The Health and Socio-Economic Problems of Women Construction Workers

(Questionnaire)

I. Personal Details

1. Name: Head of family with occupation:
2. Age:
3. Religion:
4. Native place with district:
5. Marital status: (Single, Married, Widow, Divorced, Separated)
6. Family details:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name</th>
<th>Sex</th>
<th>Age</th>
<th>Relation</th>
<th>Education</th>
<th>Read/Write</th>
<th>Occupation</th>
<th>Income</th>
</tr>
</thead>
</table>

II. Housing

7. Type of house a). Owned/rented/hut/kutcha/pucca
   b). If rented, monthly rent
8. Type of fuel used for cooking:
   (Wood, crop residues, dung cakes, charcoal, kerosene, LPG, others)
9. Main source of lighting: (electricity, kerosene, gas, oil, others)
10. Does your house own any of the following?

<table>
<thead>
<tr>
<th>Value</th>
<th>Yes/No</th>
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<tbody>
<tr>
<td>Cot</td>
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<td>T.V</td>
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<tr>
<td>Radio</td>
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<tr>
<td>Fan</td>
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<td>Watch</td>
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<table>
<thead>
<tr>
<th>Value</th>
<th>Yes/No</th>
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<tbody>
<tr>
<td>Cycle</td>
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<tr>
<td>Scooter</td>
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<tr>
<td>Sewing-Machine</td>
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<tr>
<td>Cooker</td>
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</table>

II. Employment

11. What is your primary occupation?
12. Has the nature of your work undergone any change? Yes/No
   If yes, specify.
13. Did you need specific skill/experience/training to do your present work? 
   Yes\No
14. Do you receive any extra allowance as a result of this training/experience? 
   Yes\No
15. Is your employment seasonal? Yes\No
16. If yes, what is your alternative source of income during off-season? 
   (seasonal, low income, competitive)
17. Why don’t you stay back in those alternative jobs permanently? 
   (seasonal, low income, competitive)
18. What is the time/duration of present work? 
19. Do you enjoy leisure in between? (half an hour, one hour, nothing)
20. Does the duration differ for males and females? Yes\No
21. Do you take lunch sufficiently? Yes\No
22. How long have you been working with the same employer? 
   (3 months, 6 months, 1 year, 2 years, more)
23. Do you have a written contract for this work? Yes/No 
   If yes, specify the nature of contract.
24. Do you enjoy wage bargaining? Yes/No
25. How many people work at the place where you are working? (<20, 20-40, >40)
26. Do you get pure drinking water at the worksite? Yes\No
27. Approximate water consumption at the worksite…lttrs.and at home… ltrs
28. At your workplace do you have toilet facilities? Yes\No
29. Do you have any facilities of borrowing from your employer? Yes/No
30. Does your household own any livestock\land? Yes\No 
   If yes, specify.
31. Do you associate with the construction workers welfare board? Yes/No 
   If yes, specify the nature of association
32. Do you associate yourself with the activities of SHG? Yes/No
33. If you are given higher wages /living conditions, would you shift/ change job? 
   Yes/No.

III. Wages
34. What is your wage per day? Rs:………. Male Rs:…………
35. How do you receive your wages? (daily, weekly, monthly)
36. Are you aware of the wage discrimination at the worksite for the same work?
   Yes/ No
37. If so, how much is the difference.
38. Is there any work discrimination/reservation? Yes\No 
   If yes, specify.
39. Do you receive any incentive as a share of higher productivity or profit? 
   Yes/No 
   If yes, specify.
40. Have you ever been discriminated on the basis of gender? Yes/No 
   If yes, (employer, fellow labourer, others specify)
41. How much is your daily average expenditure on food?
42. Do you think it is sufficient to carry on your daily work? Yes/No
43. If no, how do you meet the excess expenditure?
44. What is your average monthly savings?
45. In times of emergency, whom do you approach? Give the order of priority. 
   Bank                     Fr
   Friends                     Private agencies
   Employer             Relatives                  Others specify
46. In what form do you save?  
(chitty, bank, society, pigmy account, others- specify).
47. What is the average monthly income of your family from all sources?
48. Is there any periodic wage revision? Yes\No.  
If yes, specify.

IV. Employment benefits
49. Are you entitled for the following:  
1. Paid holidays  
2. Pension  
3. P.F  
4. Health insurance  
5. Sick leave  
6. Gratuity  
7. Social security benefits  
8. Maternity Benefits
50. How many at your work place enjoy the above benefits?
51. What is your mode of conveyance to the work place?  
(bus, truck, train, walking, worksite accommodation)
52. Who bears the transportation cost?
53. Are you aware of your health problems affecting your productivity? Yes/No  
Specify whether negatively/positively

V. Marriage and Pregnancy
54. What was your age at marriage?
55. How old were you when you first became pregnant?
56. How many deliveries did you have?
57. Have you ever had a still birth or abortion? Yes\No.
58. If so, during which month of pregnancy? Give reason.
59. During pregnancy, did you see anyone for antenatal care? Yes/No  
If no, give reason.
60. Before and after delivery, how long did you take rest?
61. In your opinion can a woman go for abortion, for reasons related to health?  
Yes\No. Specify.

VI. Health
62. How many days were you unemployed in the last one year?  
Specify reason.
63. Do you go to work during periods of menstruation? Yes\No.
64. Are you generally suffering from any particular health problem? Yes/No  
If yes, specify.
65. How long have you been affected by the disease?
66. What treatment did you receive? (ayurveda, allopathy, homeopathy, traditional, others)
67. Specify the nature of relief  
(permanently relieved, temporarily, recurring.)
68. Where did you go to avail medical facility?  
(PHC, government/ private hospital, doctor, others-specify)
69. Are you aware of medical insurance to meet these expenses? Yes/No.
70. Have you got any medical insurance? Yes/No  
If no, specify.
71. Do you drink\smoke\chew pan? Yes\No.  
If so, since how long and how many?
72. How many hours do you sleep?
73. Have you been physically assaulted by your husband? (never, rarely, frequently, daily)
74. Have you met with any accident? Yes/No.
75. If yes, what was the cost and who took care of accident relief?
76. Do you receive any accident relief benefits from your work place? Yes/No.
   If so, specify.

VII. Miscellaneous
77. Are you a member of any social organization? Yes/No.
78. If yes, specify the type of discussions in the meeting.
79. Did you receive any assistance in your household duties? Yes/No.
80. If so, from whom? Husband/ Others.
81. Are you satisfied with the assistance received? Yes/No.
82. How many bricks\ cement sacks on an average do you carry at a time?
   In one day-

SCALING

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<thead>
<tr>
<th>Sl. No.</th>
<th>Objective</th>
<th>VMI</th>
<th>MI</th>
<th>NC</th>
<th>MD</th>
<th>VMD</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Change in wages in the past 6 months.</td>
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<td>2.</td>
<td>Change in wages in the last 2 years</td>
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<td>3.</td>
<td>Supplementary sources of income.</td>
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<td>5.</td>
<td>Your debt/liabilities.</td>
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<td>6.</td>
<td>Your economic position compared to 5 years back.</td>
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<td>7.</td>
<td>Your economic position compared to 10 years back.</td>
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<td>8.</td>
<td>Work satisfaction.</td>
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<td>10.</td>
<td>Harassment in work place.</td>
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<td>11.</td>
<td>Arranged workers meeting.</td>
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<td>12.</td>
<td>Your health position compared to 5 years back.</td>
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<td>13.</td>
<td>Medical expenditure compared to 5 years back.</td>
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<td>14.</td>
<td>Facilities of medical care compared to 5 years back.</td>
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<td>15.</td>
<td>Educational expenditure compared to 5 years back.</td>
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<td>16.</td>
<td>Present working condition.</td>
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<td>17.</td>
<td>Facilities of medical care.</td>
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</tbody>
</table>

VMI- very much increase; MI- much increase; NC- no change; MD- much decrease
VMD- very much decrease.