2.1 Introduction

In this chapter, the first section discusses the theoretical background of migration and related empirical studies. The second section discusses the theoretical background of labour market and related empirical studies. The third section deals with concepts, theoretical background and review of empirical studies related to health.

2.2 Section-I

a) Theoretical Background of Migration (Migration Theories)

1) Classical Theory

Classical economists view migration as a result of fluctuations in the demand and supply of factors of production. According to Malthus, the population increases in geometric progression while food production increases by arithmetic progression, and therefore, a rapid increase in population create a situation of distress. At the same time, a fast growing population results in surplus labour, which Malthus calls redundant population. This “redundant population needs to move to ‘uncultivated’ areas where there is greater demand for labour” (Malthus: 1967). This voluntarist perspective was later developed into the push-pull model. On other hand, the seeds of the structural perspective of migration was sown in the Marxist theory which refers to the cycles of expansion and contraction of the capitalist economy creating the availability of cheap and dispensable labour, which Marx called ‘reserve army’. These people are either the floating surplus population, workers laid-off in times of recession or marginalized workers. This ‘reserve army’ offers cheap labour wherever there is demand for labour resulting in migration of workers in search of employment (Papastergiadidis, 2000).

2) Neo-Classical Theory

Neo-classical economic theories view migration as an individual decision for income maximization. They focus on differentials in wage and employment conditions
between countries. The new classical economic theories may be further classified into Macro theory and Micro theory.

3) Macro Theory

The oldest and the best known theory of international migration was developed to explain labour migration in the process of development. According to them, international migration is caused by geographical differences in the supply and demand of labour (Todaro, 1976; Harris and Todaro, 1970). This theory developed into the “Push-Pull” model. According to this model, which has a voluntarist perspective, migration is caused by twin and counter balancing forces; people were ‘pushed’ out of stagnant rural peasant economics, and pulled up towards industrial urban centres. This model tended to see migration as being caused by the individual calculation of economic opportunity (Papastergiadidis, 2000). Migration has also been explained using economic models such as Dual Economy Model of Sir Arthur Lewis (1954) who focused on agriculture-industry relationship as a two-sector model. According to him, sustained economic growth fuelled by industrial expansion will result in a large number of underemployed and virtually unemployed workers living off the family farms, working at low marginal productivity, moving at some point to the industrial sector. (Bardhan, 1999). Another perspective of growth from the point of view of human capital looks at persistent growth as a result of increased investment of human capital, such as education and training of the labour force (Becker, 1993).

4) Micro Theory

In the micro economic model of individual choice, individual rational actors decide to migrate because a cost-benefit calculation leads them to expect a positive net return, usually monetary, from movement. Here, migration is conceptualized as a form of investment in human capital (Massey, 1993). Potential migrants estimate the costs and benefits of moving to alternative locations and migrate to where the expected discounted net returns are the greatest over sometime horizon (Borjas, 1994). According to stark and Bloom (1985), exponents of the new economics of migration, migration decisions are not made by isolated individual actors, but by larger units of related people-typically families or households-in which people act collectively not only to maximize expected income,
but also to minimize risks and to loosen constraints associated with a variety of market failures, apart from those in the labour market, such as crop insurance markets, futures market, unemployment insurance and capital markets.

b) Empirical Studies Related to Migration

Sruti Changanti (2000) in his paper on “Creating of a third world in the first Economics of Labour Migration” argues that the creation of cheap labour economics in the third world result in the creation of cheap labour economics in the first world. Thus wage rates are depressed all over the world, making greater profits for the capitalists. An essential precondition to the depression of wage rates, therefore, is labour migration, both interstate and international. He also finds that privatization and liberalization have only increased rates and the rate of rural urban migration resulting in greater supply of industrial labour than required.

Neela Mukherjee (2004) in her study on “Migrant women from West Bengal” focused the Bengali migrants. She finds that the migration of increasing number of poor landless women from several West Bengal districts to affluent cities like Delhi has important implication for policy-making at central and state levels. While on one hand it points to the failure of development and reform activity in the state, on the other hand it illustrates the absence of relevant support mechanisms, especially offering financial assistance.

Shobhana Warrier (2001) in her study on “Women at work migrant women in fish processing industry” discusses the nature of the fish processing industry in India, focusing on issues concerning the migrant women workforce specifically. The fish processing industry employs migrant women workers on contract in almost all parts of the country. A detailed questionnaire was used to elicit information from the workers and the data collected have been supplemented with detail derived from observation and informal discussions with women workers information from the village from where the women are recruited and from discussions with their friends, neighbours and relatives also form a major part of the database.

Sushanta Banerjee et al. (2002) in their study on “Has Emigration influenced Kerala’s living standards? A micro level investigation”, view that the impact of job
migration on households across Kerala has its impact on a greater flow of remittances from abroad, which in turn leads to improved living standards and increased consumption levels. More long-term changes are related to education. Higher educated workers spend more time abroad. While for the women an increased access to education, also leads to improved health, indicators a decline in the overall birth rate and a lowering of infant mortality rates.

Vijay (2005) in his study on “Migration Vulnerability and insecurity in new industrial labour markets” identifies the three types of employment patterns, namely the casual system which is seasonal and is suggestive of lack of non-farm employment avenues for the labourers. Contract Migration System is a tied, personalized institutionalized system. The migrants are recruited by “maistries” after paying advances in the form of loans. They are then transported to a worksite of a canal, dam, rail or road construction undertaken by a contractor and are made to work during the period of contracts. Oscillatory Migration system. This is a system observed in the informal patterns of employment in the organized manufacturing sector. The industries in new industrial towns or semi-urban locals are seen to prefer migrants to local workers so that they may practice flexible labour market policies. He also suggested stopping eulogizing migration as social mobility and recognizing the substantive compulsion for migration and initiating effective measures of employment generation in rural areas to put an end to a fast deteriorating quality of work and life in industrial labour markets especially in the newly industrializing town.

Arup Maharatna (2003) in a study on “Migration-Mediocrity and Misery Case of West Bengal” says that, there is considerable literature on international migration of professionals from developing countries and its implications, that is brain, drain, such migration among states within India has not been well studied. An examination reveal that migration of qualified and skilled human power from states like West Bengal to relatively faster growing areas in the country affect the efficiency and economy of the home state.

Ashish Bose (2003) in a study on “Migrant women workers, Victims of Cross-Border sex ‘Terrorism’ in Asia” finds that throughout Asia women migrate to neighboring
countries for many reasons fleeing from the aggressive and finally to Bangkok; women from rural areas of Thailand seeking Japan’s entertainment industry; and women domestic workers in Sri Lanka, Indonesia and Philippines desperately seeking work in many countries recruited by unscrupulous agents who have complex and well developed underground networks. There appears to be little that government and multinational agencies like ILO can do.

David Mosse et al. (2005) in their study on “The Margins in the city Adivasi Seasonal Labour Migration in Western India” analyse the nature, experience and implications of adivasi seasonal labour migration primarily to major centres for construction work. It goes on suggesting why those institutions are mandated to protect vulnerable workers.

Appa Rao et al. (2004) in their study on “Rural out-migrants in a low population growth setting have examined the migration trends that caused low population growth in the district of Srikulam”. Using, primary data, they found that there is a possible under count of population in 2001 census because of seasonal migration in Srikulam district they observed that many rural youth are attracted to the city life and they often settle between the cities and village.

Neetha (2004) in her article on “Making of female bread winters – Migration and social net working of women domestics in Delhi” highlights the primary role of women. Migration and the survival of family. Women domestic are found assuming vital functions and roles in migration the setting down process and in the search for job. Women are seen as central in accessing and mobilizing social networks, which not only direct the course of migration but also the survival of the migrant family in the urban milieu women are thus part of the migration system and subsystems and take up numerous functions. This calls for a re-examination of the validity of some of the widely accepted functions male-centric analysis in the literature on migration.

Nigel Harris (2005) in a study on “Migration and Development” opines that government attitudes to migration – internal and external have changed radically in recent years. Formerly seen as evidence of chronic social and economic break down internal migration is now seen as a major mechanism for the redistribution of resources from
richer to poorer localities and a vital means of raising the incomes of the poor. The same revision of view is affecting international migration. Remittance flows have become major components in the foreign exchange earnings of a number of countries. After some reluctance governments have come to embrace emigration for work to facilitate and reinforce its effects on the alleviation of poverty. However, there are problems in the loss of the most enterprising and best-trained workers of developing countries can the interests at state of developing countries be reconciled. Temporary circulatory migration for the purpose of training would seem to be the best outcome, so that migration becomes a means to enhance the human capital of developing countries for the task of reducing world poverty. There are however, many options for developed countries without immigration from their domestic labour market to offshoring. The real choice is about what sort of world we want.

Sundari (2005) in her work on “Migration as a likelihood strategy-migration in Tamilnadu” finds that the major push factor was lack of employment opportunities in the place of origin caused by drought and the pull factor was a favourable employment situation in the destination areas. After migration there seems to be a sizeable improvement in self-employment and regular salaried jobs for women but the concentration of women in the formal sector to the extent of 82% is an indication of their disadvantage.

2.3 Section-II

a) Theoretical Frame Work of Labour Market (Labour Market Theories)

1) The Classical Theory

Classical analysis more or less treats the labour market as an unified entity in which allocation is regulated by the price mechanism. They have adopted an aggregate view of labour as a factor of production and therefore were mainly concerned with the long-term share of wages in national income rather than personal income distribution. A typical example of their thinking is Malthus’ dynamic model of food and population interaction leading to a subsistence wage. Improvement of labour conditions seemed beyond the control of the individual and, translated into modern terms, population control would be one of their policy prescriptions.
Smith and other classical writers believed the actions of the participants on the labour market as class based. They arose out of the shared means of the employers who combined to pay as little and of the employees who combined to raise their wages as high as possible. Marx gave the workers combinations a revolutionary purpose. Others did not. Both Smith and Marx regard labour as they only source of wealth. Smith realises the advantages of division of labour. So far as creation of wealth goes but does not fail to realize its disadvantages which he details in the theory of moral sentiments (Thilagarani, 2010).

While classical economists were primarily concerned with the problem of distribution, they did not ignore the structure of the labour market. Adam Smith, for example, provided a number of explanations of why some workers earn more than others, including the ‘agreeableness or disagreeableness’ of the work, the tenure of the job and regularity of employment and the cost of acquiring the skill necessary to undertake the job. Smith argued in the ‘Wealth of Nations’ that education could be viewed as an investment in future earnings capacity which must replace to him the whole expense of his education, with at least ordinary profits of an equally valuable capital. Other classical economists such as J.S. Mill disputed Smith’s theory of wage relativities and argued instead that the labour market was composed of no competing groups of workers. Those in the most desirable (both high-wage and more agreeable) jobs are in these occupations as much because of their social background as because of their education or skills. Wages in skilled jobs are higher because social barriers restrict entry of these jobs, not because there are barriers based on lack of education.

2) Neo-Classical Theory

The neo-classical theory of labour market represents the main stream approach to labour market analysis. This theory has its origin in the work of early neo-classical economists such as Alfred Marshall and J.B. Clark during the 19th century. Their work was a part of the ‘Marginalistic Revolution’ which saw the introduction of a framework for analysing economic problems that remains the corner stone of current economic analysis. Whereas the Classical Economist had concerned them with distribution, neo-classical economists focus on the process through which the economy allocates its
scarce resources between their possible uses. Attention was directed, in particular, to how a free market system could achieve an efficient or optimal allocation of resources and to the economic behaviour of individual aspects in this process (McNabb, 1987).

The proponents of the neo-classical school take pride in the contribution that their school has made to the meeting ground. They claim that they have made labour economics far more analytical than it was not a few decades ago. The application of micro and macro economic theory to explain the outcomes observed commonly in the labour market has brought with it the choice-theoretic approach. It assumes that time, personal incomes and social resources are scarce. Therefore, every individual has to choose. He is guided in his choice by costs and benefits and adopts his behaviour to the changes in perceived costs and benefits (Nirmala Banarjee, 1999). Neoclassical labour market theory is basically a theory of markets and market interdependencies without reference to its societal context. In its purest form, neoclassical labour market theory is non-institutional that is, factors like trade union influence, collective bargaining and the state do not appear as necessary conditions in the workings of their models of reality (Loveridge and Mok 1989).

The central assumptions of the competitive model of the neoclassical are: maximising behaviour of all parties involved; perfect substitutability of labour and capital; and a tendency of supply of labour and demand for labour to balance by wages. However, a close look at the above assumptions would reveal that most of them are unrealistic, do not confirm to the real world situations. This competitive model, therefore, has never given a real picture of labour market functioning and structure. It has always been seen as a ‘ideal type’ in which each condition may be released under controlled conditions. This model altogether skips over the analysis of ‘internal’ labour market which are mainly characterised by a specific technology and a specific skill structure.

Moreover, as Marx puts, “there must constantly be an unemployed reserve army of labour to keep the supply of this commodity abundant and its price low. So, according to this reasoning the most important condition for development of capitalism in its middle stage is the existence of an industrial reserve army which exerts enough pressure from the
‘external’ market on the ‘internal’ market to keep down wages inside the factory or workplace. Thus, the assumption that, at any point of time there is a tendency of the supply of labour and demand for labour to balance at a given wage seems unrealistic”.

3) Human Capital Theory

During the late 1960s the Neo-classical theory of the market reflected the emergence of the “Human Capital Theory.” According to the human capital theorists such as Gary Becker and his associate at University of Chicago coined ‘Human Capital’ to represent characteristic such as education and on the job training are related to productivity. This theory was an off-spring of the modernisation theory which assumed a direct and positive relationship between improvements in the levels of education and increases in productivity of the labour force. Whilst the human capital literature has highlighted a number of productivity related characteristics, human capital theorists give more emphasis to the importance of education as the main component of productivity. Since there is a close relationship between particular educational program and the type of occupation can go into, the human capital theory also provides a model of occupational choice. Occupations that offer high wage will, other things equal, encourage people to invest in the particular educational programs associated with them.

According to the human capital theory, any such policy must of necessarily include some form of education policy, since low pay, poverty, and other forms of economic disadvantages are assume to reflect a deficiency in the level of education of the people concerned. The new-classical theory has been developed in terms of some rather simplistic assumptions, such as that of competitive labour markets; it is in fact robust to changes in the assumption made (Psachropoulos, 1987). The human capital theory takes as its model the rational economic man who acts to maximise his returns, and extends this to labour market decisions.

Proponents of human capital theory have explained the unequal distribution of labour income in terms of differential amount of human capital like education, experience, training necessary behavioural traits, etc., possessed by different individuals. While doing so, they have tried to establish a positive functional relationship between the earnings of an individual owns. It follows that the human capital theory puts much
emphasis on the supply-side of the labour markets thereby, to a greater extent, undermining the importance of demand-side factors. This theory thus turns to be a partial approach to labour market analysis. Though, these theorists have succeeded in empirically verifying most of the human capital hypothesis, they fail to explain the eco-political implications of structures labour markets. Also, they have not succeeded in answering the question as to why individuals having otherwise equaled potential human capital are rewarded differentially in the labour market at least in certain specific labour market segments (Biswal, 1995).

4) Segmented Labour Market Theory

At this juncture, in late 1960’s rich non-neo classical theory of labour market analysis was evolved to fill the voids in the explanations of labour market structure and functioning. This goes under the rubric of “labour market segmentation”. However, it should be noted that the theories of labour market segmentation did not come as threat to neoclassical labour market theories in general and human capital theory in particular, rather they came as complementary to neoclassical theories of labour market. The existence of segmentation in the labour market-defined as different wages for workers of equal efficiency is regarded as imperfections resulting in a misallocation of resources. These are recognised to exist both ‘in-market’ (in the form of the monopoly power of labour and the monopoly power of capital) and ‘out-market’ (in the form of non-competing groups) situations and are generally condemned. But such imperfections are considered by neoclassical theorists to be of marginal importance compared with the ‘deep silent strong stream of the tendencies of normal distribution and exchange’ (Marshall, 1961).

5) The Dual Labour Market Approach

A long standing issue in labour market studies is the extent to which inequality derives from market vs. institutional sources. Neoclassical economic theory emphasizes market forces. It assumes that the labour market is a single arena in which wages respond to competitive pressures fairly rapidly. In contrast, dual labour market theory argues that, due to institutional constraints, the labour market is segmented and in that primary sector employment is rationed by non-price mechanisms.
The two economists most often associated with the dual labor market theory are Doreigner and Piore (1971). They draw their inspirations from the works of two prominent economists of their time. They are Dunlop (1957), and Kerr (1964), who first gave prominence to the concepts of internal and external labour markets. Dunlop and Kett viewed the growth of large firms and unions in the United States, as promoting internal (within-firm) labour markets that were only weakly connected to the external (between-firm) labour markets. According to this theory the entire labour market can be divided into primary and secondary sectors (segments). The variables mainly used by the ‘dualists’ to divide the labour market in to primary and secondary segments are ‘job contents’, circumstances of employment’ ‘average earnings’ level of different groups of workers and the degree of ‘mobility’ between the segments.

The primary sector consists of high-wage jobs with good working conditions, considerable opportunity for advancement within the firm and substantial rewards for obtaining education and training. The characteristics of secondary sector are low wage jobs with poor working conditions, considerable variability in employment, harsh and arbitrary discipline, and little opportunity to advance. Labour relations are generally formalised either by union contract or in an employment relations handbook. Company policy sharply circumstances supervisors’ authority. Because of the high wages, employees tend to stay on the job for a long time. Because of firms’ investment in screening and training, firms tend to hold on to workers. Also, primary firms may insulate themselves from demand swings by contracting out the more volatile portion of demand (Dickens and Lang, 1992).

6) Radical Theorists

Partly in response to the inconsistencies of the empirical findings with the hypothesis of the dual labour market theory, a more elaborate and dynamic theory of segmented labour market was developed by Edwards, Reich and Gordon in early 1970’s and this theory was modified later in the early 1980’s by economists like Rumberger, Carnoy, Loveridge and Mok, Rosenberg, Rodgers and other empiricists.

The radical theory of segmented labour market expresses a more explicit critique of capitalism, acknowledges its ties to Marxian dialectical analysis, and emphasizes class
conflicts. The radical theory is similar to the dual labour market theory in drawing upon sociological analysis of institutional change, but the radicals give emphasis to historically rooted class based motivations of behaviour by employers and workers. Technology is viewed as an endogeneous variable that is manipulated by employers to further class interests rather than profits. It is difficult, however to test these ideas relative to neo-classical theory, which also may view technology as endogenous, depending on the time period analysis, and which may hypothesize non-pecuniary aspect to profit maximisation (Cain 1982).

b) Studies Related to Women Workers in the Unorganized Sector

A review of the studies of women at large and the women workers in particular brings forth the point that studies on the women in the unorganized sector are only few. And these studies do not cover every aspect of the women employment in this sector. The major concentration of these studies is simply on the trends of work participation of women whereas their family life, the working conditions and conditions of work have been excluded. But the present study intends to explore a wide range of issues ranging from socio-economic conditions, reasons for migration, living and working condition of workers, health seeking behaviour and problem faced by the women workers in unorganized sector.

Pillai (1952) studied the methods of recruitment and the working conditions of quarry workers and found that the recruitments were both by direct and indirect methods. Munshis were incharge of recruitment. The indirect method was through contractors. Most workers were recruited through friends and relatives. Sometimes the management gave contract to the labourers themselves, in such cases; they acted as head coolies and paid other workers. The respondents recruited through contractors were not provided housing and medical facilities. They were overtaxed and paid low wages. Those recruited directly by the management were provided a few welfare facilities. Most of the quarries provided no rest shelters and where there were shelters; they were of brick walls and thatched roofs. The kilns emitted smoke heavily charged with carbonmonoxide which was injurious to the lungs. The workers were not provided any safety devices. The blasting operations made shattering noises which resulted in nervousness among
workers. The kiln workers worked in a stooping posture for several hours. The drinking water was available from wells nearby. The female respondents were mainly involved in the loading and unloading operations. The kiln workers were provided housing facilities near the quarry. Canteen, crèches and washing facilities were not provided in the sampled quarries.

Ruikar (1953) while studying the working conditions of females working in textile, mining and beedi industries of Madhya Pradesh found that out of 1,27,324 workers, 28,200 were females. The employees in the beedi industry had ignored the provisions of Factories Act, 1948 contending that the beedi industry being a cottage industry, the provisions were inapplicable. The working conditions, the wages and the welfare facilities of the mining workers were observed by the researcher to be satisfactory. The females employed in the textile industries were mostly involved in the cotton ginning, bailing, winding and reeling departments. Statutory provisions in force in respect of the working class of Madhya Pradesh included Factories Act, 1948, Central Provinces Unregulated Factories Act, 1937 and Indian Mines Act, 1923. Regarding the Factories Act, 1948, the enforcement by the authorities and the employers lacked the real spirit of the act. Similarly, other acts pertaining to welfare were generally found to be lacking in one aspect or the other. Female workers’ participation in the trade union activities was lacking and just 13 per cent of them were the members of the trade unions.

Prabhakar (1955) in his work on working women in a stone quarry found that majority of the women migrated from villages are engaged in stone quarries. About 95 per cent of them have children below the age of six months and carry these infants to their workplace. Out of the sampled women who had older children in house, 25 per cent of them put the young children under the supervision of the older ones.

Kutty (1957) in his study on women labour of cashew industries explored the reasons of females taking up the employment and the ways in which employment affected their social and personal lives. The study covered 74 female workers out of a total of 379 employed in the two sampled units. It was found that there were various social, psychological and economical reasons which motivated them to take up this work. The economic factors were, however, predominantly responsible for their joining this job. The employment had both positive and negative effects on their personal and social life.
They earned money and added to their resources to raise their standard of living. In addition to this, they were exposed to a complex process and learnt many new things. Their contact with different kinds of people and their participation in union activities kept them abreast with political and social trends of life. The employment, however, affected the health of their children as they were not able to devote much time to their wards. The children in many cases suffered from various diseases and died.

Janakiram (1959) in his study on women workers in the coir industry of Kerala found that the average number of family members in the respondents’ family was 6.3. The average number of children below 15 years was 2.2. The number of adult females in the family was around 2.3 per family. The reason for more adult females in the family was because of desertion of the females by their husbands. The earning of the females were more than the males. Many families were observed to have no male members. 31 per cent respondents between 15 and 29 years were poor and could not marry and had to work to support themselves. 18 per cent in the age group of 30 and 59 years were widows, 10 per cent in the age group of 30 and 59 years were deserted and 41 per cent in the age group of 15 and 59 years had to work because the family income was not sufficient. Almost all the respondents wanted to stay at home. 2/5th of the females found the work difficult. The rest did not complain as there was no other alternative. Only 33 per cent respondents lived in unitary families.

Aggrawal (1959) in his study on the socio-economic conditions of brick kiln workers in the Chazipur village near Lucknow found that this industry employed semi-skilled and unskilled workers which included moulders, mulemen or the carriers. These labour were contacted by the employers for their recruitment. Lower caste Hindus outnumbered the intermediate castes while the higher castes did not take up this job. The average of the respondents was 16 years while 43 out of 50 respondents selected for the sample were below 35 years of age. Illiteracy was common feature among them. 43 respondents were on piece wage basis and 7 were on monthly basis. Monthly income of these workers ranged from Rs.45 to Rs.250. Working conditions were far from satisfactory with insanitary surroundings, dusty environment, excessive temperature in May and June and excessive cold in December and January, lack of lighting and the long
working hours. The one-room houses provided by the employer were *kachcha*. Water and lighting facilities were not provided to them. Conclusively the situation of these workers was very bad.

Naik (1964) while working on women tile workers found that there was a difference in the wages of men and women workers even when the same type of work was done by both. A crèche without trained personnel was provided. Arrangements for women workers were insufficient. Drinking water facilities, urinals, latrines and rest rooms were adequate. 42 per cent were satisfied with the welfare facilities. No house allowances or housing facilities were given to the workers.

Gupta (1965) selected 20 women workers out of 200 women workers of the pottery industry in Khurja and found out that most of the skilled workers come from the traditional pottery-making families. The majority of the workers were young, Hindus of lower castes, married, literate, and live in large families. 68 per cent workers were engaged in overtime. Low wages have resulted in a high incidence of indebtedness. Houses of 45 per cent workers were *kachcha*, 55 per cent had their own houses but majority of the house lacked basic facilities. The industry does not provide them welfare facilities. Working conditions were bad. Ventilation, lighting and washing arrangements were poor.

Singhal (1968) while studying the women workers in some selected villages of Delhi has found out that it is joint family which provides favourable chance for women to work outside home because household chores and child care responsibilities are shared by the other women in the house. It revealed that 56 per cent of women work for 7 to 9 hours or more in full time outside home. The child care responsibility is the major problem for these women.

Chakravarty (1975) studied women participation in agriculture development in Haryana and found that the women of this state participate in most of agriculture work. Their contribution in terms of agricultural operations is between 50-60 per cent of the total operations. He concludes that although the women in Haryana have contributed significantly but their situation seems to be miserable as most of them are either agricultural labourers or small or marginal farmer’s households. The situation of the scheduled castes and the backward castes is even worse because of illiteracy and low income.
Randhawa’s (1975) study on women workers in agriculture reveals that women do every kind of field labour except driving the plough or the cart. He finds that the general reluctance on the part of menfolk to encourage female education was partly because they apprehend that women would cease to work hard if they become educated.

Manohar (1978) studied the beedi workers in Nipani town of Karnataka and found that this small township have 13 beedi rolling factories employing officially 2190 workers, majority of them being women. He stresses that the beedi work is regarded as women’s work because mostly women are engaged in this work.

Gulati (1979) in her profile of a middle-aged, untouchable woman brick worker analysed the work and family life of women in the brick-making industry. The author mentions that there is a rigid compartmentalisation of work on the basis of sex in this industry. Women are employed exclusively for carrying head loads, while all skilled and semi-skilled work such as moulding, shaping and stacking, etc. is done by men only. As a result, women’s wages, for work which is not physically less exhausting than that done by men, are only about half those earned by men. Nevertheless, women cling to the brick industry because of uncertainty of work opportunities elsewhere and the continuity of employment which this industry offers. The author had studied this woman quite comprehensively and had given an account of her entire daily activities besides her relationships with the husband and children over a considerably long period. This woman was again revisited after 20 years to explore various changes which might have come in her life over this period. This women now had a great sense of loneliness and feeling of abandonment, particularly abandonment by her sons. Many of her neighbours complained to the author that she has become quarrelsome. She was blamed for making her daughters astray by not arranging proper marriages for them. After nearly seven years of being bed-ridden with illness and total blindness, her husband had died. Her old hut looked much the same as it used to be 20 years ago. Her life now was more miserable even after working for more than 30 years in the brick kiln industry.

Hira et al. (1980) found out the extent to which their menfolk consulted them in decision-making on farming and domestic issues. This study concluded that settling of
marriage, purchase and sale of land, borrowings, purchase and sale of animals and education of daughters are five major areas in which women often influence the decisions.

Bhatty’s study (1981) on role and status of women in the beedi industry in Allahabad, gives some idea of the major concentration zones of the beedi industries of India. The study highlights the working conditions of the women workers in this industry and underlines that they are indeed not satisfactory.

Nirmala Banerjee (1982) in a report of the survey of women workers in the unorganized sector of Calcutta found that the women workers who are in unorganized sector suffer from disabilities and exploitation by a large extent against those who are in the organized sector. She further highlights that majority of them are domestic servants and rest were doing unskilled and semiskilled jobs. About 25 per cent of them were working as piece-rate workers and many of them were ready to work even in social tabooed areas.

Chopra (1982) studied the bondage of brick kiln workers of Muzaffarnagar district of Uttar Pradesh and found out that bulk of such labour were scheduled castes and over 75 per cent of them were illiterate. Out of the sample of 340, 69 workers reported their having rebelled against bondage and being forced by the kiln owners to remain on the kiln, to perform household duties or agricultural work. In case of women, there were cases of their being sold in to slavery to prostitutes. The author had drawn some examples from the press to substantiate his findings on the bondage of these labourers. The study showed that 45 per cent of the total workers were women. The hours of work of these workers were extremely long. None of the respondents reported less than 12 hours of work a day; 40.4 per cent said they worked between 12 to 18 hours a day while 54.3 per cent stated to work for 18 and 22 hours a day. Of the total, 78.8 per cent were in debt. Initially 21.2 per cent of the workers were not in debt but most of them became indebted over the years.

Puri, in his article based on the proceedings of the historic meeting of 4000 employers and workers representatives of the 30,000 brick kilns employing nearly 30 lakh labourers held at the Asian Games Village in Delhi in 1983 bring forth the conflicting
claims of the two parties. The owners were sour at the lack of government support in the form of credit facilities, the allocation of coal at economical prices and the low support price for the bricks. Another bone of contention was the implementation of labour laws. The owners felt that the loss suffered by them was because of labour troubles, heavy rains and acute scarcity of coal. However, these claims were countered by the workers’ representative. Puri also discusses the issues relating to the advance and its subsequent consequence resulting in the bondage of labourers. This advance is based on the working capacity of the labourers and later deducted from the wages, before the termination of the contract after the season is over. Bondage arises when this amount is not paid back in full and the worker is not allowed to leave unless he settles his accounts. According to Puri, since these workers are not organised, they receive wages much less than the minimum. These workers due to the temporary nature of their contracts are not able to avail the benefits under the provident fund schemes. There is a notable absence of regulations governing working hours and rest intervals. Health and safety provisions also leave much to be desired.

Gangrade and Gathia’s book (1983) on women and child workers in unorganized sector based on the proceedings of a workshop held on March 5-6, 1983 at Delhi outlines the problems and difficulties of this neglected lot. The book contains the opinions and expressions of the participants of this workshop. None of them seemed to be satisfied with the prevailing conditions of these labourers. Mukherjee of Gandhi Peace Foundation was of the view that mechanization and modern industries are taking away the jobs of women. Ingrid Mendonca of Terre des Hommes felt that women’s work on her field or looking after her own cattle is not really considered; only the man gets accounted for. Sutapa Mukharjee reiterated that improving economic position is not enough unless the society is willing to give equal position to the women. Balraj Puri is for changing the outlook of the society towards women.

Randeria et al. (1983) in their article expressed concern over non-implementation of labour laws in brick kilns of Gujarat. They were of the view that the brick kiln workers are difficult to be organised as these kilns are scattered all over the country side in the state. Secondly, since they are migrant labours from UP and Rajasthan, they feel isolated in terms of language and other socio-cultural variables. They are further isolated by the
barriers of untouchability as maximum of them they belong to scheduled castes. However, a union of these workers was formed in 1983 which demanded an increase in wages and improvement in working conditions from the Labour Department of Government of Gujarat. Other demands included payment at the rate 1000 bricks rather than 1100 bricks which implied automatic deduction of 100 bricks for 1000 for breakages and defects etc. regular monthly wages and an end to the practice of settling accounts at the end of the season; railway fare to and from their native places as well as displacement allowance equal to 50 per cent of the monthly wages in accordance to provisions of Inter-State Migrants Workers’ Act. A settlement was reached between the workers and employers with the help of the labour department but all expectations were belied down later on. The authors in this article stressed the point that labour laws are openly flouted by the employers of the brick kilns, may that be relating to the minimum wages, provident fund, bonus or the bonded labour.

Nayak et al. (1984) in his study on women domestic workers in South India, found that only 27 per cent employed women were paid salary while 13 per cent did not even know the amount they received as salary. The socio-economic conditions of these workers indicate their helplessness as most of these women had incurred heavy debts. Alcohol use and domestic violence were common practices in many of these families.

Banerjee (1985) in her study of women workers in the unorganised sector of Calcutta economy examined the various aspects of the women’s employment, especially the poor women and attempted to collect information about several features of the unorganised sector in the city’s economy. The sample studied in the survey included 411 women, of these 11 were case studies of prostitutes in different areas of Calcutta and the other 400 were the random selections of workers. The survey provided information of the living conditions and the access of the poor to the public facilities in the city. It was observed that the women participation in the labour force was fairly weak. And these women included a significant number of children and old people. Over 60 per cent of them were illiterate. Nearly 70 per cent women came from families below poverty line. The position of the upper caste women was also not satisfactory. These women and their families faced tremendous difficulties in the unorganised sector.
Chakravarty (1985) highlights that women farm labour in rural areas have no recognition and appreciation of their role performance. He underlines the need for the society to recognize that women have as much to contribute to the family and the community as their male counterparts. They need more time to take care of the children, their cleanliness and sanitation of the house they live in.

Pande et al. (1985) seeks to examine some aspects of women’s participation and involvement in khadi industries by drawing a sample of 188 women workers from Almora, Muzaffarnagar and Ballia districts of Utter Pradesh. An attempt is also made to relate this work with her household situation particularly in terms of economic contribution by women through this activity, time use pattern and combination and conflict of khadi work with other productive work and house-hold chores. The problems faced by these workers are also sought to be highlighted. It is also looked into whether and to what extent this work and income derived from it has improved the situation of these women.

Ramesh et al. (1985) in their study on impact of agricultural modernization on labour being used in Punjab with special reference to women labour found that modernization has resulted in an increase in employment per hectare of cultivated land for all kinds of female labour. The study further finds that the wider application of new agricultural strategies has resulted in reducing the differences in the wage rate of men and women. The share of women in state agriculture has increase due to modernization of agriculture.

Sisodia (1985) has examined the role of farm women in Chambal command area of Madhya Pradesh and noted that the women participate in harvesting, threshing, weeding and other activities which together constitute for 66.83 per cent of their total participation in the field. Women also participate in supportive activities like cattle raring, cake making, and ghee making, milking and feeding of animals. He found out that more than 30 per cent of the farm housewives are consulted in choice of crops to be grown, seeds and fertilizers to be used and the grain to be marketed.

Pandey et al. (1985) examined the extent and pattern of employment of rural population through brick kiln industry. This study was based on a sampled survey from brick kilns located near Karnal town in Haryana and in the rural areas of Delhi.
It explained that brick manufacturing industry provides employment to skilled, semi-skilled and unskilled workers of about 40-55 families for 120 to 150 days in a year. Most of workers are hired on contractual basis and work according to their convenience for few hours a day, while workers engaged in burning process of bricks work of 8 hours a day in shifts. At a particular site the kiln is operated for 4 to 5 years and has to be shifted to a new site. The total outlay for a brick kiln was Rs.6.74 lakh. The expenditure of fuel was maximum and accounted for 46.7 per cent of the total outlay. The study demonstrated that brick kiln industry has a great promise in alleviating the rural unemployment problem. Any improvement in the industry will help in solving the housing problem and will have bearing on the living conditions of the rural and urban masses.

Malik et al. (1986) in their study compared the wage and the output of female labour vis-à-vis male labour. They found that the wages paid to female labourers for different operations were lower than the males. However, the difference in wages was marginal in operations like harvesting and threshing. For female it was Rs.12 while for males it was Rs.13. They opined in the study that female labourers are paid in commensuration with their work efficiency.

Molly Mathew (1986) in his study on women workers in the unorganized sector of coir industry in Kerala interviewed 400 respondents. 324 respondents were found reporting that they are under the same employer for about 15 years. The majority of these workers reported that their employment in coir units had adversely affected their intellectual development as well as the studies of their children. Many of them were not aware of the exact minimum wages declared by the government. Many work long and tediously in unsanitary and unhealthy conditions in order to make a reasonable minimum return. The study concluded that working mothers and young women with a long trade union background and with a measure of economic independence seem to be contributing positively to the changes in the attitudinal and cultural factors of women’s status in Kerala.

Alphanse Miranda et al. (1988) conducted a study on socio-economic and health conditions of women in Madras and found that more than 50 per cent of the employed
women were part-time domestic workers and were employed in more than two houses. Stomach ailments, menstrual problems, anemia and general weaknesses were the common problems reported by the women domestic servants.

Ebenezer Ravichandran (1988) while working on socio-economic conditions of women domestic workers in slums of Madras revealed that 50 per cent of the women workers were illiterate and another 44 per cent had education upto primary level only. The lowest income received was Rs.20 per month while the highest was Rs.70 per month. And the average family income was found to be Rs.160 only. Almost 86 per cent of these workers were heavily indebted. As high as 76 per cent suffered from body ache.

Shram Sakthi (1988) in “National Commission on Self Employed Women and Women in the Informal Sector” expresses occupational health problems they are: The postural at work, particularly of home-based workers, such as beedi workers, zardozi, zari and chikan workers, and lace makers. The constant contact with hazardous materials like dyes, wood-smoke, cashew oil, chemical fumes, tobacco and silica dust. The lack of light, toilets, water, ventilation, space and related work environment problems. Problems related to women’s work action, like tying, stitching, lifting and bending. Problems related to lifting weight, especially in construction and brick work, which give rise to health problems like menstrual disorders, prolapes of the uterus, miscarriages and problems. Due to long hours of work and the non-availability of rest in order to recover from health impairments, most serious health problems get aggravated. The repetitious movements the work involves causes dullness of the mind, extreme fatigue and tenosynovitis. Mechanization and technological advancement has qualitatively and quantitatively worsened the health situation of women workers in the beedi, slate and mining industries. The varying forms of sexual exploitation experienced by women workers in the informal sector affect their mental health.

Sujata Gothosker (1988) an activist and free-lance researcher based in Mumbai gave the introductory address in the work shop conducted by the Task Force on Health Commission. She depicted the unchanging working condition of women workers over the last century by reading four extracts from news chronicles. She pointed that women perform multiple work roles, all of which have an effect on their health. There is a need,
therefore, to broaden the definition of health. She listed out the health problems that women face in the organised and unorganised sectors as emerging from: i) posture at work; ii) repetitiveness of work action; iii) long hours of work; and iv) Contact of hazardous material and changes in technology. Women worker in insurance, low paid jobs and face the stress of losing their work when restructuring takes place. Miscarriages, early deliveries, high rate of child death, lung diseases, back pain and other problems also emerge from the work place. Sexual harassment at the work place is another less acknowledged aspect of women workers’ lives.

Deliege (1989) in his study highlights the particular perspective of job mobility in relation to the community of brick-makers. For this purpose the author has chosen a village in Tamil Nadu State in South India inhabited by the Paraiyars, an untouchable caste. People’s occupation according to her has been divided into two sectors – traditional and modern. After discussing the trends of close interaction between these two sectors attempts have been made to bring out the nature and extent of inter-sector mobility in the basic background of the brick-makers. According to the author brick-making work is carried out by a team of two workers who can be a husband-wife, father-son, brother-sister or the like. The study also explains the baking and transporting operations in the kilns and underlines that the work in brick kilns is very hard. The working conditions are harsh and workers work under the burning sun. A couple is able to make 2000 bricks a day, but then feel tired and can not keep the rhythm next day.

Economic and Statistical Organisation, Government of Haryana (1989) conducted a study on conditions of women workers in industry and agricultural sectors in Haryana which reveals that social and economic conditions of women workers in industries at Faridabad is satisfactory and labour laws are effectively implemented whereas the situation in industries at Panipat is less satisfactory and requires government attention. In agriculture sector, no significant wage difference has been noted. The study also noted that 70 per cent of the women were from scheduled castes and backward classes and had no education.

Mathur (1990) stresses the need of manpower planning in brick kiln industry because this industry has been facing shortage of skilled labour such as moulders and
firemen. In certain situations non-availability of skilled labour is found due to specific reasons such as occurrence of natural disasters, increase in agricultural production, migration to urban areas in search of unemployment, diversified employment opportunities in rural areas. So to cater to the needs of this industry and to increase productivity, it is necessary to make an assessment of the availability and the demand of manpower for operating this industry. Training is required for inculcating requisite type of skills and orients the skilled workers to newer skills. The author also stressed the need of educating the workers of this industry. Mathur felt that special studies should also be undertaken to assess the living and working conditions of the workers employed in this industry and practices which are detrimental to the well-being of these workers.

Saran (1990) in their study on “Problems of Women Workers in Informal Sector” finds the problems of the women workers engaged in informal sectors of brick kilns, quarries and mines of Bihar and West Bengal. It was revealed that the women are exploited, low paid, work for long hours i.e. 14-16 hours in case of migrants and 8-10 hours in case of local workers. There prevails mass illiteracy; they belong to scheduled castes, scheduled tribes and backward classes. Indebtedness is common. Further, rebuking, cheating, threatening, beating and sexual abuses are very common features reported by women working in informal sector.

Saran et al. (1990) in their work revealed an authenticated information pertaining to women workers in brick kilns, quarries and mines of Bihar and West Bengal. Various socio-economic characteristics of these workers, employment procedures, working conditions, wage structures and legislative provisions have been analysed to highlight the problems faced by these unorganised sector women workers. About 160 women workers in brick kilns and 260 in the quarries and mines of Bihar and 225 women workers of Brick kilns and 210 of quarries and mines of West Bengal constitute the sample of this study. How far the labour legislations are in practice or violated, has been studied in great detail. Contravention of Inter-state Migrants Workers Act, Contract Labour Act, Minimum Wages Act, Payment of Wages Act, etc. in these two states makes the conditions of these workers even more pitiable and sorrowful. Minimum wages are never paid and unauthorized-deductions were very common. Most of the migrant labours are treated as bonded. They are neither allowed to communicate their family members nor
permitted to go back to their native places during mid season. All sorts of inhuman measures like physical and mental torture, sexual abuses and kidnapping of kids, etc. are adopted by the employers. The maternity benefits are not paid and no medical assistance is provided to them for common diseases. There is no compensation paid to injured, deceased or their dependents. Living conditions of these women workers is extremely inhuman, the study concludes.

Tripathy et al. (1991) has examined the problem of informal women labour in the tribal district of Orissa. The study based on primary data collected through a field survey conducted at the micro level covering Phulbani town analyses the growth and size of informal labourers in the study area. The sample consists of 25 construction labourers, 25 maid servants, 25 washer women, 25 sales women and vegetable vendors and 25 from allied groups. Thus, a total of 125 households covered with a view to assessing economic conditions and work character of informal labourers. The study brought to light that tribal women of Phulbani through cannot enter formal sector jobs because of low education and training, they contribute a significant amount to the total family income through their engagements in IFS activities. The study points out they were less than 50 per cent of women labour force are in the age range of 15-60 years, 33 per cent of the sample labourers one below the age of 15 years. Hardly 8 per cent of women labourers have school education up to 8-9 years. Women engaged in washing activities belong to 90 per cent who are mainly belonging to Khand, Gounda, Panda, Suda, Keute Castes. An important factor determining the amount of income of the informal household is the size of landholding from the study it was revealed that 38.4 per cent of the workers have no land, 32 per cent have a marginal land, 23.2 per cent a small size of landholding and 6.4 per cent have landed property of 5 acres and above. The study further pointed out that the maid servant’s income is the lowest among all categories of informal workers. Most of women belonging to this category are divorcees, widows and younger girls.

Upadhye-Chavan (1991) in his study explored the socio-economic aspects of the immigrant labours in the brick industry of Sangli District of Maharastra and found that these workers lives in most insecure living conditions. The study provides a extensive review of studies in migration besides finding out the reasons of low living standards, poverty, indebtedness, illiteracy and unemployment of the workers in brick kilns
industry. Attempts have been made to observe the conditions of work and the extent of exploitation by the employers. The effectiveness of various labour laws have also been examined.

Omvedt (1992) stresses that the problems of women of unorganized sector cannot be limited to the economic level only, but they also suffer from sexual assault, violence and their health is affected in specific ways, partly due to their role as child bearer and partly due to their social oppression as women. Omvedt has listed their problems relating to remuneration, conditions of work, health, safety, education, sexual exploitation, lack of access to property and caste discrimination. Remuneration is usually given into the hands of the men as head of the family. They have to work for eleven to fifteen hours if domestic tasks are included. The problems relating to health, safety and education in the unorganized sector are the derivatives of poverty and exploitation in this sector. Sexual exploitation and violence in the unorganized sector is in the form of rape, beatings and murder largely by local goondas, landlords, rich farmers and other men of their community.

Chandola (1995) in a study on “Women in the Informal Sector” discusses the nature of garment industry and women workers in informal sector the emphasis was that the industry practiced wage exploitation, the production process was fragmented and it was decentralized. The decentralization of informal sector was done with a view to have cheap labour and escape government regulations. The women worked as piece rate workers. Easy entry into the labour market attracts them to seek employment as unrecognized labour leading to exploitation and work under miserable conditions.

Dharmalingam (1995) in his study analysed to understand the effect of brick work on the lives and society of the people in a Tamil Nadu village. The study shows that the brick workers are underpaid with no hope for a better future. Only 6 per cent of the main workers and 4 per cent of the co-workers were more than 40 years. About 60 per cent of the main workers have worked for more than 10 years. While some of the co-workers were under 15 years, all the main workers were over 15 years. The main workers have no connection with the employer but with a contractor. The co-workers were always under the control of the main worker. The wage of the main worker is determined by the number of brick made, but the wage of the co-worker was fixed by the main worker on
the basis of the capacity of the co-worker. If the rain destroys the laid out bricks then the main worker has to forgo his wage and the wage of his co-worker. Over 70 per cent of the main workers were indebted. The most often experienced accident in brick kilns was cutting of the foot while mixing the soil with spade. Other occupational hazards include foot injuries by felling of bricks, exposure to heat and dust of the firemen and the trench unloaders. The author stressed the point that the industrialists or owners have become richer whereas the workers of the industry have not been benefited much by their work in this industry.

David Nancy (1996) in her study on “Unorganized Women Workers: Problems and Prospects” discussed the structure and composition of urban informal sector. It was concluded that the informal sector faced two major problems. First, increasing large segment of work population, which is forced to live at the margin of survival. Second, given the availability of cheap labour in urban informal sector, employers are likely to divert activities to such organizations. Further, informal sector has been classified as institutionalized and non-institutionalised informal sector. The components of institutionalized informal sector are construction work, small industrial units like beedi-making, domestic match stick, food processing units and other registered units but employing workers by low waged, low capital intensive and crude technology. The non-institutionalised informal sector comprises workers doing casual work like the domestic servants, sweepers, scavengers, vendors, hawkers and those who are self-employed. They urban women working here face insecurity, no legal protection, long working hours and are easily exploitable etc.

Sundram et al. (1996) in their study on “Plight of Unorganised Women Workers” he projected that woman workers in informal sector were generally illiterate, had high unemployment rate as compared to men of this sector and worked under exploitative working conditions. It was also brought forward that these women were sliding down to low paying or unpaid work, which worsened their conditions. The factors responsible for the prevailing conditions of women of informal sector were poverty, unequal distribution of income, illiteracy, disparity and male dominance.

Tripathy (1996) in his study, “Women labour in construction sector” analysed the socio-economic conditions of women construction labour in Ganjam district (Orissa).
The study observed that ignorance, tradition-bound attitudes, lack of skill, seasonal nature of employment, heavy physical work, lack of job security, long hours of work, lack of minimum facilities, at the work place, ill-treatment and bondage are some of the employment of women in construction sector.

Mandal (1997) suggests some strategies for empowering women in the unorganized sector with special reference to Bihar by identifying some of the problems of these workers. According to him the bulk of these women are illiterates or barely literate and belongs to scheduled castes, scheduled tribes and backward and minority communities. Majority of them are poor and paid lower than the male workers. Most of these workers are ignorant of legislative measures which could improve their social and economic conditions. Moreover, the legislative measures like Factory Act, Minimum Wages Act and Maternity Benefit Act, etc. do not cover all categories of the working women in unorganized sector. Depending upon the nature of these problems, first important strategy to empower them is to impress upon the planners and the policy-makers to have an accurate insight into the characteristics of these working women and initiate policy decisions likewise. Secondly, these workers be made aware about their legal and social rights. The existing legislations need to be implemented more effectively and should extend to these women workers. And where the need be, new legislations must be enacted. These women workers are found to remain indebted to local moneylenders and trades who charge high rates of interest, so the welfare fund should provide loan to them.

Shobhana Warrier (1997) sampled 309 women workers in fishing processing units and found that 59.5 per cent of the workers were in the age group 19-28. Approximately 17 per cent were aged 14-18. Again between the ages 14-23 the share of women in the sample is over 55 per cent. There are reports of children below 14 also working in some units at a paltry wage. The widespread notion that fish processing workers are almost exclusively Christian is unfounded. Of the sample, 61 per cent were Christian, 37.5 per cent were Hindu and the balance was Muslim. 36 per cent of the women were from active fishing families, while 29 per cent of them were from families who are labourers of various kinds. Most of these were either daily wage labour, shop workers, coolies. Ten per cent of the women were from agricultural farmer families, some of them were
from families who cultivate on their small *pattas*. There were 5 per cent from service backgrounds, which includes government and other work such as driving such as driving bus / auto rickshaw. 5 per cent hail from self-employed families which run small businesses, have painters, skilled craftsmen among them. 6 per cent of the women were from unemployed family set ups and 9 per cent from women-headed households.

Jhabvala (1998) in his study on **“Social Security for Informal Sector”** emphasized on the need for social security for women workers and explored the mechanism for security provisions, insurance, security funds for women in informal sector. Thus points out that the women of informal sector could be helped by decentralizing, participatory social security and implementation of programmes and creative work. The employment based programmes should have social and financial security for women in informal sector.

Sharma (1998) in the book **“Aspect of Labour Welfare and Social Security”** says that a large part of the unorganized labour force in the country consists of unskilled labour, both male and female employed in various forms of building and construction activities. They are mostly rural migrants either landless or share croppers and marginal / small land owners who came to the cities in search of work, being drawn is extremely mobile due to the conditions and problems of employment in the construction industry which is characterized by high turnover, use of contract labour, irregular employment and bad working conditions.

Chettry (1999) in his study on **“Women Workers in the Informal Sector”** have described empirically the socio-economic conditions of the women workers of the urban informal sector in the Darjeeling hills areas in the West Bengal. She concluded that the informal sector may not have satisfied workers absorbed as they were low paid, deprived of legal protection and exploited but this sector stood steady as the main source providing some employment, with an explanation that “some trade is better than no trade.”

Gracious Thomas (1999) worked on female domestic workers in Stuna community of Indore, Madhya Pradesh and found that illiteracy was rampant among the respondents. 75 per cent were from backward classes. 36 per cent had six to eight children. 57 per cent
reported that there are frequent quarrels in the family. 1/3rd of them were not aware of even the wages. They had no fixed time of work. 25 per cent of them belonged to rural areas, and when they return to their villages they are looked down upon with suspicion.

Papola (1999) in his study on “Gender and Employment in India” concluded that, there is marginal increase in labour force participation of women in informal sector. There is gender discrimination for work, which is more prevalent in informal sector labour market. Intervention by nongovernmental organizations, governmental organizations and women activists for increasing opportunities, strengthening capabilities will reduce imbalances and bring gender equity in employment.

Singh (2001) in his research based on field study has focused on the problems of women domestic workers and has dealt with the working environment, conditions of work, factors forcing them to undertake this work, family life, effects of work on the health of these workers. The study also looked into some of the approaches for improving their quality of life and work, job security options and resource development. Singh found out that 41.33 per cent of these workers were in the age group of 31 to 40 years and 48 per cent were less than 30 years. 40.67 per cent of these workers were from backward castes while 21.22 per cent were from lower castes. 25.33 per cent workers possessed kachcha houses and 20 per cent had pakka houses. 65.33 per cent houses had no electricity while 14.67 per cent had no toilet. 64 per cent of the domestic workers were under debt. Singh pointed out that unlike the workers of the organized sector, the women domestic workers did not enjoy better conditions of work and working conditions, neither did they get satisfactory wages.

Suchitra (2006) in his study on “One-Size-Does-Not-Fit-All: Employment Insecurity of Unorganized Workers in Karnataka” says employment insecurity is a pressing problem for millions in India, but the most severely affected are the unorganized sector workers. This sector is characterized by the temporary, seasonal and changing nature of employment often resulting in long periods of unemployment absence of a fixed employer-employee relationship, failure of wages to meet minimal requirements, poor work environment, long working hours, irregular incomes, etc which contribute to poor employment security of the workers.
Rajanwan *et al.* (2007) in their study on “*Health Status of Women Employed in Unorganized and Self-Employed Sector*” examined the physical fitness of 110 women engaged in unorganized and self-employed sector such as construction work. Brick making, domestic work, tailoring and pottery were assessed by step-test method. It was found that physical fitness and Body Mass index of the majority of subjects was below average in all occupational groups. Aerobic capacity of majority of workers was good but it was found to be decreased as per the age. Musculo skeletal complaints were highest among brick makers followed by pottery workers and construction workers. The attitude of women construction workers towards job was negative whereas other workers were in the state of neither liked nor disliked except tailors who had expressed favourableness at moderate level.

Ravichandra Babu (2009) made a study on “*Socio-economic condition of informal workers*” reveals that the Indian economy is passing through a phase of socio-economic and political changes. Due to rapid urbanization, growing industrialization, unprecedented rural urban migration and tremendous population explosion, the entire gamut of human life has changed drastically. The workers who are working under the umbrella of unorganized nature, they do not have strength to fight for their survival due to illiteracy, inadequate alternative sources.

c) Studies Related to Women Construction Workers

The studies conducted on construction workers in India have been basically to study their profile and working conditions. These studies have found that construction workers are invariably migrant in nature. They belong to marginalized section of society and are often under paid and exploited. They live in unhygienic conditions at construction sites and are often denied any rights. Most of the construction workers are employed through contractors who play a major role in bringing the workers into the construction labour market.

Ranade *et al.* (1975) in their study on “*Women Construction Workers*” finds that majority of them come from the category of landless agricultural labour or marginal farmers who take up construction work to supplement their earnings from agriculture unemployment and under-employment, leading to acute poverty of this class drives them to unskilled work in construction. A major contributor to their poverty and helplessness
is their indebtedness, generally caused by the gap between income and essential consumption. The study reveals that a large number of workers have incurred debts generally from the money-lenders or persons recruiting them. This provides an apparent justification for recurring deductions from their wages which the workers are compelled to accept.

Gangrade et al. (1983) in their study on “Women and Child Workers in Unorganized Sector” finds the women’s problem in the Unorganized Sector. They are 1) non-representation of women in planning 2) low earnings 3) health problems 4) no provision for care and maternity benefits 5) sexual harassment 6) lack of access to resources 7) problems of choices of techniques 8) non-co-operation by men 9) image of women and ideology.

Chitra Ghosh (1985) in her study on “Women and Work in India – Continuity and Change” brings out the wage differences between men and women in construction work. It is found that though women carry as much load as men, the contractors pay women a lower rate only. Worse still the labour contractors get the thumb impression of these illiterate women in the register often paying them less than the stipulated rate.

Nirmala Banerjee (1985) in her study on “Women Workers in the Unorganized Sector- the Calcutta Experience” finds that the women working in the informal sector include a significant number of children and old people. 60 per cent of this group was illiterate. Over 90 per cent of the women worked for 42 or more hours per week. The domestic servants were given occasional paid leave during child birth or illness. The workers and their families face tremendous difficulties in gaining access to public facilities such as obtaining ration cards or seeking medical aid at health or family planning clinics.

Gote (1986) in the study “Status of Women Construction Workers in Developing Countries” examines whether these women are getting benefits of democracy and modernisation. Constitutional and legislative measures to benefit them have not reached them even after forty years of independence the study covers women construction workers in Aurangabad city.

Nair (1988) in the study “A Day in the Life of Nagamma: Migrant Construction Worker” says that the migrant construction worker has no paid leave or compensation for
child birth or injuries sustained on the site. Being a temporary worker, Nagamma receives no benefits, works long hours, lives in a hovel on the site, and is not eligible for a ration card. But she prefers this work to agricultural labour as wages are better. Provides useful information on construction labour in Delhi and Bombay. Observes that provisions of the Contract Labour Central Rule 1971 are flouted everywhere.

Labour Bureau (1989) conducted a study on socio-economic conditions of women workers in Building and construction Industry. The study finds that 1) workers generally remained employed only for 6 to 7 months in a year 2) the working conditions of women workers were worse than those of male workers 3) not available any of the welfare amenities (drinking waters, latrines, washing facilities, crèches, maternity benefits etc).

Mathu (1989) in the study “Female Construction Labour in India” points to the appalling working and living conditions of migrant women construction labourers whose hardships stem from economic disparities, social inequalities, physical limitations, psychological constraints, legal inadequacies, technological ineptitude and administrative short comings. Calls for emphasis on programmes for human resource development.

Gupta (1990) in his study on “Women Construction Workers, in Jammu Region of Jammu & Kashmir State” finds that 1) 75 per cent of the women got employed when they were 20 years or below in age 2) work life of a women in construction industry comes to an end at the age of about 35 years 3) 84 per cent of women were illiterate 4) majority of them stated that they took up employment because of poverty 5) majority of respondents (60 per cent) desired occupational change they wanted jobs involving tight work 6) most of the women were employed by the private contractors, no amenities seem to be provided to them. They did not also have any paid holidays, except some special festival. Mobile crèche was not available and they look after the needs of the children on their own. 7) 31 per cent of children born had died. Such a high rate of mortality is not surprising considering the early age of marriage, frequent pregnancies; lade of health and welfare facilities and absence of circumstances favorable to the survival of children.

Kulkarini (1991) in the study “Waiting for Due Recognition” explain that construction activity does not enjoy the status of industry for various reasons. Though construction sector provides maximum employment second only to agriculture, financial
institutions are not programmed to extend support to the construction sector, affecting the growth of the construction activity. There has been a suggestion for creating a bank on the lines of the National Housing Bank and NABARD, which can extend financial support to the construction sector to enable it to acquire suitable equipment and technology and meet its financial needs.

Reddy (1992) in a study on “Migration of female construction workers to Hyderabad city (1974-1990)” analyses the social and economic reasons of female migration through a study of construction workers of Hyderabad city of Andhra Pradesh. The study, found that, frequently the total earning of the female adults per day or month has excluded those of their male counter parts. Unless the socio-economic conditions of village are substantially improved the workers migration to the cities in India may not come down in the near future.

Nancy David (1996) in her study on unorganised women workers problems and prospects find that women working in the unorganised sector lack supportive service like crèches and child care centres where women could leave their children during working hours. Sexual harassment is very acute in the sector. Contractors exploit young girl’s even women, and women many a situation circumvents to their last. Lack of organisation also hampers the bargaining power and the power to resist exploitation.

Chaitali Pal (2000) in a study on “Informal Sector and the Women: Experience of Delhi Construction Workers” elucidated the experiences of the women workers working in one of the informal sector of Delhi as construction workers. The findings brought forward in nutshell are, the remuneration to these women is low, they work for 15-16 hours and are engaged in unhealthy works, live in slums, subjected to exploitation, lack access to property and resources, have to attend to the household chores alone and feel the guilt of uncared children.

Tripathy (2003) in “Women in Informal Sector” says that lack of mobility, wage discrimination, ignorance of the market condition on the part of the labour is the common features of the Indian labour market. In India, the employee is further split in to regular and casual workers. The author also says that existing laws should be amended to provide powers in inspection and prosecution and protection from victimization of informal
women labourers. Hours of work of construction labours should be restricted to six hours, from early morning till noon. Safety rooms should be evolved and enacted women labourers should be provided toilet, drinking water and other minimum facilities. When fatal accidents occur it should be made mandatory for the principal employer to inform authorities and deposit the compensation before the labour commissioner. The construction women labourers being casual workers are unable to claim subsistence allowance in times of financial crises, they borrow at an exorbitant rate of interest leading to indebtedness, and therefore there should be adequate social security safety-nets in the form of supply of credit, medical aid and their benefits along with their proper enforcement.

Bhavani Shankar Rao (2004) in a study on “Migrant Construction Labour in Visakhapatnam City” analyses primary data on living conditions of the construction workers of Visakhapatnam city”. He observes that their living conditions are highly deplorable with insufficient earnings, poor housing, ill health without basic amenities like water and sanitation.

Jatrana Santosh et al. (2004) in their study on “Health experiences of migrant female construction workers in North India” has examined the health status of migrant workers. Health status of these women have improved after migration, they have not started using modern health facilities either for child birth or general illnesses.

Suryanarayana (2004) noted that surveys in the construction industry involve a large number of women workers, a number of them young mothers with infant children. Surveys in the construction industry have found that crèche facilities are not availed on workers. An all India study and any state level studies have noted the lack of welfare measures such as crèches for children, rest-room workers, and separate toilets for women and potable drinking water. If housing was provided it was generally until for home living. Further it was observed that there were no complaints from the workers or the labour administrators.

Santosh Nandal (2006) in his study on “Women workers in unorganized sector: A study on construction industry in Haryana” finds that a vast majority of India’s labour force is in unorganized sector. In the absence of economic opportunities in their own states, many workers migrate across the other states of India to seek employment.
Construction industry depends almost entirely on migrant workers, majority of which are women. These women workers have a very tough life. In spite of being actively involved in economic activities for survival, bearing and rearing of children remain their prime responsibility, and thus they end up with playing roles in both production and reproduction.

Ram Lakhani (2007) undertook the study to assess the occupational health status of women workers in the construction industry by evaluating incidences of occupational health disorders. One thousand and fifty-two workers were selected by stratified random sampling, medically examined and subject to relevant interviews, examinations and investigations. Over three-fourths of the women and almost all men reported working for 10 to 12 hours daily. A majority of the women reported headaches and backaches, as well as pain in the limbs. Fifty-six per cent of women and 16 per cent of men reported injuries resulting in work loss. They had no social security or other workers’ benefits. Most women and men said that they would prefer to do some other work. Respiratory, eye and skin disorders and noise-induced hearing loss (NIHL) were found to be prevalent amongst workers exposed to hazards like dust, noise, heat and cold, and exposure to dry cement, glass and adhesives, tar and paint. About 76 per cent women reported gender-specific work stress factors, such as sex discrimination, and balancing work and family demands, above and beyond the impact of general job stressors such as job overload and skill underutilization. Discriminatory barriers to financial and career advancement were found to do link to recurrent physical and psychological symptoms and more frequent visits to the doctor among women workers.

Amrit Abrol (2008) in their study on “Maternal Health Indicator Among Migrant Women Construction Workers” have analysed the utilization of antenatal care services along with breast feeding practices among migrant women construction workers. This cross-sectional study was completed among female construction workers during August – October 2007. There were 564 females working at the construction site. Out of these, 430 females were in the reproductive age group and 308 females had delivered in the last 1 year. All 308 females were included in this study. A team of female health workers and a medical officer obtained information regarding antenatal care, place of delivery and breast feeding practices with respect to the previous pregnancy by using a
pre-designed and pre-tested proforma. The study depicts the wide disparity in maternal and child health indicators in this population in comparison with the national and state averages. This information will be useful for local administrators to effectively plan the coverage strategies for this population.

Mridula Bajaj (2008) in her study on “Women construction workers in Delhi” finds that among the women surveyed at construction sites, 52 per cent were suffering from chronic energy deficiency. While 24 per cent of these workers had normal body weight index, seven per cent were overweight. Apart from health parameters, the study found that in 84 per cent of the cases, the wife migrated because the husband had done so. Talking about the existing disparity in the earnings of male and female construction workers, the study said: In most instances (68 per cent cases), the husband earned more than the wife. Half of the construction workers interviewed had migrated within the last two years and 25 per cent have been staying in Delhi for five years or above. Nearly 60 per cent of migrant construction workers had migrated from another city, while 37 per cent had moved from their villages, the study revealed. The frequent mobility of the families threatens children’s education and also access to government facilities that settled families usually enjoy, the study mentions. The majority of construction workers in Delhi are from Chhattisgarh, Jharkhand, West Bengal, Uttar Pradesh and Bihar. The construction labourers are working to give a new look to the national capital but they have no identity. No one knows about their plight. This study is a small step in airing their voice in public.

Prashant Nanda (2008) in his study on “The Sorry State of Delhi’s Women Labourers” finds that women labourers are live and work in the capital, but the city’s 200,000 women labourers – most of whom work at construction sites – along with their children are some of the worst sufferers when it comes to health indices. Nearly 48 per cent of them got married before the legal age of 18, and 46 per cent of the ones among them who were mothers also had their first baby before the age.

Thangam et al. (2008) finds that women construction workers remain unskilled and are always given the jobs of helpers with the lowest pay. They had no security of any sort and discriminated at home, at work and in society as well. They start their careers as unskilled and remain unskilled for ever, inspite of the long experience and
exposure women have not been considered at all. The gap between a skilled male worker and an unskilled women worker unfortunately places us in the lowest level of empowerment; advancement and social position, whenever there is a change for skills training the women were not given the opportunity due to gender biasness.

Mobile Creche (2008) conducted a study on women construction workers in Delhi and found that 80 per cent of the child deliveries were without a trained birth attendant. Around 10 per cent of mothers have experienced death of their newborn. Only 32 per cent of the mothers had exclusively breastfed their kids till six months and an even lower percentage (18 per cent) offered colostrums to their baby. All these factors impacted the nutrition grades of the children, the study mentions. Doing a comparison, the study shows that while 56 per cent of children in India – the national average - get supplementary food at six months, the figure is just 31 per cent for the children of Delhi’s construction workers.

Annette Barnabas et al. (2009) in their study “The Empowerment of Women Construction Workers as Masons in Tamil Nadu, India”, finds that there is an inherent gender bias against women and also the shared general belief that women construction workers are unfit to be trained informally like men in the construction sector even though they have the necessary skills, capability and desire to become masons. Though the contractors are willing to accept women as masons by giving than training and placement in the construction sector, it has been found, the social forces that have perpetuated the concept of women as inferior workers are inimical to any such more. This study also analyses the methodology of training offered to men in the construction sector in India and proposes a new methodology of training that would qualify women construction workers to become masons and empower them economically.

Denzil Fernandes et al. (2009) in their study on “Social Networks of Migrant Workers in Construction Industry: Evidence for Goa” finds that Goa is a small prosperous enclave on the west coast of India, Which has been attracting migrants from all over the country. A large proportion of migrants to Goa are from backward districts of the country, who come in search of employment. The high demand for labour and the high wage rates of labour in Goa have resulted in a large influx of migrants in the casual labour market. One of the sectors that have absorbed a significant number of migrants in
its work force is the construction industry. The study presents a socio-economic profile of migrant construction workers, which include their place of origin, age distribution, social category, education level, occupation status, type of skill, employment status and daily wage rate. Finally, it traces the social networks among migrant construction workers showing different phases of the labour market, including the flow of information regarding the labour market, entry into the labour force, allocation of work at the construction sites, friendly relations among them and the flow of credit among the migrant workers in order to meet their financial requirements.

Pudr Team (2009) in his study on “Violation of Workers Rights of the Common Wealth Games Construction Site” stated that exploitation of workers in the unorganised sector throughout the country is not a new reality. But post-liberalisation of workforce, entailing a systemic violation of worker’s rights has been on the rise. It is therefore not a surprise that the contract workers at the commonwealth games construction sites are also facing widespread exploitation. That labour laws, and hence workers rights are being violated with impunity under the eyes of the government authorities to whom these projects have been assigned reveals widespread acceptance of such practices.

Shah et al. (2009) in their study on “Study of Injuries among Construction Workers in Ahmedabad City, Gujarat” finds that during the previous one-year 55 workers (22.92) sustained injuries. 7.08 workers had eye injury due to foreign body falling in the eye. Fall from the height was almost three times higher in male workers than the female workers. Injuries were common among the workers recruited for less than 1 year (18.92). About 60.42 injuries were seen among the illiterate. As far as all injuries are concerned, no sex difference was observed. Scaffolding workers made the highest-risk group reporting maximum number of injuries No fatal / disabling injury was reported during the year. Eye injury was the commonest form of injury among the construction workers. Along with the helmets, protective gear for eyes needs to be provided to construction workers.

2.4 Section-III

a) Concepts Related to Health

The following are the concepts closely related to the present study which enables clear evidence on demand for healthcare services.
Health

Health is a multifaceted concept and thus it defines any precise definition. The narrow definition of health posits it as the absence of disease. The broad definition of health, however, does not rest merely on the absence of disease but the fulfillment of a whole range of personal, physiological, mental, social and even moral goals. World Health Organization's (WHO) constitution defines health as "a state of complete physical, mental and social well being and not merely the absence of disease or infirmity" (World Health Organisation, 1992). Although, this definition is a fine and inspiring concept and its pursuit guarantees health professionals unlimited opportunities to carry out work in future, it may not be of much practical relevance and also it seems to work against its effective functioning. Such a definition is too wide and not amenable for any meaningful economic analysis or for any resource allocation.

Healthcare

Health is influenced by a number of factors such as adequate food, housing, sanitation, healthy lifestyles, protection against environmental hazards and communicable diseases. Thus "healthcare" is not synonymous with "medical care". 'Healthcare covers a broader spectrum of personal health services ranging from health, education and information through prevention of disease, early diagnosis and treatment and rehabilitation. The term, 'health services', implies organization, delivery, staffing, regulation and quality control. The term, medical care, refers to the personal services that are provided directly by physicians. Healthcare is one of the most important of all human endeavours to improve the quality of life. Healthcare covers a broad spectrum of personal health services ranging from education and information through prevention of disease, early diagnosis and treatment and rehabilitation.

Health Status of People

Improvement in the health status of people linked to a number of factors such as household income, public expenditure on healthcare delivery system, availability of private healthcare facilities and general environmental conditions affecting incidence of diseases. Besides availability, access to healthcare is an equally important factor in influencing utilization of healthcare. Again in addition to access, ability of the household
to utilize the system is dependent on its income level and educational level. With rising income levels, the households are able to spend on better healthcare, education and nutrition leading to an improvement in health status. Many studies have made an attempt to find out this truth. According to these researchers, both income and education are positively correlated with healthcare status of people.

- **Healthcare Services**

  The term ‘health services’ implies organization, delivery, staffing, regulation and quality control. Health Services can be defined as Services Rendered by

  **Labour:** Personnel engaged in medical occupations, such as doctors, dentists and nurses, plus other personnel working directly under supervision, such as practical nurses, receptionists and, etc.

  **Physical Capital:** The plant and equipment used by these personnel, e.g. hospitals, x-ray machines.

  **Intermediate Goods and Services:** Drugs, bandages, purchased and laundry services.

- **Healthcare System**

  The healthcare system is intended to deliver the healthcare services. It constitutes the management sector and involves organizational matters. It operates in the context of the socio-economic and political framework of the country. In India it is represented by three major sectors, which differ from each other. They are:

  - **Public Sector:** Hospitals, primary health center, District Hospitals, and Specialist hospitals.

  - **Private Sector:** Private hospitals, Polyclinics, Nursing homes, and Dispensaries.

  - **Indigenous Systems of Medicine or Traditional:** Ayurveda, Siddha, Unani, Homoeopathy and Unregistered practioners.

  Healthcare system denotes a particular type of methodology which is followed in the diagnosis of disease, source of medicine and treatment. There are four kinds of healthcare system: (i) Allopathy, (ii) Ayurvedic, (iii) Homeopathy and (iv) Unani. Western type of healthcare system is called Allopathy. Ayurvedic is ancient and
traditional in India. Homeopathy is a modern medicine. Unani is also introduced in recent years with different medicinal plants (White and Anderson, et al. 1997). The internal collaborative study explored a number of pertinent concepts, such as the role in each healthcare system of 'health as a societal value', "Collectivism and individualism", and "distributional responsibility". To a limited extent it was also possible to examine the relative contribution of the public and private sectors in the provision of healthcare, particularly as it affected personal liability for healthcare expenditure.

- **Demand for Healthcare Services**

  The physician acts as an intermediary translating the demand for care by the patient into supply of services from the hospital. Market demand for physician service or medical care is distinct from demand for goods and services where marginal utility (benefit) is a determinant of demand. The demand for physician services is a function of the average benefits per unit of service in relation to average price. In other words, margin is of less significance in the demand analysis of the hospital firm. With the peculiar positioning of the physician on both sides of the market and as a supplier to the hospital and inducing the demand, the application of supply-demand paradigm the hospital market structure is not simple and straightforward. The twin standard of efficiency-equity is necessary to evaluate the performance of the physician.

- **Choice of Health Care**

  A serious illness causes people to use some practitioner rather than none, and it is the probability of choosing a private modern practitioner, public modern medical treatment or traditional treatment. Behaviour in medical markets is distinguished by the roles that physical need and life cycle pattern play in determining demand. Circumstances, such as accidents, pregnancies and infections, often dominated health care consumption decisions (John Akin 1996).

- **Health Seeking Behaviour**

  Health care seeking behaviour has been defined as any action undertaken by individuals who perceive them to have a health problem or to be ill for the purpose of finding an appropriate remedy (Ward, Mertens, 1997).
• **Morbidity**

Morbidity refers to illness. Morbidity is called acute when the illness lasts for 3 to 7 days or at the most up to 10 to 14 days. Morbidity is called chronic when illness lasts for 6 months or more and less than one year (Raman Kutty, 1999).

• **Perception**

Perception is defined as a process by which we become aware of changes (through the senses of sight, hearing, etc) and act or power of perceiving (BBL, Sharma, Gupta, *et al.*, 1990).

b) **Theoretical Background of the Study**

Health Economics is commonly regarded as an applied field of economics: it draws its theoretical inspiration principally from traditional areas of economics: human capital, especially health. Healthcare is one of the many determinants of health and, from an economic perspective; it is an input into the production of health. Such an input like healthcare finance, choice of healthcare services and most important element to have great role on the determinants of the demand for health. We have tested the following theories using survey data collected from Coimbatore women construction workers with relevant empirical literatures.

i) **Human Capital Theory**

Human capital theory was developed by Mincer (1958), Schultz (1971), Becker (1975), Denison (1962), Hansen (1963) and others and has its roots with Adam Smith. Alfred Marshall suggests that “the most valuable of all capital is that invested in human beings” (Marshall *et al.* 1961). According to human capital theory, individuals and government invest in education and health in order to improve production; in a similar way capitalists invest in capital goods to increase productivity. Firms invest in human capital if the discounted net present value is positive and generates a greater return than alternative investments that they can capture. Human capital theory analyzes the economic effects of education, health and other investments on human capital accumulation both individually and socially and the patterns of returns to that investment (Becker, *et al.* 1975).

Economics of human capital as an area of research is at least 45 years old. Though the idea of human capital finds its origins to Adam Smith and Johann von Thunen of the
18th and 19th centuries respectively and was more dearly pronounced in the early part of the 20th century by John Walsh and Irving Fisher, who even used the concept of Specialised human capital to refer to skilled and higher educated individuals, Economics of Human Capital, and more dearly Economics of Education was born as a formal area of study only four and a half decades ago with the Presidential Address by Theodore Schultz (1961) to the American Economic Association in 1960 on 'Investment in Human Capital'. The human capital theory was a great contribution to Economics and it created 'the human investment revolution in economic thought' as aptly described by Mary Jean Bowman (1966).

The very concept of 'capital' had to undergo a serious change, with the emergence of 'human capital'. Further, it is being realised that the concept of human capital has a profound interface with the newly emerging principles and theories of human development. Today economists go even beyond human capital and formulate the concept of 'social capital', which in a sense is built on the concept of human capital to some extent (Anil Kumar Thakur, Abdus Salam, 2008).

According to the human capital theory, expenditures on schooling, health, extension programmes, training, migration, etc. constitute investment in human beings, which enhance the capabilities of the people as producers and consumers in the labour market, in the households and in the society at large. Of all, education and health are considered as the two most important components of human capital, and the concepts of educational capital and 'health capital' (Michael Grossman, 1972) evolved. There are several similarities between educational capital and health capital, both being essentially embedded in human beings, but there are also several important differences. While expenditure on education improves skills and productivity of individuals, expenditure on health and medical services results in promoting reduction in death rates or birth rates and "primarily affect the numbers and secondarily the skills, capabilities and efficiency" (Kothari, 1966a). Hence, it is argued that it is not reasonable to treat expenditure on health as investment in human capital, on par with investment in education, though one can argue that certain kinds of expenditure on health might improve the productivity of the people in the labour market. Human capital is also largely defined as" the stock of skills and productive knowledge embodied in people (Rosen, 1987).
ii) Human Development by Amartya Sen

Amartya Sen (2000) calls "enhancement of basic human capabilities" as, "Eastern Strategy". Human development is very essential for any country as it goes beyond formation of human capital. First, the Eastern Strategy contributes to quality of life (more literacy, expansion of life expectancy, reduction of morbidity rates, etc.) despite the absence of its impact on economic and industrial expansion. This is an important point to remember as the aim of public policy should be enhancement of human life and freedom. Secondly, human development (basic education, healthcare, etc.) highly helps economic and industrial expansion, and improves the efficiency and wide reach of the market economy. These in turn facilitate in raising quality of life. Thus there are both direct gains and indirect ones.

iii) Grossman’s Theory

The demand for healthcare is a derived demand from the demand for health. Healthcare is demanded as a means for consumers to achieve a larger stock of "health capital." The demand for health is unlike most other goods because individuals allocate resources in order to both consume and produce health.

Michael Grossman's (1972) model of health production has been extremely influential in this field of study and has several unique elements that make it notable. Grossman's model views each individual as both a producer and a consumer of health. Health is treated as a stock which degrades over time in the absence of "investments" in health, so that health is viewed as a sort of capital. The model acknowledges that healthcare is both a consumption good that yields direct satisfaction and utility, and an investment good, which yields satisfaction to consumers indirectly through increased productivity, fewer sick days, and higher wages. Investment in health is costly as consumers must trade off time and resources devoted to health, such as exercising at a local gym, against other goals. These factors are used to determine the optimal level of health that an individual will demand. The model makes predictions over the effects of changes in prices of healthcare and other goods, labour market outcomes such as employment and wages, and technological changes. These predictions and other predictions from models extending Grossman's (1972) paper form’s the basis of much of the econometric research conducted by health economists.
Grossman's model, the optimal level of investment in health occurs where the marginal cost of health capital is equal to the marginal benefit. With the passing of time, health depreciates at some rate $\delta$. The interest rate faced by the consumer is denoted by $r$. The marginal cost of health capital can be found by adding these variables: The marginal benefit of health capital is the rate of return from this capital in both market and non-market sectors. In this model, the optimal health stock can be impacted by factors like age, wages and education. As an example, increases with age, so it becomes more and more costly to attain the same level of health capital or health stock as one ages. Age also decreases the marginal benefit of health stock. The optimal health stock will therefore decrease as one ages.

Economic theory provides a useful framework for understanding the decision-making regarding health. Economists frequently use the household production model developed by Becker (1965) and Grossman (1972) which is an extension of the standard utility maximizing framework. For a detailed exposition of this approach Rosenzweig and Schultz (1983), Schultz (1984), Behrman and Deolalikar (1988), Strauss and Thomas (1998). This framework is the economic analogue to the proximate determinants model of health proposed by Mosely and Chen (1984). Based on Grossman (1972), health can be thought of as a stock of human capital. At a point in time, an individual's health stock depends upon the behavioural decisions concerning health such as food intake, tobacco or alcohol consumption habit, use of medical care, nature of work, physical exercise, besides the inherited genetic health endowments and the health environment in which the individual is placed. The change in the health status of a person, over a time period, is determined through a health production function:

$$H_t = H(H_{t-1}, X_t, M_t, E_t, e_t)$$  \hspace{1cm} (1)

Where: $H_t$ is the health at time $t$, $X_t$ is a vector of health-related inputs such as nutritious diet, exercise, preventive care, etc. $M_t$ is curative care, $E_t$ is a vector of individual, family and community characteristics, and $e_t$ is the unobserved initial endowments. The household or family utility in any time period ($U_t$) depends upon the stock of health of each member ($H_t$), leisure of family members ($L_t$) and a composite consumption commodity ($C_t$), given household environment at
\[ U_t = U(H_t, C_t, L_t; d_t) \] (2)

The family is assumed to be maximizing the weakly time separable utility function (2) subject to the health production function (1), budget (3) and time (4) constraints:

\[ Y_t = P_x X_t + P_c C_t = W_t + V_t \] (3)

\[ T_t = L_t + W_t \] (4)

where: \( Y_t \) is real income in period t, \( V_t \) is the current annual household wealth income, \( P_c \) and \( P_x \) are relative prices of health inputs and consumption goods, \( w \) is the wage rate, \( T_t \) is the total available time, \( L_t \) and \( W_t \) are leisure and work time.

c) Review of Selected Studies

Anders et al. (2000) tested the theoretical implications of the Grossman health model by using a survey on health behaviour among Estonian adult population in 1996. The survey was a self-administered mailed questionnaire that was sent to 2000 random individuals, drawn from the National Population Register. Self reported health assessment and visits to a doctor and dentist were used to measure demand for health and healthcare. Health assessment was modelled with ordered probit model; the number of visits was modelled with Poisson, Negative binomial and Zero inflated Poisson models. The results of the empirical models confirm the main implications of the theoretical Grossman’s model. Health demand increases with income and education and decreases with age. Demand for healthcare decreases with age, but the effect of education and income was not clear.

Indrani Gupta et al. (2000) studied the health status as well as treatment seeking behaviour of those living in Delhi. The distribution of the households was roughly proportionate among the three areas: area I (184 households), area II (172 households) area III (170 households). There was in all 2745 individuals spread over 526 households. The model used in his study was best described as a maximum likelihood Probit model with sample selection. A person’s work status, marital status and the monthly household income were significant explanatory variables for explaining the probability of seeking care. Gender, age and education were not significant determinants of care in the case of
the rural sector. In contrast, the educational attainment of the individual concerned did significantly affect the probability of seeking care in Delhi, though gender and age did not seem to be significant determinants of care.

Duraisamy (2001) attempted to analyze the utilization and expenditure on medical services in Tamil Nadu using the NSS 42nd round survey data. The average hospital fees in a private hospital was about 19 and 100 times higher than the public hospital charges in rural and urban sectors respectively. The majority of the population relied on the allopathic system of medicine. The results indicated that as the level of education and per capita income increases the utilization of public healthcare services reduced significantly.

Mathiyazhagan (2001) analysed the choice of healthcare in India in a study entitled “People’s choice of healthcare provider: Policy options for rural India” examined the people’s choice of healthcare provider in rural India. The people’s choice of healthcare provider was estimated through Logit Model by using the rural household survey on health in Karnataka State in India. The study also explores the heuristic approach through observation and informal discussions with rural people about their opinion on existing healthcare services. The analysis showed that the private healthcare provider has emerged as the people’s choice. However, the choice was significantly linked with socio-economic conditions of the rural people. The discussion suggested that policy makers in India should take serious note of the growing popularity of the private sector in providing healthcare services in India, and that it would be advisable to opt for regulatory and supportive policy interventions.

The principal objective of the study done by Raghbendra Jha (2001) was to test whether public expenditures on education, health and other development activities have been effective in reducing poverty in India. Data for fourteen Indian states from 13th to 53rd rounds of National Sample Survey of India were used for estimating poverty. To ensure sensitivity and robustness of the results, three different measures of poverty belonging to the Foster-Greer-Thorbecke group of poverty measures were used. For the purpose of estimation, the study uses three different techniques: Fixed effects, Random effects and Ordinary Least Square (OLS). It concluded that education, health and development
expenditures helped to reduce poverty. In particular, expenditure on higher, university, technical, adult and vocational educations as opposed to elementary and secondary education was more effective in poverty reduction.

Venkateswara Rao (2001) also explained how cost and distance influence the poor and rural population. Big hospitals with modern equipment and highly specialized medical personnel do not substantially contribute to the healthcare and rural and urban poor. The treatment available in such sophisticated hospitals is out of reach of these people because of the cost involved in the treatment. Barrier of distance between villages and the city hospitals also prevents them from seeking specialized medical treatment. As a matter of fact it was impossible for the expertise and services of the sophisticated city hospitals to reach out to the vast majority of the rural population.

David Sahn et al. (2003) in their study “The Demand for Healthcare Services in Rural Tanzania,” examined the pattern of healthcare demand in rural Tanzania. The data from the 1993 Human Resources Development Survey (HRDS) was used to model the healthcare choices that individuals in Tanzania, make when sick or injured. A nested Multinominal logit model was used. The most important finding was that the own price elasticities were quite variable, being far greater than unity for private clinics, private hospitals, and public hospitals. Specifically it was found an uncompensated elasticity of demand for private services with respect to the price of public clinics and dispensaries to be a surprisingly high 0.64. This indicated that as prices of public services rise there will be a substantial substitution into private services. In the other direction, the price elasticity of public clinics with respect to the price of the private alternative was 0.58, implying a high, albeit somewhat smaller, degree of price sensitivity. Regarding the quality on healthcare demand there was a greater demand for public clinics and dispensaries in those clusters with higher quality ratings for drug availability and the health clinic environment. The higher quality of medical staff in a community increases the demand for care.

David Lawson (2004) investigated “The Determinants of Health Seeking Behaviour in Uganda”, keeping in mind are the income and user fees are the main factors which influenced healthcare demand in Uganda. When analyzing healthcare
demand in Uganda there were several rich data sources upon which micro econometric analysis could be based. However, the most useful of these was the 1999/2000 Ugandan National Household Survey (UNHS), which was particularly rich in community and healthcare data and interviewed 10,696 households. Multinomial logit approach was adopted which not only focused on the most important decision but also on what type of medical care was demanded. Overall, the demand analysis showed that income was strongly associated with increased healthcare usage, across all age ranges. Furthermore, they found significant differences in health seeking behaviour to be related to age and gender, and that increased levels of education are consistently associated with a transfer away from government provided healthcare, possibly indicated that people regard its quality as inferior.

Case et al. (2005) examined the patterns of health seeking behaviour prior to death among 1282 individuals living in the Umkhanyakude District of Northern KwaZulu-Natal. Information on the healthcare choices of these individuals, who died between January 2003 and July 2004, was gathered after death from their primary care-givers. The conditional expectations were calculated using a Fan (1992) locally weighted regression smoother, which allowed the data to determine the shape of the function. It was found that virtually all adults who were ill prior to death sought treatment from a Western medical provider, visiting either a public clinic or a private doctor. Ninety per cent of the adults who sought treatment from a public clinic also visited a private doctor. Fifty per cent also sought treatment from a traditional healer, suggesting that traditional medicine was seen as a complement to, rather than a substitute for Western care. Better educated people who were ill for less than a month before dying were significantly more likely to visit a private doctor, while those least well educated were more likely to visit a traditional healer.

Got adze et al. (2005) examined the current patterns of health – seeking behaviour and the extent of out-of-pocket payments. This was a cross-sectional study, with one-stage cluster sampling and a total sample size of 2500 households. The two-sample t-test was used. One-Way Analysis of Variance (ANOVA) was applied for comparing the means for more than two populations. The socio demographic determinants of health seeking behaviour were examined by means of multiple logistic regressions. Results showed that
healthcare services are a financial burden and that private payment creates financial barriers to accessing health services. Members of the poorest households are less likely to seek care than people from more affluent households and devoted a higher share of household monthly expenditure to healthcare.

John Akin et al. (2005), Research on “Decentralisation and government provision of public goods: The public health sector in Uganda,” studied the economic aspects of the demand for medical care, viz, income, time costs and cash costs. These are thought to be extremely important deterrents for using medical services. They have also examined other direct costs of using medical services: visit prices, drug costs, transport costs, transport time, and waiting time. The economic costs of using medical care do not seem to greatly affect demand patterns, either for services that are probably considered by patients to be essential. A related issue was the presumed importance of income as a determinant of medical service use. In their demand estimations, income was usually statistically significant, but in quantitative terms, it was not an important factor that determines whether or where medical services were purchased.

The study by Amlan Majumder (2006) on “Utilization of healthcare in India: An empirical study based on National Family Health Survey-2”, utilized data from National Family Health Survey-2 (NFHS) and done an analysis of healthcare economy in India to examine precisely how demand for public as well as private healthcare services were affected by various socio-economic and demographic characteristics and other health service system related factors. It covered a representative sample of about 95000 women in the 15-49 age groups from 26 states in India. Methodologically the exercise was carried out by estimating binary multivariate logistic pattern. The study revealed that utilization of public health facilities varied sharply according to individual, household and social characteristics and institutional factors. On an average in India, 58.91 per cent of the respondents utilized private and 41.09 per cent of the respondents utilized public health facilities. When they concentrated on quality of care they stated that private health facilities remained far ahead of their public counterparts.

Dhanasekaran (2006) studied the level of knowledge, attitude, and practices of health seeking behaviour of urban women with reference to the selected Rural Healthcare
(RCH) services. The present study was undertaken in Dindigul Municipality. A sample of 250 women who were currently married in the age group 15-49 years were selected randomly for this study. The analysis revealed that 70 per cent of women have correct knowledge on legal age for marriage. Seventy per cent of women were having partial awareness and others are having correct knowledge on need and importance of Anti Natal Care (ANC). It was found that 54 per cent of women delivered their babies at private/Non-Governmental Organisation (NGO) health facilities and 40 per cent at public health facilities. The level of awareness on complete immunization for children was nil, whereas 90 per cent of women have partial awareness and others did not know.

The study by Finn et al. (2006) was motivated by two concerns (i) the socioeconomic and households characteristics of those who buy the insurance and the (ii) role of the policy play. In exploring the demand for private health insurance in Ireland the Living in Ireland Survey 1994-2001 was used. They used the panel data analysis and compared three alternate approaches: a Static Chamberlain-Mundale and dynamic specification. A range of individual and household characteristics is shown to influence propensity to insure. Overall the positive effect of education and income and the negative effect of poor health status remain robust across three specifications. In moving toward a dynamic specification it showed that persistence was a highly significant determinant of demand for private health insurance and also that it reduced the size of the coefficients on the regressors. The highlighting point of the study was that education, income and, to a lesser extent, health status has very large effects on probability of insuring.

Jain et al. (2006) in their study “Qualitative Assessment of Health Seeking Behaviour and Perceptions Regarding Quality of Healthcare Services among Rural Community of District Agra”, assessed the health seeking behaviour and perceptions of rural community regarding the quality of available healthcare services. Eighteen villages of three rural community development blocks of district Agra (Uttar Pradesh) was selected on the basis of performance for achievement of RCH indicators. Multistage Stratified Random Sampling Technique was adopted for selection of villages to be included in the study. The responses of community members were free listed and semi-quantified using standard qualifiers. The results indicated that the community members first discussed their health problems with the community members. Majority of people
tried some home treatment first and then only opted for approaching any other provider. Choice of the health provider was in fact dependant on decision-makers which would be elder male family members or some other person from the community. Literacy status, socio economic status, past experience and perceived quality of healthcare services played a pivotal role in the selection of provider. Quality of available healthcare services was poor in the opinion of respondents as a result of which rural community preferred to approach private providers ranging from indigenous medical practitioners, Rural Medical Practitioner’s and qualified doctors.

Santerre (2006) in his study “Examining the marginal access of private health insurance”, a relatively simple model was developed to incorporate a broader measure of marginal access value into the demand for health insurance. The conceptual model incorporated accessed value by treating the demand for health insurance as being derived from the demand for good health. This study used national data (1960-2002) and multiple regression analysis to track and explain changes in the marginal access value of private health insurance over time at the national level in the United States. Based upon multiple regression analysis, marginal access value was shown to have increased over time in response to rising income, more generous benefit coverage, and new medical technologies. In addition, expansions in the Medicaid programme have shown to have slowed the growth of the marginal access value of private health insurance.

2.5 Conclusion

The above paragraphs present a detailed review of literature on various aspects of migration, unorganised sector and construction workers. It may be noted that most of the studies were macro studies and micro level studies are very few in number. Moreover, no published study on health seeking behaviour of women construction workers in Coimbatore has been conducted so far. The present study attempts to bridge this research gap.