



PHYSICAL HEALTH STATUS ASSESSMENT OF FEMALE CONSTRUCTIONS WORKERS

Physiology

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ABSTRACT

Introduction:-Construction sector is the world's largest industrial employer with 7% of total world employment & 28 % industrial employment. Construction activity is an integral part of a country's infrastructure & industrial development. In India, the construction sector is the largest employer of unorganized labour next to the agriculture sector. Around 16 % of India's working population depends on building construction for its livelihood. Indian construction labour force is estimated at 30 million people; of who about half are women²The present study was conducted to assess the physical health status of female construction workers of coastal areas of Karnataka.

Material and methods:The core sample for the study comprised 100 females construction workers were 20-40 yrs. The selected construction workers were required to be performing construction activities for at least past 3 years. The tools used for the data collection were an interview schedule, health questionnaire & an observation checklist.

Results and Discussion: - Reveal that majority of the have the problems of fatigability, & genitor-urinal tract. But at the same time had lower level of problems related to digestive tract & chest congestion. Digestion related problems including cardiovascular system, diarrhoea, acidity & constipation; were also noted. Overall, the results highlight the poor health condition of female construction workers.

Conclusions-The problems of women construction worker in the workplace are one of the major issues in the contemporary social problems. It has various factors to know the problems faced by the women construction workers. This is the time to give awareness about the problems of women construction workers rather than organized workers/professionals. When these levels of factors are equalized, then automatically the problems will be reduced.

KEYWORDS

Female Construction Workers, Physical Health, Fatigue

INTRODUCTION

The World Bank in its annual report in 1989 observed that 35 per cent of Indian households below the poverty line were headed by women and in most cases, were exclusively dependent on female income. The report observed that women's contribution is significant in families with low economic status. The poorest families thus depend on women's economic productivity¹.

Construction sector is the world's largest industrial employer with 7% of total world employment & 28 % industrial employment. Construction activity is an integral part of a country's infrastructure & industrial development. In India, the construction sector is the largest employer of unorganized labour next to the agriculture sector. Around 16 % of India's working population depends on building construction for its livelihood. Indian construction labour force is estimated at 30 million people, of whom about half are women².

The differentiation in work allotted to women on building sites occurs on the grounds of what is considered appropriate for men and women, and not on the basis of the skill and the capacity of the women to do the work. Construction is one of the few industries where people can work their way to the top from the bottom level³.

In India construction is the third largest employer of women with 5.1% million being involved on construction sites. They clean the building sites, & severe the skilled men workers by carrying material & load & doing other task directed by men. The differentiation in work allotted to & not on the basis of the skill & capacity of women to do work. There is no specified time limit/frame of work for them. They had to work on an average for about 9 hours/day. Mostly they are migratory workers. At times, they are prone to injuries and accidents. Construction work involves many occupational risks, such as work at heights, excavation work, lifting of materials & so on, which are specific to the sector. In developing countries like India these construction activities are carried out by unskilled labour forces at cheap rate. Occupational injuries & accidents among these workers are high due to illiteracy, poverty, lack of health & safety training & information on health hazards & risk at work place. Occupational hazards faced by these workers in a country

like ours are higher than that faced in industrialized countries⁴. With this as background the present study was carried out to assess the Physical health status of the female construction workers.

Material and methods:

The present study was carried out on 100 females those building construction female workers were selected who were employed in the construction of buildings, residential houses etc for at least past three year. The construction workers selected were adults in the age group of 20-40 years age only. An interview schedule was constructed to gather information related to family & work profile of construction workers. Also, their awareness of the risks involved with their jobs & safety precautions undertaken at work sites were noted.

Results & Discussion:-

The physical health profile of female construction workers was assessed in areas namely respiratory system, cardio-vascular system, digestive tract, fatigability.

1. Respiratory system

Table 1

Level of problem	20-40 years	Total(%)
No problem	22	22%
Low	45	45%
Moderate	33	33%
High	0	0%
Total	100	100%

Table 1 enumerates that most (45%) of the sample females had low level of respiration problems followed by 33% who had moderate levels of respiratory complications. None of the women complained of severe respiration problems & had never faced serious breathing problems & chest congestion.

2. Cardio-vascular System

Table 2

Level of problem	20-40 years	Total(%)
No problem	24	24%
Low	44	44%

Moderate	22	22%
High	0	0%
Total	100	100%

Table 2 enumerates that most (44%) of the sample females had low level of cardiovascular problems followed by 22% who had moderate levels of complications. None of the females in the two age groups had high levels of these problems. Even though a very few of them had got themselves checked for blood pressure & heart functioning yet they sometimes complained of heart pain & uneasiness along with high pulse rate.

3. Digestive tract.

Table 3

Level of problem	20-40 years	Total(%)
No problem	06	06%
Low	78	78%
Moderate	16	16%
High	00	00%
Total	100	100%

Table 3 result reveal that majority of the sample females had low (78%) level of digestive problems followed by 16% who had moderate levels of complications. Once in a while they reported having problems such as diarrhoea, constipation, acidity & stomach pain.

4. Genitourinal System

Table4

Level of problem	20-40 years	Total(%)
No problem	12	12%
Low	38	38%
Moderate	46	46%
High	04	04%
Total	100	100%

Table 4 reveals most of the females (46%) reported facing moderate levels of genitor-urinal problems. The common problems encountered were pain & uneasiness during menstruation, pain & burning sensation during urination. Calculation of chi square reveals significant differences in the genitor-urinal problems.

5. Fatigability

Table 5

Level of problem	20-40 years	Total(%)
No problem	04	04%
Low	26	26%
Moderate	48	48%
High	22	22%
Total	100	100%

Table 5 reveals that most of the female construction workers (48%) had moderate or low level of fatigue (26%) but 22% respondents had high levels of fatigue. These females felt tired & exhausted very easily & even after resting for sometimes they felt tired. They felt sick & uncomfortable especially when they worked for long duration at a stretch.

This study shows that community health workers can be effectively trained to screen for cardiovascular disease, respiratory diseases risk and generate scores that are in a high level of agreement with those generated by health professionals. The problems of women construction worker in the workplace are one of the major issues in the contemporary social problems. It has various factors to know the problems faced by the women construction workers. When these levels of factors are equalized, then automatically the problems will be reduced. Their standard of living will also be increased with betterment life. Early detection of risk provides opportunity to implement measures to prevent development of health complication and loss of productivity. Comprehensive health-promoting activities such as creating awareness, health education, behavioural change communication, and an organizational health initiative to engender increased physical activity is imperative. Based on the findings of the study it is inferred that the female construction workers by virtue of their living condition & especially their work condition tend to experience a number of physical problems. Since these women come from disadvantaged sections of the society & suffer from varying degrees of under nutrition, along with this the harsh working conditions leave these women susceptible to many physical dangers & hazards.

Most females even though had low to moderate occurrence of respiration problems nonetheless, chest congestion & breathing disturbances were encountered by many of them. Allan et al (2009) had also reported incidences of respiration problems among construction workers. As far as fatigue & illness was concerned, it was noted that it was usually in the low to moderate category⁵. As far as fatigue & illness was concerned it was noted that it was usually in the low to moderate category. These construction workers mostly felt tired at work & had fell ill many times. Though the illness could be attributed to other factors as well yet the poor work environment could also aggravate their situation. This occupation is indeed a dangerous one & therefore the health & safety of the workers is paramount. The unhealthy & unsafe work environments need to be altered to bring at least some security to the people involved in it.

Summary:-

The problems of women construction worker in the workplace are one of the major issues in the contemporary social problems. It has various factors to know the problems faced by the women construction workers. This is the time to give awareness about the problems of women construction workers rather than organized workers/professionals. When these levels of factors are equalized, then automatically the problems will be reduced. Their standard of living will also be increased with betterment life.

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