of upgrade of any sort in their job.

2. STATEMENT OF THE PROBLEM

Construction workers are the backbone of the economy as they create the infrastructure necessary for industrial growth. They contribute in infrastructural development of India by building the roads and highways, the railway tracks and airports and ports, the IT cities, the call centre’s and mega malls that are creating new forms of wealth today. Construction Women are almost unskilled labourers’ and they face serious problems related to work, viz., wage discrimination, gender and sexual harassment, unhealthy job relationship, lower wages. Despite these, construction industry over whelming attracts female workers. Their skills are never upgraded as they are allowed to perform only certain types of work and usually they assist the male work force.
Hence the study is undertaken to analyse the conditions of women construction workers in Kodaikanal

3. REVIEW OF LITERATURE

Gangrade, K.D and Joseph Gathis. A (1983), in their study define the problems and perspective of women workers in the workshop report. The women in the unorganized sector face a lot to problems such as low wages, long hours of work, insecurity regarding job and sexual harassment. In spite of the law prescribing equal work, women are seldom paid wages on par with men workers. The employers give two reasons for this: (i). that women are less productive; and (ii). that they are less skilled. In fact, these reasons are not convincing.

Usha Rao N.J. (1983), in her study, deals with all India patterns of varied types of women workers. For her, there has been a growing concern in recent years regarding the declining work participation rates of women in India. Regarding in the services sector, it may be mentioned that according to the occupational categories of the census, there has been a marginal increase in the proportion of women in white collared occupations, viz., doctors, nurses and other health personnel, teachers, clerical staff and office workers. This increase has been offset by the decline in the number of women in trade, commerce and other categories. This expression requires lot of in-depth secondary data analysis.

Usha Talwar (1984), in her study, observes that the major aspects of working to identify the reasons of the employment to analyze the role of working women in decision- making. Since work conditions have an important bearing on the employment of women, a brief discussion of this aspect is made here. Most of the working women did not find any difficulty in securing a job. If there was any hurdle, it was the initial opposition by the family members. Many of the working women were satisfied with their present job and by and large they did not want any change.

Nirmala Banerjee (1985), in her study, has seen that the expected income of women workers in an unorganized sector was significantly below the minimum income for the organized sector at the time of her survey. Even in the formal sector, the workers were not always guaranteed this protection. Nevertheless, during the period under study, most sections of the organized sector labour force did receive some compensation in the form of increased money income both through annual increments and through an increase in their dearness allowance.

Kiran Devendra (1985), in his study says, "women are a great power in society; but if they misuse their power, it can shutter to bits the whole fabric of society'.

This is also what Ghandhi said women. The Government of Madras (now the government of Tamil Nadu) pioneered steps for women’s welfare being the first state government to establish a separate Women’s Welfare Department. This lead was followed by Uttra Pradesh in 1954. The Government of India decided to promote adequate services for women’s welfare in the same year. For this, it was important to have a co-ordination between public and private organizations.
Rohini Nayar (1987) talks about the female participation rates in rural India and factors responsible for increasing the female participation rate. It was found that female work participation is highly correlated with poverty and landlessness in India. Poverty has a great influence in increasing the female participation rate. Increasing in the earnings of the household due to greater propensity in agriculture leads to withdrawal of some of the labour from the labour market. The other factor, which is inversely related to female labour participation, is landlessness. On the whole, it can be said that both economic and socio-cultural factors determine female participation in rural India.

Sapru, Sushma (1991), the desperate pressure to work is reflected in the migration of poorer women to the informal sector with poor working conditions outside the state. The most intriguing factor is the sex discrimination in wages. The condition of women in the unorganized sector is more depressing, since they stand at the lowest ebb of the society. Women in the unorganized sector work as agricultural labourers, servant maids, construction workers, sanitary workers, beedi workers, petty traders etc.

4. OBJECTIVES OF THE STUDY

This paper aims to analyse

➢ the Health issues faced by the female construction workers and their agreement level with regard to those issues

➢ to test whether there is any significant relationship between marital status and opinion on Health Issues

5. METHODOLOGY

The study is depends on primary data and based on survey method. Survey is conducted among the sample respondents using Interview schedule. Women Construction workers residing in Kodaikanal, Dindigul District, Tamil Nadu were the sample respondents and were interviewed.

6. SAMPLING DESIGN

Since the respondents belong to unorganised sector and there is no record on their appointment, salary, classification, education. They could not be classified or stratified on suitable basis. Hence researcher used non random sampling technique for the selection of sample respondents. 100 respondents were selected as samples.

7. ANALYSIS OF THE STUDY

The objective is analysed with the help of percentage analysis and chi square test

A) HEALTH ISSUES

Working environment should be conducive to work to the workers. Especially, the organisation (whether formal or informal) should give importance to health issues - drinking water facility in
work place, toilet facility, less work during periods of menstruation and medical leave available worksite and so on. Hence, an attempt is made to analyse the agreement level of the respondents on health issues and the result is presented in Table 1.

**TABLE 1 AGREEMENT LEVEL OF THE RESPONDENTS ON HEALTH ISSUES**

<table>
<thead>
<tr>
<th>Health Issues</th>
<th>SA</th>
<th>A</th>
<th>NA</th>
<th>DA</th>
<th>SDA</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drinking water facility in workplace</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>93</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>7%</td>
<td>93%</td>
<td>100%</td>
</tr>
<tr>
<td>Toilet facility in workplace</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Work during periods of menstruation</td>
<td>67</td>
<td>24</td>
<td>0</td>
<td>2</td>
<td>7</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>67%</td>
<td>24%</td>
<td>0%</td>
<td>2%</td>
<td>7%</td>
<td>100%</td>
</tr>
<tr>
<td>Suffer from any skin disease, arthritis hypertension high BP &amp; muscular pain</td>
<td>53</td>
<td>47</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>53%</td>
<td>47%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>Medical leave available in your worksite</td>
<td>51</td>
<td>45</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>51%</td>
<td>45%</td>
<td>2%</td>
<td>0%</td>
<td>2%</td>
<td>100%</td>
</tr>
</tbody>
</table>

SA- Strongly Agree; A- Agree; NA-Neither Agree nor Disagree; DA- Disagree SDA- Strongly Disagree

It is inferred from the table that 93 per cent of the respondents strongly disagreed on drinking water facility in workplace.

100 per cent of the respondents strongly disagreed that there is toilet facility.

67 per cent of the respondents strongly agreed that they work during periods of menstruation.

53 per cent of the respondents strongly agreed that they suffer from skin disease, arthritis hypertension high BP & muscular pain.

51 per cent of the respondents that their organization provides medical leave facility.

**B) AVERAGE RANK ANALYSIS**

Average rank analysis describes the ranking pattern of the construction women workers opinion on Health issues.
TABLE 2 AVERAGE RANK ANALYSIS

<table>
<thead>
<tr>
<th>Level of agree</th>
<th>Drinking water facility in workplace</th>
<th>Toilet facility in workplace</th>
<th>Work during periods of menstruation</th>
<th>Suffer from any skin disease, arthritics, hypertension, high BP &amp; muscular pain</th>
<th>Medical leave and sick facility available in your work sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>X W X W</td>
<td>X W</td>
<td>X W</td>
<td>X W</td>
<td>X W</td>
</tr>
<tr>
<td>Agree</td>
<td>0 5 0</td>
<td>0 5 0</td>
<td>67 5</td>
<td>335</td>
<td>53 5</td>
</tr>
<tr>
<td>Neither agree nor Disagree</td>
<td>0 3 0</td>
<td>0 3 0</td>
<td>0 3 0</td>
<td>0 3 0</td>
<td>0 3 0</td>
</tr>
<tr>
<td>Disagree</td>
<td>7 2 14</td>
<td>0 2 0</td>
<td>0 2 2</td>
<td>4 0 2</td>
<td>0 2 0</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>93 1</td>
<td>93 1</td>
<td>100 1</td>
<td>100 1</td>
<td>100 1</td>
</tr>
<tr>
<td>TOTAL</td>
<td>10 0</td>
<td>107 0</td>
<td>100 0</td>
<td>442 0</td>
<td>453 0</td>
</tr>
<tr>
<td>$\frac{\sum xw}{n}$</td>
<td>1.0 7</td>
<td>1.0 0</td>
<td>4.4 2</td>
<td>4.5 3</td>
<td>4.43</td>
</tr>
<tr>
<td>RANK</td>
<td>IV IV I</td>
<td>V III</td>
<td>I II</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

It is inferred from the table that the weighted average was computed to assess the rank of safety issues. It is noted that the statement suffer from any skin disease, arthritics, hypertension, high BP & muscular pain placed I rank level of agreeability with average points 4.53, II place agreeability level was given to the statement medical leave and sick facility available in your workplace with average score 4.43, III rank is given to statement work during periods of
menstruation with score of 4.42, IV place agreeability is on drinking water facility at workplace with score 1.07, V rank is on Toilet facility in workplace with average score 1.00

8. SUGGESTION AND CONCLUSION

In a globalizing economy, it is construction workers who are constructing the new economy. They contribute in infrastructural development of India by building the roads and highways, the railway tracks and airports and ports, the IT cities, the call centre’s and mega malls that are creating new forms of wealth today. It is they who are laying the cables for a rapidly expanding country-wide telecommunications network that connect the vast sub-continent and make India one country, to shorting the distance and supporting the business activity in order to upgrade the economic development. Yet these workers, who are creating the base of the new economy, lives in a time warp, trapped in low skilled, low paid, insecure working conditions. About one-third of these workers are women and children.

Hence, it is suggested and concluded that the practice of common working hour, follow of reliable wage system, care by employer on health related problems of women workers and implementation of social security measures by the government and medical facility must be ensured.

REFERENCES

1. R. Poongodi, Socio Economic Characteristics of Women Construction Workers in Tamil Nadu – Some Evidences, Volume 1, Issue: 4 September 2012


