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Community Medicine

SOCIAL PROBLEMS AND HIGH-RISK BEHAVIOR OF CONSTRUCTION WORKERS IN AN URBAN AREA OF INDIA

Dr. Akash Pawar* Junior Resident, Dept of Community Medicine, Smt. Kashibai Navale Medical College and General Hospital, Narhe, Pune - 411 041, Maharashtra, India. *Corresponding Author

Dr. Harishchandra Gore Associate Professor, Dept of Community Medicine, Smt. Kashibai Navale Medical College and General Hospital, Narhe, Pune - 411 041, Maharashtra, India.

Dr. Sachin Gawade Associate Professor, Dept of Community Medicine, Smt. Kashibai Navale Medical College and General Hospital, Narhe, Pune - 411 041, Maharashtra, India.

ABSTRACT Construction workers in urban India constitute a vulnerable population that is frequently exposed to adverse social, economic, and occupational conditions. Rapid urbanization, migration, job insecurity, poor living environments, inadequate healthcare access, and unsafe working conditions contribute significantly to their physical and mental well-being. In addition to occupational hazards, many workers are affected by high-risk behaviors such as alcohol consumption, tobacco use, substance abuse, unsafe sexual practices, and poor health-seeking behavior. These factors not only increase the burden of communicable and non-communicable diseases but also negatively impact productivity, family life, and overall quality of life. The present study aims to examine the major social problems and high-risk behaviors among construction workers in an urban area of India and to identify the underlying socio-demographic and occupational determinants influencing these behaviors. Understanding these issues is essential for developing targeted interventions, workplace health programs, and public health policies to improve the living and working conditions of this marginalized workforce.

KEYWORDS : Construction Workers, Urban Health, High-Risk Behavior, Occupational Health, Substance Abuse, Social Problems, Migrant Labor, Public Health India

INTRODUCTION

The construction industry is one of the most hazardous sectors globally, characterized by high-risk behaviors that frequently lead to accidents and injuries. Key challenges faced by these workers include addiction, domestic violence, school dropout among children, and poor living conditions. This study aims to fill the research gap concerning this unorganized workforce.

Objectives:

- To study the sociodemographic profile of construction workers.
- To identify various social problems and high-risk behaviors within this population.

Methodology

- **Study Design:** A cross-sectional study conducted in the urban area of Pune, India.
- **Setting:** Construction sites in Baner, Narhe, and Nanded City.
- **Sampling:** Participants were selected via a simple random method from lists provided by site supervisors (Mukadams).
- **Data Collection:** Workers were interviewed at their workplace or home. Data was gathered through systemic examination and focus group discussions for social problems among female workers.
- **Sample Size:** 200 valid cases (177 males, 23 females).

RESULTS AND DISCUSSION

1. Sociodemographic Profile

The workforce is predominantly male (88.5%) and young, with 65% of the total sample (130 out of 200) falling into the 15-25 age group.

Age Group	Female (N=23)	Male (N=177)	Total (N=200)
15-25	14	116	130
25-35	8	45	53
35-45	1	14	15
45-55	0	2	2

Migration status showed that males are more likely to migrate for work (48 cases) compared to females (4 cases).

Statistics					
Gender					
N	Valid	200			
	Missing	0			
Gender					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	23	11.5	11.5	11.5
	Male	177	88.5	88.5	100
	Total	200	100	100	

2. Social Problems and Addiction

Unstable employment emerged as the most reported social issue for both genders (reported by 83 males and 10 females).

Addiction Patterns:

- **Alcohol:** Significantly higher in males (97.2% of alcohol users) compared to females (2.8%).
- **Tobacco:** Prevalent in 80% of males and 20% of females. Notably, 50% of illiterate workers use tobacco.
- **Education Factor:** Higher education appears to be a protective factor; 52% of graduates reported no addiction.

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3. Occupational and Mental Health

- **Health Issues:** 30.5% of workers reported occupation-related health issues, with females reporting a slightly higher group proportion (34.8%) than males (29.9%).

Gender Frequency Table:

Gender Age CrossTab			
	Cases		
	Valid	Total	
	N	N	Percent
Gender * Age Group	200	200	100.0%
Gender * Age Group Crosstabulation			
Count			
			Total
		45-55	
Gender	Female	0	23
	Male	2	177
Total		2	200

- **Workload:** Long work hours are a near-universal stressor, affecting 77% of the total sample.
- **Mental Health:** Fatigue and mental health challenges were more frequently reported by female workers.
- Total Count: There are 200 valid cases in total, with 130 cases falling into the 15-25 age group, 53 cases in the 25-35 age group, 15 cases in the 35-45 age group, and 2 cases in the 45-55 age group.
- Gender Breakdown:
- Females: The majority of females (14) are in the 15-25 age group, with fewer females in the other age groups.

- Males: The male distribution is spread across all age groups, with a significant majority (116) in the 15-25 age group.

1. Gender Age Crosstabulation Table:

Crosstab				
Count				
		30. Any occupation related health issues		Total
		No	Yes	
3. Gender	Female	15	8	23
	Male	124	53	177
Total		139	61	200

Crosstab

Count

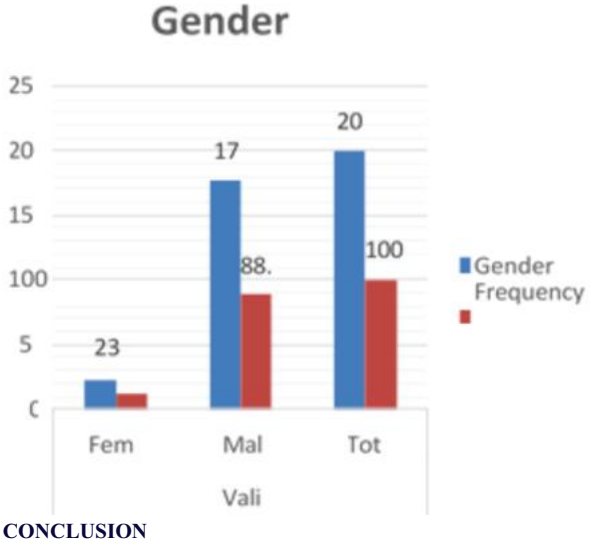
		28. Fatigue and mental health			
		Fatigue	Long work hours	Mental health issues	Total
3. Sex	Female	2	17	4	23
	Male	8	137	32	177
Total		10	154	36	200

- A larger proportion of males (116) are in the 15-25 age group compared to females (14).
- As the age group increases, the number of females decreases, while males remain more evenly distributed across age groups.
- Males dominate the overall distribution, accounting for 177 out of 200 total cases.

Construction workers face a multifaceted burden of addiction, job instability, and health hazards. While males dominate the workforce and report higher rates of substance abuse, females face unique mental health and caregiving challenges. Education acts as a critical mitigator for high-risk behaviors.

Recommendations

1. **Health Policy:** Implement regular workplace health screenings and provide Personal Protective Equipment (PPE).
2. **Addiction Support:** Launch workplace awareness campaigns tailored for high-risk groups, specifically illiterate workers and those with secondary education.
3. **Work-Life Balance:** Enforce work-hour limits and provide rest areas to mitigate fatigue.
4. **Gender-Sensitive Care:** Provide childcare support for female workers to address mental health challenges linked to caregiving.



CONCLUSION

The findings reveal a wide range of difficulties experienced by construction workers, particularly in the areas of substance addiction, social instability, health-related concerns, gender-based challenges, and educational inequality. These issues collectively affect the overall well-being, productivity, and quality of life of workers in the construction sector.

Substance abuse continues to be one of the most serious concerns among construction workers. Alcohol consumption is especially common among male workers, with nearly 39% reported to be affected. A higher prevalence is also observed among workers who have completed secondary education, where approximately 37.9% engage in alcohol use. This suggests that alcohol addiction cuts across educational backgrounds and remains a deeply rooted issue within the workforce. Tobacco consumption is another major concern, particularly among illiterate workers, half of whom are reported to use tobacco products. Female workers are also significantly affected, with around 21.7% using tobacco. These patterns indicate that addiction is influenced not only by gender but also by educational and socioeconomic conditions. The stressful nature of construction work, irregular employment, and lack of awareness regarding health risks may contribute to the high levels of substance dependence.

The study also identifies several social problems that negatively affect workers and their families. Male workers are more likely to experience issues such as domestic violence, family conflicts, and unstable employment conditions. These challenges are often closely associated with substance abuse, particularly alcohol addiction, which may increase financial strain and interpersonal tensions within households. In contrast, female workers appear to report fewer direct social conflicts, yet they face a different set of difficulties. Many women struggle with emotional stress, mental health concerns, and the burden of balancing work responsibilities with caregiving duties at home. The dual responsibility of earning income while managing household and family obligations places significant pressure on female workers, affecting both their mental and physical well-being.

Health-related issues are another important concern highlighted in the analysis. Approximately 30.5% of construction workers experience health problems related to their occupation. Female workers are comparatively more affected, with nearly 34.8% reporting health concerns. Long working hours emerge as one of the most common problems faced by workers regardless of gender. Extended work schedules often lead to physical exhaustion, reduced rest, and increased vulnerability to illness or injury. Female workers, however, appear to face greater levels of fatigue and mental stress compared to their male counterparts. In addition to physically demanding tasks, women often carry the added responsibility of household management, which may intensify their overall workload and contribute to higher stress levels. These findings demonstrate the urgent need for improved workplace conditions, proper rest periods, and better access to healthcare and mental health support for workers.

The analysis further emphasizes the existence of gender-specific challenges within the construction industry. Female workers frequently struggle to balance employment with caregiving responsibilities, including childcare and family care. This imbalance can lead to emotional strain, reduced work efficiency, and limited opportunities for personal and professional growth. On the other hand, male workers are more heavily affected by high rates of addiction, especially alcohol dependence, which contributes to social and health-related difficulties. These differences highlight the importance of adopting gender-sensitive approaches when designing welfare programs and workplace policies. Addressing the unique challenges faced by both men and women can contribute to a more supportive and inclusive work environment.

Overall, the findings underline the urgent need for targeted interventions to improve the living and working conditions of construction workers. Efforts should focus on reducing substance addiction through counseling, awareness programs, and rehabilitation support. At the same time, workplace policies should aim to improve occupational health and safety, regulate working hours, and provide mental health assistance. Special attention must also be given to women workers by introducing measures that support work-life balance and caregiving responsibilities. Furthermore, promoting education and skill development can help workers make healthier choices and improve their socioeconomic status. By addressing these interconnected challenges, it is possible to create a healthier, safer, and more equitable environment for construction workers and their families.

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