CHAPTER – 1

INTRODUCTION

1.1 Introduction

Literature on women studies is remarkably proliferous. Significant part of such studies laid emphasis on gender discrimination that has become the major hurdle to the socio-economic empowerment of women. Specialised studies on women labourers in the informal sector correspond to such observations, but on an obviously visible scale. Women labourers in the construction sector make an important component of the women labour market in the informal sector. Even a pedestrian overview reveals a dismal picture of the health and working environment of such labourers. Peculiarities of the labour market in this sector are morbid and extremely difficult to construct a dependable labour-wage matrix which should be of use in an analytical enquiry.

The increasing rate of marginalisation due to the fastly changing globalisation and mechanization has accelerated the severity of exploitation of unskilled workers particularly unorganized women workers in the construction sector. There has been an increasing identification of poverty as evidenced by statistics pertaining to the informal construction sector. Gender role stereotyping and limited access to power and productive resources have added to the feminization of poverty. Short term efforts to combat poverty at the family level do
not register as a road map to confront deprivation. Social Welfare measures are designed as tools of empowerment. But apart from providing short term salvage, these measures also have not created an environment for eradication of poverty among women on a strategically long term basis.

It evolved a system which becomes totally unacceptable to the socialistic paradigm of ‘Health for All’ as has been envisaged in the Alma Atta Declaration. When looking into the labour force participation particularly of women workers, most of them are divorced or separated by bearing the entire burden of family responsibilities upon them. Moreover, the nature of work in the construction sector increasingly becomes subcontracting due to the opening up and also to withstand the pressure of labour market demand in the global setting. The increasing tendency of openness makes the illiterate and untrained labourers in the construction sector more vulnerable to further exploitation. The working and living conditions are revealed to be highly detrimental to women health. To overcome this situation, the government from time to time has enacted legislations and constituted Welfare boards to improve the working and living conditions and wage regulations. But these bodies failed miserably in ensuring the said priorities. It is found that to tide over this situation, they have been introducing their own ways of welfare programmes. But these programmes in effect are found to be providing only cosmetic face lift to the workers in the construction sector and are fully outside the ambit of the basic requirements of construction workers particularly women workers.
Construction worker in the present study any person who is employed for wages to do any work in connection with a construction work and who gets his wages directly or indirectly from an employer or from a contractor including supply of materials for construction works. Workers covered in this group are masons, carpenters, painters, concrete workers, road workers, earth workers etc. It is one of the most risky industries; despite efforts to reduce the incidence of occupational hazards associated with it. It continues to account for a disproportionate share of work-related injuries and illnesses. In spite of the high risk of fatal and nonfatal workplace injuries, there are few estimates of the costs associated with such injuries in the construction industry. Most of these are limited to workers’ compensation costs and many are specific to a particular geographic area.

A scan of the injury events with high total costs or costs per case reveal the importance of bodily conditions including overexertion and repetitive motion. In this context much attention has been paid to the need for rural development and the empowerment of women engaged in construction industry. The productivity of the rural worker (both male and female) is a key to this development strategy. Poor health and nutritional status of the worker reduce their productivity.

The present study attempts to make a scan on the retention and sustainability of the health of women engaged in the construction related works. The study mainly examines local manual labour used rather than mechanical equipment. Workers are able to participate directly in the development of their communities and, at the same time, receive a wage
that may be used to improve their family and dependents. The study also examines the attempt of sponsoring agencies for the health and welfare of these workers whose nutritional status was in question.

The construction sector comprises general and specialty contractors in the fields of building construction, residential construction, highway construction, heavy industrial construction, and municipal utility construction, as well as special trades such as plumbing, heating, and demolition. In recent years, domestic construction has continued its steady growth, fueled by new residential flats, home improvement projects, and other housing-related activities, as well as growth in non-residential sectors such as health care and education.

Lately, major changes have occurred in these industries due to rapid mechanization. As an outcome of industrialization, unemployment is rampant and women workers have turned to construction as an alternative source of income generation.

Two things came out during this assessment. Firstly, there must be formulation of a policy for Construction workers on a national level and secondly they should be provided with social security benefits. Coupled with this, their occupational risk factor was extremely high due to innumerable accidents resulting in temporary or permanent disabilities. They were doubly affected due to lack of insurance coverage along with loss of wages for the entire period of disability recuperation. Their wages were low and they were exploited by the contractors. The majority of the construction workers were not organized and the local
construction labour suffered from chronic unemployment due to the availability of large numbers of migrant workers who are willing to work at lower wages.

In this context, the study explores the status of women in general and the construction sector woman in particular and also examines the major discriminations and irregularities of wage and working conditions of both men and women actively associate in the construction work. Besides, the study attempts to evaluate the various social security schemes developed for the benefit of the workers in the informal sector with due concerns to the women particularly the disabled women. Developing a suitable model for its implementation may open up new avenues of further research in areas that are relevant in the context of labour mobility, subcontracting and building of huge residential flats in the place of individual houses.

This thesis also tries to depict the negotiations that take place between workplace and home with respect to women. To be specific, the central question is how women who work and labour get affected by environment in which they get placed. It is quite often mentioned in the academic literature that women are discriminated both at the work place as well as at home. But little is mentioned about how ill-health gets perpetuated by the social textures at home and outside of it and the compulsions that individual\women has to face to be acceptable or recognized as efficient in the society. It is argued in this thesis that women are more compelled to exercise technologies of self in comparison to men. Perhaps, it is proposed that the material processes influence this situation more than anything else. Therefore the empirical
chapters of this thesis skim through different variables that are extraneous to individuals.

The present study intends to provide scope for academic review of the polarization that has been taking place in the working environment of women especially those who are unorganised and unskilled.

1.2 Importance of the Study

Globalisation breeds competition and sophistication in construction. In the age of quickly changing technologies, workers have to work at less remunerative pay, particularly when they are unskilled. The productive activities, irrespective of whether it is capital or labour intensive, aim to maximize profit and with this intention in mind they resort to most advanced type of technology. Profit motivated technologies and investment in the construction sector neglecting the priority of the working class. The opening up of the economy provides sufficient ground for workers and contractors to negotiate the conditions of work and wage of those trained and skilled and this too is at the cost of the untrained and unskilled majority. The inflow of cheap labour from the neighbouring states also affect adversely to the better trained indigenous labourers including women. The changing frequency of labour mobility at the national and regional level affects adversely the employment prospects of locally available labour force. In this context, the present study examines the changing dimensions of construction industries in the organization level and looks into the possible alternatives to improve the working and living environment of labourers particularly women in this sector.
With the global settings, construction becomes more and more diversified and sophisticated. Outsourcing in this sector is increasingly becoming the rule rather than an exemption in the construction related activities. Government agencies for the services of workers in the informal sector are operating far below the expected level. In the construction sector, though the government has been introducing some welfare programmes, it is found to be insufficient and the workers, particularly women are quite ignorant about the formalities of enjoying the benefits specially set apart for the construction sector workers.

Prospects and research on construction has been developing fastly and it is giving way to conventional labour absorbing type of construction. This changing dimensions have attracted prospective investors and multinational agencies in the filed of construction. The inflow of these new agents in construction has changed drastically the conventional establishment and understanding that prevailed among the working members- both male and female. The contractors are not concerned about any welfare programmes for the worker. This is mainly on the ground that they are least affected by any specific geographical limitation; but always on the move in search of better prospects and alternative options. It leaves the plight of unskilled men and women in the construction sector more deplorable. This has been the main focus of attention while studying the problems of construction sector particularly the health situation of women engaged in construction related works.
1.3 Situating the study

The disabilities associated with the work of women spring mainly from the nature of job immobility caused by various socio-economic rigidities. Uneducated, displaced, rural poor who are migrants and their disadvantageous position has increased the over supply of labour and the consequent unemployment. This has led to the concentration of women in the construction and other informal sector activities. Being unorganized, women workers in this sector enjoy no bargaining power and hence they get discriminated at different levels of activities in construction. Their workplace does not provide any satisfaction or pride. They are over represented due to inflexibilities of work. Profit is maximized by employers by reducing wages, particularly of women workers.

The socio cultural and economic realities that face the women in India complicate their access to health. Under severe economic pressure, women are thrown open to the work sites with available job and perform the work without looking into the irreparable loss to health and life.

Due to the handicap of the unorganized labour in the product, input, credit and labour market, protection is necessary. There is no comprehensive legislation to give them social or medical protection and this perpetuates the ill health. The available remedy at the disposal is the limited welfare programmes of the government and that too is beyond the reach of working women in this sector. It is also to be noted that the fastly changing construction environment, the revolution in communication and labour mobility makes the condition of unorganised women workers more vulnerable.
The construction sector is characterized by strenuous work and physical hardships. Work is mostly unpredictable and most of the women working in this sector belong to the age group 23-27. The work that the women are doing is no less than that of their male counterpart, but the wage that they receive fall below the wage of men. These facts show the deterioration in the living and working conditions of women engaged in the construction work and this becomes increasingly severe in the post globalisation period. It indicates the need to provide support to those who work in the informal sector by way of skill formation, credit and microfinance as well as through social protection mechanism.

It is in this context, it is highly significant to study the health and living condition of those who work in the construction sector particularly the women and unskilled. It is observed that workers are not paying much attention to their health condition since the income that receive fall below the required minimum for a subsistent living. The lack of seriousness on the part of the government to implement and execute continuous programmes for the upliftment of the poor and the marginalized has been one of the serious drawbacks to observe in this context. But so far no earnest effort from the government to mitigate the problems of the poor has been materialized. Besides, when looking in to the various social security schemes developed for the benefit of the workers in the informal sector with due concern to the women particularly the disabled women, we can see that the benefits so distributed are cruelly insufficient to meet the emergencies of the working groups particularly to women.
The present study provides immense scope for academicians and scholars to review the polarization that has been taking place in the working environment; particularly where women are unorganized and unskilled.

1.4 Objectives of the Study

The research work has been undertaken with the broad objective of studying the health and living conditions of workers in the construction sector with due emphasis to the women workers. The nature of work in construction is skilled and manual. The labour needed in the execution of the type of assignment in most of the situation is well above the physical capacity of the workers especially of women workers. Moreover workers are found reasonably under paid and their living environment is miserably low. This disparity in the nature of work and labour has been observed to be the single major factor for the perpetuation of ill health of workers particularly women in this sector. In the backdrop of this socio economic situation, we propose to undertake this study with the following specific objectives.

1. To study the socio- economic and health status of women in the construction sector.

2. To identify the major health determinants of women workers in construction.

3. To make a scanning on the latest developments in the health policies and health sector reforms of construction sector workers in the post globalization context.
1.5 Data Source and Methodology

Survey

The major part of the study has been carried out by an exhaustive field survey with the help of a structured interview schedule. The interview schedules were mainly designed to elicit information on health and related variables from the identified work sites of different characteristics. It is also to be noted that the data collection extended to two seasons with the intention of studying any variation in the proportion of women workers to be engaged to the total number of workers in the construction industry.

As part of the preparation of the interview schedule, a pilot survey was done in a district which does not come under the major area identified for the study. This is to avoid overlapping of selected samples. The sampling techniques, which were to be followed in the actual study, were also employed to identify the respondents. This is done to get a first hand feel about the difficulties that could arise in the actual study. After a pre-testing, a de-briefing exercise has been conducted for necessary modifications in the assessment format. The quantitative data collected through pilot testing was analysed to see whether the data is of reliable quality and statistically useful. The results obtained were statistically significant. Before proceeding with the final survey, the major study area was selected. The options were selected randomly to give emphasis on geographical representations.
The sample area selected for analysis was dissected into urban, semi urban and rural areas as per Census classifications. Apart from this, the worksites were classified into casual, minor and major based on the scale of operations, number of workers and the characteristics of operation. After visiting several worksites, a maximum of two respondents were selected from each site having significant number of women workers. In this manner a sample size of twenty five women workers was collected from each category. The responses from twenty five male workers belonging to the previously mentioned categories were also collected for comparison. Thus a total of seventy five males and seventy five females were put for analysis.

Multiple Regression

The study variable (dependent variable) in the study is health status of male and female workers in the construction sector with due focus on women workers. (health status is a composite variable calculated by using a separate scaling questionnaire from the male/female workers in the construction sector). The determinants are the different independent variables of the econometric (regression) model.

A multiple regression allows the simultaneous testing and modeling of multiple independent variables. (Note: multiple regressions are still not considered a "multivariate" test because there is only one dependent variable).
Along with the multiple regressions come an overall test of significance, and a "multiple $R^2$" - which is actually the value of $r^2$ for the measured $y$'s vs. the predicted $y$'s. Most packages provide an "Adjusted multiple $R^2$"

The model for a multiple regression takes the form:
\[ y = \beta_0 + \beta_1 x_1 + \beta_2 x_2 + \beta_3 x_3 + \ldots + \beta_k x_k + U \]

where, $Y$ is the study variable

The $\beta$'s are termed the "regression coefficients". Instead of fitting a line to data, we are now fitting a plane (for 2 independent variables), a space (for 3 independent variables), etc. We wish to estimate the $\beta_0$, $\beta_1$, $\beta_2$, etc. by obtaining $x_1$, $x_2$, $x_k$ are $k$ independent variables corresponding to different determinants.

$U$ corresponds to the uncertainty factor which is supposed to be random.

The estimated model can be written as
\[ \hat{Y} = \hat{\beta}_0 + \hat{\beta}_1 \hat{x}_1 + \hat{\beta}_2 \hat{x}_2 + \ldots + \hat{\beta}_k \hat{x}_k \]

As is known on estimation the randomly distributed uncertainty factor vanishes.

**Discussion**

In the study a discussion has been carried out mainly by making use of the significance of the multiple regression analysis, the suggested
inferences from the pilot and final survey, the important suggestions from experts, opinion and suggestions from the contractors and sub-contractors, and the major highlights on women health particularly working women in the informal and construction sector. All these were put before a panel of academic community specialized in health economics, research scholars, representatives of major trade unions, contractors and sub-contractors for discussions and suggestions. Finally the disagreements were further treated critically for a final consensus.

1.6 Chapter Outline

The study has been structured into seven chapters. The introductory chapter is followed by an exhaustive review of related literature. The third chapter examined the present structure and working of construction industry with specific focus on the major government policies on health and social security arrangements. Fourth chapter make a scanning on the socio-economic conditions of women workers in the construction sector on the basis of primary survey. The fifth chapter identified the major determinants (explanatory variables) of health by making use of econometric regression. In the penultimate chapter, a focus group discussion was done to develop suitable and viable solutions to the problems of construction sector workers in general and women workers in particular. Final chapter provides major conclusions and suggestions.
1.7 Limitations of the Study

In the thesis, emphasis has been given primarily on the health problems of women construction sector workers. The study was confined mostly on the physical health and only little attention was given for examining the mental health. The study area and the coverage of operations were also limited to the Thiruvananthapuram district and specifically to the Thiruvananthapuram city corporation limits and the neighbouring panchayats. At the time of data collection, the situation was quite different from what we experience presently. Recently there has been massive inflow of migrant labour in almost all construction sites in the place of indigenous workers. This has mostly replaced the women workers rather than their male counterpart. This has been discussed in the sixth chapter, but the present labour mobility has been found to be one of the major limitations for the present study.