CHAPTER VIII
SUMMARY OF FINDINGS, CONCLUSION AND SUGGESTIONS

8.1 Summary

The construction workers are the backbone of the economy as they have been contributing substantially to the infrastructural development of nation by contributing their labour (almost one-third of these workers are women and children) to build hospitals, schools, townships, offices, houses and other buildings, urban infrastructure (including water supply, sewerage, drainage), highways, roads, ports, railways, airports, power systems, irrigation and agriculture systems, telecommunications etc., Whereas the socio-economic development of these poor people have remained inadequate in spite of their productive contribution to national development. They are burdened with indebtedness and poverty, their nutritional levels are now, their bodies are weak and they are overwhelmingly illiterate. They are not only discriminated but also exploited by the contractors / employees by taking benefit of their poor bargaining and socio-economic conditions. They are compelled to work on lower wages and under unhygienic conditions without proper facilities of housing, washing, bathing, latrines, urinals, other sanitary arrangements and social security measures. Frequent changes in their work place and instability of their work deprive them and their children from primary facilities like health, education and food subsidy from ration cards.

In the light of the above, it is necessary to study the socio-economic characteristics workers, migratory aspects of the construction workers, living and working condition of the women construction workers, health status and health seeking behaviour of the women construction workers. Hence the researcher decides to undertake study on Health Seeking Behaviour and Migration Status of Women Construction Workers in Urban Unorganised Sector.

The main objectives of the study
1. To examine the social and economic background of the women construction workers.
2. To study the migratory aspects of the women construction workers.
3. To examine the living and working condition of the women construction workers.
4. To study the health status and health seeking behaviour of the women construction workers.
To understand the health status and health seeking behaviour of women construction workers, primary data was collected using a pre-tested interview schedule. The study covered a sample of 525 migrated women construction workers from urban Coimbatore. Coimbatore city was selected purposively. Within the zones, the researcher intended to collect data from 600 women construction workers in Coimbatore city. As the entire Coimbatore city is divided into 4 zones namely, East, West, South, North and in order to give due representation to all these zones, the researcher fixed a sample of 150 per zone. However, while collecting data from these zones, 49 women workers did not respond and 26 women workers were not available. Hence, the researcher finally able to collect a total sample of 525 (East zone = 132, West zone = 125, South zone = 128, North zone = 140, Total = 525). The data from these sample women was collected during the period March 2009 to May 2009. The interview schedule contained items like social and economic background, migratory aspects, living and working conditions, problems faced by the women construction workers, health status and health seeking behaviour of the women construction workers.

The collected data were compiled, classified, tabulated and analysed with reference to be objectives of the study. Appropriate statistical tools have been used to draw inferences from the data collected. To study the reasons for migration from native place to the present destination and reasons for joining in the construction work “Garret Ranking Technique” is used. Health status was assessed using self assessed health status of the respondent with the help of 5 point Likert scale. In order to study the relationship between living condition and health status, working condition and health status, hours of work and health status, income and choice of health care services, healthcare expenditure and economic factors, “chi-square test” was used. To identify the determinants of demand or health services “Logit Model” has been used.

8.2 Findings

8.2.1 Socio-economic Background of the Construction Workers

- A majority (95 per cent) of sample women workers belongs to the age group between 15 years to 45 years. Thus it is clear that the women in the construction sites come from more active and reproductive age group. The data also (4.2 per cent) reflects that child labour is prevalent in this occupation.
• Women belonging to Hinduism (77 per cent) contribute the bulk of women workers of construction industry under study. 17 per cent workers in the sample Christian and 6 per cent workers were Muslims. A majority of Hindu women workers are dominating in the construction industry as compared with other two religions.

• Majority (58 per cent) of the respondents are SC/ST communities.

• Majority (58 per cent) of the workers speak Tamil.

• A majority (81.3 per cent) of workers are migrated from rural area. While 18.7 per cent have migrated from urban area.

• It is was noted that 80 per cent of the respondents live in nuclear families and 20 per cent live in joint families.

• Majority of the respondents (i.e.) 73 per cent are married.

• About 75 per cent of the workers were illiterates, only 4 per cent had done secondary education, while 21 per cent were educated upto primary level. Illiteracy is one of the most distressing features among the women workers in the construction industry of the study area.

• As regards age at the time of marriage, majority (75 per cent) of the workers got married before the legal age of 18 years and 19.2 per cent were married before 14 years. Hence, the practice of child marriage among the sample construction workers was found despite legal prohibition. This is clearly borne out by the survey.

• With regard to number of children, 45 per cent of the workers had three children, 18 per cent were had two children, 17 per cent had only one child, 5 per cent had four children and 2 per cent had more than four children and 12 per cent had no issue. Thus shows that there is awareness about large family size.

• About 61 per cent of the children living with women workers at the work place i.e. in the construction sites without proper care and education. While 39 per cent of the children at native place. The children left at the native places are looked after their
grand parents or their uncles or some of their relatives. The analysis showed that there are a large number of children living with the women workers at the work place i.e. in the construction site without proper care and education.

- About 84.3 per cent of the children were not employed. They are lower in age 15.6 per cent of the children were employed in the construction sites. Thus it is inferred that child labour exists in the construction industry.

- About 73 per cent of the children not attending the school and 27 per cent of the children are attending school. The reasons for not attending school are children themselves are not interested in going to school, poverty, lack of job after education, seasonal nature of work of construction and non-availability of school near by area, no job security after getting educated.

- As regards to the age of mother at first child birth, 66.5 per cent of the women delivered their first child between the age of 16-20, 13.6 per cent women delivered between the age of 21-25 years, 6.3 per cent did it below 15 years of age and 1.6 per cent delivered their first child above 26 years of age.

- As regards to gap between children, about 54.8 per cent women have a gap of 1-2 years and 8.7 per cent have a gap of 2-3 years. Around 31.9 per cent have a gap of even less than one year which is not quite good.

- With regard to child birth and mortality, total number of deliveries in respect of the 442 women was 907. This gives an average of about 2 children per women. The number of children alive at the time of survey was only 810. Thus 11 per cent of children born had died.

- With regard to stage at which the respondents stopped working while carrying the last child, about 48.6 per cent of women left working only during 8th to 9th month of their pregnancy 18 per cent had continued to work 6 to 7 months of their pregnancy. 9.7 per cent had continued to work till the day on which they delivered the child. Thus inevitably had an adverse effect on their health and the health of the children whom they bear.
About 82.3 per cent of the workers belong to small family, i.e. 2-4 members and 18 per cent belongs to large family i.e. 5-8 members.

Among the total number of members in the sample households, 1112 (55 per cent) were male and 912 (45 per cent) were female members.

With regard to age of household members, 42 per cent were in the age group of 31-60 years. 33 per cent were between 15 and 30 years of age, members aged 6 to 14 formed 16 per cent, children below the age of 5 were 6 per cent and only 3 per cent were above 60 years of age.

As regards to martial status of the household members, 51 per cent are married, 40 per cent are unmarried, 3 per cent are widowed, 4 per cent and 2 per cent are separated and divorced respectively.

The literacy rates of the household members showed 50 per cent were illiterates and 20 per cent were primary educated. 13 per cent of the members were studied upto secondary level, 10 per cent of the members were studied upto higher secondary level, 3 per cent were degree holders and 4 per cent were children below 4 years. The overall educational records of the household members in the sample were very poor, possibly because they were from very poor backgrounds.

Majority (53.8 per cent) were agricultural labourers, 19.4 per cent of the members were cultivators. 12 per cent were unemployed, 6 per cent were students, nearly 5 per cent were construction workers and 4 per cent were children.

Assets position at native place about 26 per cent of the workers had land, house and cattle. Nearly 25 per cent of workers had land and house and about 23 per cent of the workers had agricultural land alone.

The monthly income of the worker, 52 per cent of the workers earn a monthly income between Rs.1,501 and Rs.3,000, 40 per cent of the workers earn a monthly income below Rs.1,500 and rest 8 per cent of the workers earn income above Rs.3,000 per month. Thus it can conclude that the income in the construction industry are for better than that of native place.
• With regard to family income, 50 per cent of the workers monthly income ranged between Rs.10,001 – Rs.25,000, 44 per cent of the workers monthly income below Rs.10,000. Remaining 6 per cent of the workers income above Rs.25,000 per month.

• The average monthly expenditure of the family explained that 43.1 per cent of the respondents expenditure is between Rs.10,000 and Rs.15,000, the monthly expenditure of 36.5 per cent respondents is between Rs.5,001 and Rs.10,000, the average monthly expenditure of 13.1 per cent respondents is above Rs.15,000 and the average monthly expenditure of 7.3 per cent is less than Rs.5,000.

• Nearly 62.9 per cent of the workers do not have savings and 37.1 per cent of the workers have save between Rs.500 – Rs.1,000 per month.

• About 75.6 per cent of the workers have debts and about 24.4 per cent of the workers are without debt and have some savings and investment. Nearly 58.4 per cent of the workers borrowed money from money lenders and about 41.6 per cent of them borrowed from building contractors. Thus it is inferred from the analysis that the main source of borrowing by the workers is money lenders.

8.2.2 Migratory Aspects of the Women Construction Workers

• With regard to place of workers, 36 per cent of the respondents from Salem, 26 per cent from Madurai, nearly 23 per cent from Andhra Pradesh and 16 per cent are from Virudhunagar.

• With regard to type of migration, 88 per cent of the workers migrated with family members while 12 per cent migrated as a individuals.

• Among the workers 90 per cent were employed before migration and 10 per cent were unemployed. It is inferred from the analysis is that the present day women are more conscious about improving the economic standard, life style and acquiring a new status through empowerment.

• Garret ranking technique was applied to find out the most vital reason for migration the results revealed that the most vital reasons for migration is non availability of other work at native place.
• Garret ranking technique was applied to find out most vital reasons for joining in construction works. The results revealed that the most vital reason for joining in the construction work is better wage in the construction industry.

• Among the workers, 63 per cent were motivated by their husbands. 43 per cent were motivated by family friends, 34 per cent and 29 per cent were motivated by relatives and their parents respectively.

• With regard to visit to native place, 46 per cent of the workers visited their native place twice a year. While 40 per cent visited more than one year visit (viz 2 years or 3 years once). Just 10 per cent of the respondents go to their native place occasionally.

• The majority (56.6 per cent) of the workers had visited their native places for enjoying local festivals, 20.4 per cent of the respondents visited to attending relative’s marriage and just 6.9 per cent of the respondents had visit to see relatives. About 16.1 per cent of the respondents had visited to see parents.

• As far as the monthly remittances to native place are concerned, about 16.8 per cent of the workers send money to their native places. Nearly 83.2 per cent of the workers are not sending money to their native places.

• The construction workers contributed a lot to their household economy in the form of daily food, consumption, investment in agriculture, education and house repairing.

**8.2.3 Living and Working Conditions of the Women Construction Workers**

• The majority (85 per cent) of the workers lived at places slightly away from work place and 15 per cent lived at the work place. Many of the workers have illegally constructed their huts in vacant private or corporation land these workers have in fact development their own colonies in different places resulting in the spread of slums.

• Majority (96 per cent) of the workers stay in thatched houses and the rest 4 per cent in tinned house. It was found that short duration of employment frequent movement from one site to another makes it difficult for them to have a settled life and stable house hold.
• With regard to nature of house. Nearly 78 per cent live in rented house while 22 per cent live in free house i.e. house provided by the building contractors. It is observed from the field that majority of the workers had one room for all purpose. The size of rooms is not big and they count kitchen also as a room.

• About (72 per cent) of the workers were paid Rs.100 – Rs.200 as a house rent. Nearly 11 per cent of the workers were paid Rs.201 – Rs.300 and about 8 per cent were paid Rs.301 – Rs.400, 7 per cent and 3 per cent spent Rs.401 – Rs.500 and above Rs.500 as a house rent respectively.

• Regarding workers opinion about the living condition, majority of the workers 61.7 per cent, reported that their living condition was very poor. Nearly 15 per cent stated living condition was poor, 13 per cent stated their living condition is average, 6.9 per cent stated good living condition and 3.8 per cent stated living condition was very good.

• With regard to facilities available at living place, only about 7.8 per cent had drinking water, 4 per cent had electricity, 3 per cent had latrine, 2 per cent had drying of clothing and one per cent had bathing facilities. It was observed that basic minimum facilities are denied at the living place. The workers have to depend on bore well and public water supply. It was found that the living condition of the workers is quite unsatisfactory.

• As regards to facilities available near by living place, 96 per cent have approach road in close vicinity. About 94 per cent have a school near their house, about 92.7 per cent have a hospital near their house, about 74 per cent have a market and 61.7 per cent have a play ground near the house, where the children can play and elders can have a stroll.

• Women are employed in almost all the work related to construction process, from foundation work to masonry work.

• With regard to type of work performed by the workers, 50 per cent of the workers are engaged concreting work, 17 per cent performed breaking stones, 15 per cent were doing masonry work, 10 per cent earth work, 8 per cent of the workers doing curing work.
• With regard to quantum of work, in concreting it was found that in 15 minutes, about 55 bundles, each weighing 7-8 kg, passed through the hands of women. In an 8 hour shift, therefore, an incredible 32,000 kg would have passed through a woman worker’s hands.

• For masonry work, women carried 9-12 bricks on their head and moved with grace and skill along the scaffolding.

• In earth work women carried on their head 15 kg of mud and walked 30 feet to deposit the mud and return. In an 8 hours shift a woman on average would have walked about 13 kms carrying about 2100 kg of mud. While using a crowbar to dig into the earth, women would do this 15 times a minute, matching the efficiency of able bodied men.

• In curing, women were found carrying water in pots each weighing 8 kgs, 15 times per hour, to pour over concrete structures.

• In breaking stones, women used an iron hammer 52 times per minute and went on doing this for a 9 hour shift with a one hour break in between.

• About 43 per cent of the workers were recruited through maistris, nearly 40 per cent through building contractor and 17 per cent through labour contractors. Thus it is inferred that employment exchange played no role in the recruitment of unskilled workers.

• The majority of the workers (68 per cent) were casual labour and 32 per cent were contract workers. It is inferred from the analysis that a stable employer – employee relationship was absent.

• Nearly 83 per cent of the workers were in the construction activity more than 2 years and only 17 per cent were in the construction activity less than 2 years.

• About 53 per cent of the workers work for 8-9 hours a day. Only 25.3 per cent work for 7-8 hours and nearly 21.7 per cent work 9-10 hours per day. The study reveals that there are no fixed working hours.
• The majority of the workers (83 per cent) were paid Rs.100 for a day and 17 per cent of the respondents were paid Rs.150 for a day. It is found that majority of the workers get wages below the minimum wage set by the government.

• The majority of the workers (52 per cent) manage to find work for 16-20 days in a month. 26 per cent find work for less than 15 days for a month and 22 per cent of the workers find work 21-26 days in a month. Full employment is rare, about 78 per cent of women were unemployed for 10 days in a month.

• With regard to number of months employed, 70 per cent of the workers get work on an average 6-8 months, 18 per cent get work 8-10 months. Most of the workers claim that they do not get work in the winter season and during monsoons. The study reveals that the life of the workers in the construction industry is very insecure and is a struggle of daily survival.

• Nearly 95 per cent of the workers received weekly wage, 3 per cent were received daily wages and nearly 2 per cent received monthly wage.

• The majority of the workers (53 per cent) were residing between 2km to 4km distance, 20 per cent were residing between 4km to 6km, 14 per cent of the workers were residing near to work place (less than 2km) and 13 per cent of the workers were residing above 6km distance.

• About 22 per cent of the workers did not use any vehicle; they reach their work site only by walk. 78 per cent of the workers reported that they used city bus as a means of transport to the work place.

• With regard to facilities available at work place about 87 per cent of the workers availed drinking water, 94.6 per cent were availed frienge benefit, 4.5 per cent were availed first aid facility, 3.6 per cent were availed latrines facility and 1.3 per cent of the workers availed crèche facilities for their children. Thus it is inferred that very less percentage workers availed latrines, first aid and crèche facilities.

• The workers opinion about their working condition, majority of the workers (44 per cent) graded as working condition as average, 24 per cent stated that their working condition was poor. 17 per cent of the workers reported that their working
condition is good. 8.2 per cent of the workers stated that their working condition is very good and 6.9 per cent said they had poor working condition. Thus it is inferred that the working condition were pitiful and exploitative.

- About 99 per cent of the workers do not possess ration card. Nearly 1 per cent possess ration card.
- About 44 per cent of the workers belong to below poverty line and 56 per cent not belongs to below poverty line. It is inferred that lack of continuity in employment and low wages, workers live in below the poverty line.
- Nearly 99 per cent of the workers do not get any assistance from Coimbatore area. Only 1.1 per cent get one time monetary assistance from Coimbatore to build house.
- With regard to social security about 90 per cent of the workers expressed they need food security, health security, housing security, employment security and income security. While 80 per cent and more than 80 per cent expressed they need nutritional security, life and accident security and old age security.
- With regard to problem faced by the workers, about 88.6 per cent of the workers reported that they were having health problem. 96 per cent of the workers stated that they were having addiction problem. Each 95 per cent stated educational and professional problem. 93 per cent of the respondents are reported that they having housing problem. 83 per cent of the workers stated that they are having economic problem. 73 per cent were having entertainment problem. 61.7 & 25.7 per cent of the workers were having family and social problem respectively.

8.2.4 Health Status and Health Seeking Behaviour of the Women Construction Workers

- Among the respondents 35 per cent (184 respondents) reported their health status was poor and 29 per cent (152 respondents) said their health status was average. About 25.1 per cent (132 respondents) graded that their health status was good. About
6.4 per cent (34 respondents) stated their health status was very poor and 4.4 per cent (23 respondents) stated their health status was excellent.

- In the sample those completed secondary education (41 per cent) reported as good health compared to primary and illiterate 27.5 per cent and 23.6 per cent respectively. To test the relationship between the educational level and health status, chi-square test was applied. The results showed that there is no relationship between educational level and health status of the workers.

- Middle income group (45 per cent) reported good health compared to high income group and low income group i.e. 15 per cent and 3.9 per cent respectively. In order to test the relationship between the family income and health status, chi-square test was employed. The results revealed that there is a strong relationship between family income and health status of the construction workers.

- Among the different age groups, 90.9 per cent is below 15 years reported good health compared to other age groups. It is concluded that initial stock of health reduced over the period.

- Among the sample respondents, 28 per cent Hindus, 17.2 per cent Christian and 6.2 per cent Muslims reported good health.

- About 29 per cent of the rural respondents stated their health status is good. While 8.2 per cent of the urban respondents stated their health is good.

- Among the social group, backward community reported 62.6 per cent good health compared to most backward and SC/ST communities. From poor health status SC/ST were reported high 57.6 per cent followed by 10.8 per cent backward community.

- Among the sample respondents, nuclear family reported 27.6 per cent good health compare to joint family (15.2 per cent).

- About 53.1 per cent of the married respondents reported that they have good health compared to unmarried workers (7.2 per cent).

- A majority of 76.6 per cent of the workers are reported that their living condition is poor and the respondents from poor living conditions having poor health status.
Even though the government is implemented many health programmes for women. To test the relationship between living condition and health status, chi-square test was employed. The results revealed that there is a strong relationship between living condition and health status of the workers.

- A majority of 76.6 per cent of the workers are reported their working condition is poor. The respondents from poor working condition having poor health status. Even though the government is implemented many social security programmes for women. To test the relationship between working condition and health status, chi-square test was applied. The results showed that there is a strong relationship between working condition and health status of the workers.

- Those who work 8-9 hours and 10 hours per day, stated health status are poor compared to 7-8 hours of work per day. To test the relationship between hours of work and health status, chi-square test was applied. The results revealed that there is a strong relationship between hours of work and health status of the workers.

- Out of 525 sample respondents, 465 respondents were accounted for analysis because 465 respondent affected by diseases. Majority of 40 per cent of respondents complained of having body aches relating to back, shoulders, hands and joints. The reason of the aches can be related to the bodily postures and manual work that these women had to do in these construction sites. Nearly 23 per cent of the workers reported that they suffered from eye problem and skin diseases. This category of disease may be mainly because of the fact that the women workers in the construction sites had to work during extremes temperatures of the summer season. Nearly 17.8 per cent of the workers suffered from Bronchial and respiratory diseases like cold, cough, allergies and tuberculosis. The reason perhaps could be their continuous exposure to dust. Around 4.4 per cent of the workers suffered from some sort of troubles relating to the uterus, premature delivering or miscarriages. The reason given by them was the excess manual work and less rest they take while in pregnancy. About 3.4 per cent of the workers had injuries and 11.4 per cent of the workers were not affected by any diseases.
• With regard to number of days ill, about 69.9 per cent (325 respondents) were ill for one day to 5 days, 17.4 per cent (81 respondents) were sick for 6 to 10 days. About 6.9 per cent (32 respondents) had illness spanning from 11 to 15 days and below 5 per cent of the respondents were sick from 16 days to 30 days.

• With regard to number of days confined to bed, about 71.3 per cent of the respondents who were reported sickness during those days were confined to bed for 1 to 4 days. Among the rest of them 21.3 per cent were confined to bed for above 10 days and another 7.4 per cent for 5 to 10 days. Longer the period of sickness greater the loss as each day of confined to bed implies that during those days they were not able to work and hence they lost their earnings.

• Out of 465 respondents, 93.5 per cent access health care services and 6.5 per cent were not opting for any kind of care.

• A small proportion of illiterates (2.6 per cent) had not sought health care compare to primary and secondary level educated i.e. 23.8 per cent and 22.7 per cent respectively.

• Among the different income groups while almost the entire high and 95.7 per cent middle income groups sought health care. It was only about 10 per cent of low income groups who had not sought health care.

• The majority (66.7 per cent) of the respondents above 45 years had not sought health care compare to other age groups.

• Among the religions more (12.5 per cent) Muslims avoided health care than Christian (9.2 per cent) and Hindu (5.2 per cent).

• Among the social groups, (SC/ST, MBC, BC) about 3.6 per cent of the socially deprived SC/ST population, 9.7 per cent MBCs and around 14.8 per cent BCs were not seeking treatment.

• As regards to type of family, 10 per cent of patients belonging to joint families were not seeking health care while only 5.5 per cent of nuclear families ignored healthcare.

• Logit model explains that age of the family members, education, sex, religion, marital status, employment status; number of members in the family, number of dependents, per capital income of the family, nature of income and distance from residence to the
health institution are statistically significant to determine the demand for health services. Among the explanation of variables age, number of members in the family, religion, marital status and number of members with age is above 60 years are positively significant. The study concludes that age, number of members in the family, religion, marital status and number of members with age is above 60 years are the determinants of demand for health services.

8.2.5 Choice of Hospitals

- With regard to choice of hospitals out of 435, 175 respondents (40.2 per cent) had chosen government health care services, 248 (57 per cent) had chosen private hospitals and 12 respondents (2.8 per cent) had chosen self treatment.

- Among the different age groups, all age groups have chosen private hospitals than government hospitals.

- Among the social groups about 56.5 per cent of Backward Community and 89.2 per cent of Most Backward Community had chosen private hospitals while majority of (57.6 per cent) Schedule Caste /Schedule Tribes had chosen government hospitals for health care services. It is found that majority of Backward Community and Most Backward Community had chosen private hospital and majority of Schedule Caste / Schedule Tribes had chosen government hospitals for health care services.

- With regard to type of family, majority of (55.7 per cent) of nuclear families and majority of (62.2 per cent) joint families had chosen private hospitals for health care services.

- More than half (i.e. 53.5 per cent) of illiterates, 79.2 per cent of primary educated and 70.5 per cent secondary educated had chosen private hospitals.

- Majority of low income groups had chosen government hospitals, majority of middle and entire high income groups preferred private hospitals for health care services. In order to test the relationship between family income and choice of health care services chi-square test was applied. The results revealed that there is a strong relationship between family income and choice of health care services.
• **Reasons for choice of hospital:** It is found that distance (38.3 per cent) affordability (26.9 per cent) and quality (22.3 per cent) are the main reasons for choosing the hospitals for health care services.

• **Quality of treatment in the private hospital:** It is found that more than half per cent (i.e 58.3 per cent) had reported that quality of treatment in the private hospitals was good.

• **Quality of treatment in the public hospitals:** About 54.5 per cent of the workers had cited that the quality of treatment in the public hospitals was poor.

8.2.6 **Level of Utilization of Government Service:** Among the total respondents. Nearly 80 per cent opined that it was available at free of cost while 12 per cent had opined that government hospital was providing “better service”. About 8 per cent of the respondents reported that they approached the government hospital for treatment because of small nature of disease.

**Utilization of Private Services:** Among the 248 respondents, who utilized private service for treatment with regard to the reasons for utilizing private service, 41.1 per cent had stated the reason “immediate treatment”, 35.9 per cent had stated “better service”, and 23 per cent stated the reason, “disease of small nature”.

**Non-utilization of Government Services:** Among 248 respondents, 45.2 per cent had stated the reasons, “poor treatment”, 28.2 per cent had stated the reason, “non-availability of service and timings”, in government hospital. 26.6 per cent respondents had stated the reason, “lack of cleanliness”.

**Non-utilization of Private Service:** Among the 175 respondents, 140 (80 per cent) of the respondents had opined that private service in highly expensive. 13 per cent respondents have stated the reason “poor treatment”. While 6.3 per cent had reported the reason “unsuitable timings”.

**Level of Utilization of available Service:** With regard to government doctor’s relationship with patients in the government hospital, majority 80 per cent was dissatisfied and only 20 per cent respondents were satisfied. With regard to private doctor's relationship with patients in their respective hospitals, majority 81.3 per cent
were satisfied and only 18.7 per cent were dissatisfied. It was enquired about this dissatisfaction, time restriction, approaches of doctors towards patients, collection of entrance fee are seriously criticised by the respondents.

**Opinion on the Factors Influencing Choice of Treatment:** More than half of the respondents (62.7 per cent) had opined that the income is the main factor, which influenced their choice. 24.8 per cent had said, performance of service is the factor which influences their choice and 12.5 per cent of respondents had said that the availability of service is the factor, which influenced their choice.

**Healthcare Expenditure:** About 50.7 per cent of the respondents are spending below Rs.500 for their medical expenditure, 32.2 per cent of the respondents are paid their medical expenses between Rs.501 to Rs.1000 and 17 per cent of the respondents are spending their medical expenses above Rs.1000 per month.

- In order to examine the relationship between the healthcare expenditure and socio-economic factors like age, marital status, education, household income, type of family, social groups and family size the chi-square test was carried out. The results revealed that there exists a strong relationship between these factors and healthcare expenditure.

- **Age-wise Mean Household Healthcare Expenditure:** It is observed that the mean health expenditure spent by the respondents in the age below 15 years and above 45 years is the highest i.e. Rs.809.6 and Rs.806.7 respectively. Among the other age groups, 26 - 35 years is Rs.500 and 36 – 45 years is 590.9 and 16 – 25 years is 401.4. So concluded that age has direct impact on health expenditure.

- **Marital Status-wise Mean Household Healthcare Expenditure:** Healthcare expenditure and marital status have a close relationship. It was found that a highest amount of Rs.793.8 was incurred by the married household than the never married, widowed, divorced and separated (Rs.683.13, Rs.762.3, Rs.310 and Rs.525) respectively. It is found that the health expenditure of married respondents is more than never married.
• **Education and Mean Household Healthcare Expenditure:** The analysis proved that mean health care expenditure was high for secondary educated (Rs.909) followed by illiterates at Rs.578.4. Education has positive influence for the healthcare expenditure.

• **Healthcare Expenditure and Household Income:** It is found that income of the household was below Rs.10,000 and their family health expenditure was Rs.548.9, and income range between Rs.10,001-Rs.25,000 their healthcare expenditure was Rs.816.2 and those income above Rs.25,000 their health expenditure was Rs.701.5. Among the income groups though income increases the expenditure on health increases at a marginal rate and then diminishing returns.

• **Mean Household Healthcare Expenditure and Source of Treatment:** It is found that the average expenditure, associated with private hospital is higher than that associated with government hospitals. As expected, private hospitals are phenomenally expensive, average expenditure in private hospitals is more than 3 times higher than in government hospitals.

• **Source of Finance:** About 46.7 per cent of the workers depends on current income for treatment. Nearly 34 per cent depends on building contractors, 15 per cent of them depend on past saving and 4.9 per cent borrow from relatives and friends to meet healthcare expenses. Thus it is concluded that current income is the major sources for health care services.

• **Current Income for Healthcare Finance:** Among the sample respondents half of them were drawn income from current income for healthcare expenditure above Rs.6,000.

• **Past-Savings for Health Expenditure:** Among the sample respondents nearly 42 per cent were used below Rs.500 to meet their health expenditure from past saving. 31 per cent were taken from past savings of Rs.501-Rs.1,000, 15.6 per cent and 11.7 per cent of the workers were taken past saving Rs.1,001 – Rs.1,500 and above Rs.1,500 respectively.

• **Borrowing to Finance for Healthcare Expenditure:** Among the sample respondents expenditure range from Rs.1,001 – Rs.10,000/- were 58 per cent reasons for such
expenditure were by-pass surgery, human organs transplantation (or) accidents of the family members. Borrowing was only possible for poor especially pro-poor vulnerable society.

- **Health Awareness of Respondents:** About 57.5 per cent of the workers reported that they take sufficient food. Nearly 15.6 per cent workers reported immunisation of children, nearly 8.2 per cent of the workers reported immunisation of self, about 17.7 per cent of the workers reported they take regular consumption of vegetables. 17.3 per cent and 11 per cent of the workers reported that they take fruits and milk.

- **Awareness about Health Insurance Schemes:** Among the sample respondents 525, 160 (30.5 per cent) reported that they are aware about health insurance and the remaining 365 respondents (69.5 per cent) said that they had no awareness about health insurance. This gives a clear picture about the need for creating awareness about health insurance.

- **Health Insurance Awareness by Religion and Social Background:** Among the religion 41.4 per cent of Christians, 28.6 per cent of Hindu and 25 per cent of Muslim aware about health insurance awareness. Among the social group about 86.5 per cent of Backward Community and 65.2 per cent of Most Backward Community aware about health insurance awareness. Awareness among SC/ST was less at 2.6 per cent.

- **Health Insurance Awareness by Type of Family and Education:** With regard to type of family, 82.8 per cent of joint family has knowledge about health insurance scheme compare to Nuclear family (i.e. 17.4 per cent). As concerned about education and knowledge on health insurance is quite important aspect to determine demand for health insurance. Those come under primary educated and secondary educated were registered highest knowledge about health insurance 91.7 and 90.9 per cent respectively. Only 10.2 per cent illiterates aware about health insurance awareness. Generally, education is positively correlated with health insurance demand. Thus it is inferred that about 82.8 per cent of joint family have knowledge about health insurance schemes that nuclear family and illiterates have less awareness about the health insurance than primary and secondary educated.
• **Health Insurance Awareness by Health Status, Family Income and Age:** Those who reported that they are in very poor health 85.3 per cent were aware about health insurance and who reported excellent in their health only 34.8 per cent were aware about health insurance. Among the income groups, the knowledge about health insurance of low-income category middle income category and high income was 8.6, 41.9, and 90.9 per cent respectively. Higher the income, higher the rate of knowledge about health insurance, which means direct relationship. Age of the respondent with knowledge about health insurance was tabulated; from the result probability of being sick is possible with age. To prove Grossman theory people are interested to invest on their health that investment in the means of health insurance. Age and awareness on health insurance were correlated each other. There is a positive association between age and health insurance awareness. It has shown an increase from 14.4 per cent in 16 – 25 years age group to 100 per cent of respondents more than 45 years.

In summary the major findings of our study may be grouped as under.

- About 22 respondents (4 per cent) aged below 15 years. It is found that prevalence of child labour in construction industry.
- About 75 per cent of the respondents are illiterates.
- About 75 per cent of the workers were got married before the legal age of 18 and prevalence of child marriage among the construction workers.
- Majority of the workers had three children.
- Majority of 73 per cent of the children are not attending the school.
- A majority of women left working only during 8th to 9th month of their pregnancy.
- Majority of 88.4 per cent of the workers are migrated with family members.
- Major reasons for migration are non-availability of other work at native place.
- Major reasons for joining in the construction work are better wages.
- Majority of the workers reported their living and working condition was very poor.
- The workers have not been provided with proper facilities of drinking water, electricity, sanitation, health and education.
- Women are employed in almost all the work related to construction process, from foundation work to masonry work.
- No fixed working hours.
- A majority of workers get wages below the minimum wage set by the government.
- Majority (52 per cent) of the workers manages to find work for 16-20 days in a month.
- Only very less per cent of workers availed latrines, first aid, crèche facilities.
- About 99 per cent do not possess ration card.
- Nearly 98.3 per cent do not possess Voter Identity Cards.
- Nearly 44 per cent of the workers belong to below poverty line.
- All the workers expressed that they need social security.
- Majority of the workers reported that their health status was poor.
- A majority of the workers complained by having body aches relating to back, shoulders, hands and joints.
- About 93.5 per cent of the workers access in health care services.
- Age, number of members in the family, religion, marital status and number of members with age is above 60 years are the determinants of demand for health services.
- About 57 per cent had chosen private hospitals.
- About 69.5 per cent said that they had no awareness about health insurance.

8.3 Conclusion

Workers employed in construction activity are highly vulnerable segments of the labour force particularly because of its unorganised nature. The workers in construction industry are vulnerable to the inherent risk to their life and limbs. Construction activities are also characterized by poor training, temporary relationship between the employer and the employee, uncertain working hours. Lack of basic amenities, inadequacy of welfare facilities, and casual approach of employers towards the problems of employees.
Almost all of them are either of scheduled castes or backward castes earning meager amount, which is not always enough to support their families. They are drastically deprived of good living as well as working conditions. The facilities at their dwellings are very poor both in terms of quality as well as quantity. The availability of space in them is extremely inadequate. The provisions of ventilation, drainage, sanitation and lighting are totally absent. Their continuous exposure to heat, dust and unhygienic living conditions increases the possibility of contracting diseases of the eyes, skin, joints and respiratory problems like asthma and cough.

The life of the women workers in construction industry is very tough, as they have to perform a dual role relating to production and reproduction, while bearing and rearing children remain their primary responsibility they are invariably involved in the economic activities also. They are unprotected and suffer from economic exploitation, their ignorance, illiteracy and poverty has added to their woes all the more. A great majority of them have not been benefited by the protective legislation in the critical areas of wages, maternity benefits, childcare and social security.

8.4 Suggestion and Recommendation

The efforts of the government to improve the condition of the women workers all though inadequate but not scanty, the failure of these efforts is either due to the corrupt practices of the functionaries involved in implementation or the beneficiaries are not so capable to utilise these programmes for their own betterment. To improve the conditions of women workers in the construction sector the following suggestions are attempted.

- A majority of 95 percentages of workers were in the reproductive age (15 – 45 years) and thus, the issue of health becomes all the more important. So Government may set up separate cell to look after, execute and safeguard the provision of better health, safety and welfare of construction labourers.

- It is found that 22 workers are child labour (4 per cent). The prevalence of child labour may be avoided through proper implementation of abolition of child labour in construction industries.
• A majority of the workers (75 per cent) are illiterates. Adult education can be arranged during the free hours particularly in the early evenings.

• About 75 percentages of the workers got married before 18 years and 19.2 per cent married before 14 years. Hence the practice of early marriage and child marriage may be avoided through the strict enforcement of Marriage Act, proper education, awareness and councellings.

• Nearly 61 per cent of children living with their parents in the unhygienic shelter, 73 per cent of the children were not attending the school. Hence Government may be arranged with the help of local bodies, Non Governmental Organisation’s, college NSS students for the children, to enable them to continue their studies near by major construction sites along with crèches for infants.

• In this study about 48.6 per cent of the pregnant women left working only during their 8th and 9th month. This may have adverse effect on mother and child. Government may enforce strict law and order for maternity leave for the unorganized workers.

• About 50 per cent of the household members were illiterates. Universities and colleges through their social services / NSS camps could create awareness among women in construction industry regarding education, health, marriage etc.

• About 76.5 per cent of the workers stated their living condition was poor and 32.2 per cent of the workers stated their working condition was poor. The enforcement of regulations would go to great way towards the provision decent living as well as working conditions of the workers.

• About 70 per cent of the workers get work on an average 6 – 8 months in a year. Hence building contractors may arrange alternative job opportunities through out the year.

• A majority of 82.9 per cent of the workers get wages below the prescribed minimum wage of Rs.120 per day. Government may take necessary steps to solve this issue.

• Most of the basic facilities such as water, electricity and sanitary facilities denied both in the living and working places. Government and contractors may take steps to provide these facilities.
• About 99 per cent of the workers do not have ration card. Temporary ration card may be issued to the workers to avail food items near by their work spots.

• About 98.3 per cent of the workers for not have Voter Identity card. Government may take necessary steps to arrange postal voting system for migrated workers.

• Nearly 44 per cent of the workers are living below poverty line; due to lack of continuity in employment and low wages Government may take measures to solve this issue.

• All the workers are expecting social securities like food security, nutritional security, health security, housing security, employment security, income security, life and accident security and old age security. Government may extend these social securities to all these workers.

• Only less percentage of workers (29.5 per cent) stated health status is good, remaining majority 42 percentage of the workers stated that their health status was poor. So Government may appoint a separate cell to look after execute and safeguard the provision of better health facilities.

• Nearly 40.2 per cent had chosen public hospitals and about 67 per cent of the workers had stated that the quality of treatment in public hospitals was poor. So Government hospitals should ensure the quality of treatment and develop confidence about the health care services among the people.

• The majority of 69.5 per cent of the workers are not aware about the health insurance schemes. So Government may take necessary steps for creating awareness about health insurance schemes among the workers particularly in the unorganized sector.

8.5 Area of Further Study

• Problems and prospect of construction workers in Tamil Nadu.

• Educational and Health status of non-migrant workers in Tamil Nadu.

• Living and working condition of migrant and non migrant construction workers.