

Plight of female construction workers of Surat city

BL Chawada¹, VV Gharat², RK Bansal³, SL Kantharia⁴

¹Resident, ⁴Professor and Head, Department of Community Medicine, Government Medical College, Surat, ²Resident, ³Professor and Head, Department of Community Medicine, Surat Municipal Institute of Medical Education and Research, Surat.

Abstract

Background: With the rapid increase in construction sector, the number of female construction workers is increased. The problems of women worker is still not addressed adequately by health sector.

Aims and objective: The present study is aimed to explore problems of female workers at construction sites in working environment and to document issues like gender bias, living conditions, vulnerability and slackness of health among female working in construction field.

Methodology: This was a Cross sectional study conducted in May 2011 in which all females working at the randomly selected construction site were enrolled. The pre-designed semi-structured questionnaire was prepared to study the participant's response. In-depth interview technique was also used to strengthen the findings.

Results: Total of 118 female construction workers participated in the study with mean age found to be 22 years with SD of 6 years. Mean daily wages of female was 120 Rs while for male it was 245 Rs which is double than what female getting. Major health complaints were fatigue/weakness (61 %), backache (30 %), cough (17.5 %), fever (17 %), skin itching (10.5 %) and diarrhoea (7 %). They were not even using the government medical facility due to lack of awareness and knowledge about this. No safety measures provided to female as compare to male except at 2 sites where female were provided 'gloves'. Some (6%) of the working females has abuse of chewing tobacco daily or smoking 'bidi'. The living condition was merely enough to provide any privacy for female.

Conclusion: As migratory and floating population, female working in construction field needs attention. Lack of social security and family support make them a vulnerable group for addiction and violence. Alternate way for providing healthcare for these women should be sort out early.

Keywords: Construction workers, Female health, Gender bias

Introduction

Construction sector is next to Agriculture in terms of employment and income contribution to the Indian Economy. Modernization and industrialization has paved a good way to the construction industry. There are more than 20 million of construction workers in India at present¹. The construction sector is one of the largest employers of women next to agriculture in India².

Construction work is often described as dirty, difficult and dangerous job. It is one of the most hazardous and accident prone activities as reported by International Labour Organization (ILO). Construction sectors involves work that are highly unsafe like working in an excess height, welding, cutting, centering, carry staff to high place without use of

any kind of technology. Globally, 17% of all work-related fatalities are in the construction sector (ILO)³.

So far as women construction workers are concerned their conditions is even worse. Women construction workers may carry single loads of up to 51 KG, far 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 bodies³.

Of these, female workers represent a small, unknown number, but now they are increasingly working in urban projects. The problems of women worker is still not addressed adequately both by law makers and the employer⁴.

Address for Correspondence:

Dr. Bansari Chawada, Department of Community Medicine, Government Medical College, Surat, Gujarat.
Email ID: bansarichawada@yahoo.com

Surat city is observing boom in construction industry which has resulted in huge migratory floating population. The present study is aimed to document gender bias among female construction workers and problems faced by them while on work.

Aims and objective

- 1) To explore problems of female workers at construction sites in working environment
- 2) To document issues like gender bias, living conditions, vulnerability and slackness of health among female working in construction field.

Material & methods

This was a Cross sectional study conducted in May 2011. Construction site were selected by Random sampling method using lottery technique. Total of 8 sites were observed and visited. All female working at that site during the study period were included in the study. Before conducting the study, verbal consent of the participants was taken after explaining them about the study purpose and objective. Permission from the contractor was also taken to get the maximum co-operation and support from the workers. Some in-formal interviews of female workers were conducted to create rapport with them as well to know their life style and living condition before actual data collection. An in depth interview guide was prepared covering all issues of interest which were needed to be explore. A semi structured questionnaire was prepared to study the participant’s response based on the findings of indepth interviews.

An ice-breaking time of around 10 minutes prior to the actual start of the in-depth interview was given to allow for filling out necessary paperwork, to make participants comfortable and settling for privacy. In-depth interviews were conducted until saturation of responses was acquired. Total of 14 indepth interview were carried out at participants’ house, which was a closed space taking care of the privacy, until the response saturated. Time for interview was chosen as per the participant’s choice so as to minimize any time related constraint.

Transcribe was made immediately after the interview was completed. Data entry and analysis was done by using Epi info software.

Results

General profile of the study participants:

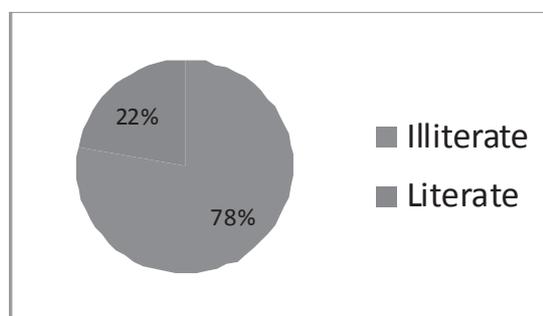
Total of 118 female construction workers were contacted in the study. The study population belonged to various states of the country. The distribution is given below in **table 1**.

Table 1: Distribution of the population according to the hometown village (n=118)

State	Population
Gujarat	39 %
Maharashtra	26 %
Madhya Pradesh	22 %
Uttar Pradesh	12 %
Jharkhand	1 %

Mean age of the female construction workers was found to be 22 years with SD of 6 years. According to respondents, mean age of entering in this profession was 16 years. Around 70% of female were married, 29 % were unmarried while 1% was widow. Literacy rate was found to be merely 22 % while 78 % of female were illiterate as shown in **figure 1**.

Figure 1: Literacy rate among female construction workers



One interesting fact which came out of this study was that around 1 % of the participants were working only during their vacation period from school as they were continuing their high school studies. On further exploring this issue of working during vacations, they said that they were working to collect money to procure books for high school study. Resulting emerging themes found from the analysis are as follows:

Liking about the work:

Approximately 84% females dislike their current work. When ask for reasons for the dislike, 30% of the female

reveal that they are not comfortable to work out side home-town village. Among them 60% of the female were feeling unsecured to work in cities. *"I don't like it here, I miss the open fields and lazing around in my village, I am scared of the roads and vehicles in the cities and it is not safe to go alone anywhere here."* was the answer of 26 year old female from Kotkham, Maharashtra. While asking for working comfort it was found that majority of female (40%) were having fear while work at height. *"I scared of work while on height but what to do? Most of time as building construction grows; we have to work on height"* (22 years, Talavadi, MP).

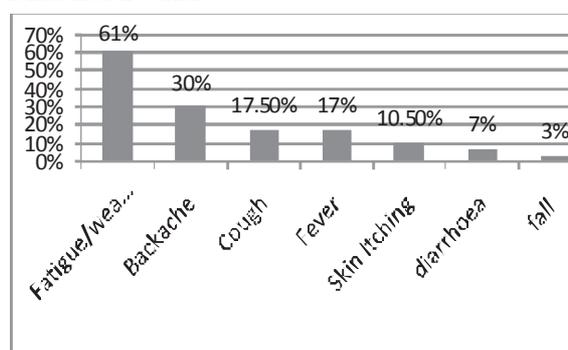
Gender bias and working pattern:

Mean daily wages of female was 120 Rs while for male it was 245 Rs which is double than what female getting. So a definite disparity was seen in wages of male and female workers. All females were involved in unskilled labour work while male counters have involved in some skilled and unskilled works according to female respondents. Main work allotted to female was to carry materials like sand, bricks, cement etc. Mean working hours in a day was around 9 hrs with a range of 8 to 12 hrs a day excluding 1 hr lunch break. They were not getting any holiday in their work and no extra money for overtime. No safety measures provided to female as compare to male except at 2 sites where female were provided 'gloves'. It was observed and also said by some respondents that female doesn't wore shoes or 'chappal' at working site while male use the same. *"We don't use shoes at work as its makes cumbersome to walk on uneven surface,"* was the explanation given by one of the worker from Talavdi, Rajasthan.

Health status of the female worker:

Around 11% female had experienced physical injury with bleeding in last one year including 2% of major injury. Majority of the injuries were observed to be on lower limb.

Figure 2: Health problems among the female health workers



Around 61% of females were feeling fatigue or weakness after work and 30% complained for lower backache. These were among the major health complaints as depicted in figure 2. Majority were not getting leave for health related events and medical treatment. 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.

Experience of Violence:

Approximately 30% of female workers agreed that they are forced to work and 70% among them said that they are forced by the family members to work at the construction site. Around 35 % of working females experience violence while out of home due to work. Majority of response for violence was language abuse (75%) followed by batter along with language abuse and 2% also agreed to experience sexual abuse by male colleague. *"Sometimes I am scared while being at work, my husband used to hit me after taking alcohol. My mother-in-law supports me at home but here I am alone"* was the reply of 26 years female worker from Dahod, Gujarat.

Vulnerability to addiction:

Some (6%) of the working females has abuse of chewing tobacco daily: *"I used to have 'VIMAL' (Gutkha, type of tobacco preparation) daily. All women here used to have it"* (19 years, Dahod, Gujarat). Some of the female addicted to smoking abuse: *"I smoke BIDI 3-4 times a day"* (38 year, Bharuch, Gujarat). Exploring reasons behind the addiction, some of the female replied that the company of male counterpart who used to have a habit of chewing tobacco or smoking, they also have this same habit. *"The male colleague used to take it and they ask us to have VIMAL. Since then we are enjoying to have VIMAL daily"* said by one of the worker.

Living condition:

While observing sites all workers were residing in self made tent like temporary structure covered with plastic sheet near or inside the construction site. 7 out of 8 sites doesn't provide any facilities for bathing or washing while only single site provided separate 'katcha' bathrooms but that was also in poor sanitation. Workers used to go for open defecation around the site. There was a common finding at all at the construction sites that at every site a common water tank is provided by contractors for all purposes which was seldom

cleaned. The workers lived in a very poor hygienic condition resulting various health problems related to water.

Lack of privacy:

The living condition was merely enough to provide any privacy for female. A few of the females were feeling complexity due to lack of privacy while during menstruation. "I always have to wait till dark for changing of menstrual clothes as there is no separate room available for bathing." (16 years, Zalod, Gujarat). All female used to take advanced money from contractor for food and livelihood. This money would suppose to be compensated from their wages which sometime provided monthly or sometime weekly. So after compensation for debt, female get small amount of money as compare to male.

Discussion

Literacy rate in our study was only 22% and comparing it with present literacy rate which is around 65%⁵, it is seen that much have to be done to improve literacy of the female workers. Mean daily wages of males for almost double than that of their female counterpart, the similar observation was found in a study by SEWA⁶. Mean hours of working was 9hrs with no holidays, or any extra remuneration was also observed by Ex. Prof. Dileep kumar¹.

Living condition of these workers was terrible without the basic sanitation facilities. No privacy was there for females, even for bathing and washing clothes. Similar observations were seen by Legal sutra in their study⁷.

Adequate intervention from the government authorities required ensuring the health, safety and welfare of the construction labourers. Ensuring decent working conditions and proper contract systems and providing basic health care for construction labourers would help in minimizing their problems.

Conclusion

As migratory and floating population, female working in construction field needs attention. Lack of social security and family support make them a vulnerable group for addiction and violence. Alternate way for providing healthcare for these women should be sort out early. Living condition should be appropriate and hygienic to these women.

References

1. Problem of construction labours: A qualitative research. Available at: http://www.indianmba.com/Faculty_Column/FC340/fc340.html. Accessed on September 10, 2011.
2. Annette Barnabas, Joseph Anbarasu D., Clifford Paul S. Prospects of Women Construction Workers in Tamil Nadu, South India. *Indian Journal of Gender Studies*. 2011;18(2): 217-235
3. National workshop on safety, health, and welfare measures for construction workers. Available at: www.mgliahd.org/nationalworkshophealthsafetyofconstworkers.pdf, accessed on September 12, 2011.
4. Kulkarni GS. Construction industry: More needs to be done. *Indian journal of occupational and environmental medicine*. 2007; 11(1).
5. Census provisional Report. Available at: <http://censusindia.gov.in/2011-prov-results/indiaatglance.html> accessed on September 12, 2011.
6. Self Employed Women's Association (SEWA). Labouring Brick by Brick: A Study of Construction Workers, June 2000.
7. Interstate Migrant Construction Workers – Legalsutra. Available at: legalsutra.org/1152/interstate-migrant-construction-workers/ accessed on September 12, 2011