



UNORGANISED WOMEN WORKERS HEALTH PROBLEMS – A STUDY IN YSR DISTRICT

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ABSTRACT

The majority of India's unorganised labour is made up of women. Because women's health has an intergenerational influence, it is necessary to consider how the health of the future population will be determined. Ultimately, a woman's health has an impact on the financial stability of her home since she will be less productive in the workforce if her health is poor. In light of this, the current study examined the health status of women unorganised workers in the YSR district.

Key words: Unorganised women labour, agricultural labour, domestic servant, health problems.

INTRODUCTION

A nation's ability to develop is greatly aided by industrialization and the introduction of new technology. The basis of industrial developments is the construction of buildings. With an annual growth rate of 10%, it is one of the industries in India that is expanding the fastest. It employs a significant number of people and engages in a wide range of operations. The majority of them work in the unorganised sector.

In India about 340 million (92%) workers are in unorganized sector and about half of them are in construction industry. Security measures are not being provided or adopted by them while working. They are being exploited by the contractors. There is no specified time limit/frame of work for them. They had to work on an average for about 9 hours/day. Mostly they are migratory workers. At times, they are prone to injuries and accidents.

Throughout history, women and men have played a crucial role in shaping global social structures. She has played and still plays a significant part in Indian society. It is true that a nation's advancement can be determined in large part by the standing of its women. She has multiple roles in society, including that of a wife, mother, and sister. She is therefore the cornerstone of both the family and society at large.

The majority of women are reported to work in the unorganised sector and in agriculture. The unorganised sector, which includes match and beedi industries, tanneries (setting, separating, and drying), construction centres, and part-time assistants in households, employs a large number of women. 90% of women employed in the unorganised sector, according to a World Bank estimate, are not counted in official statistics; their job is also undocumented, regarded as low-skilled, low-paying, and disguised wage labour, and does not offer benefits to employees. According to statistics, the great majority of Indians are employed in agriculture, with women making up 55% of the workforce and men making up 30% of labourers rather than cultivators.

The majority of India's unorganised labour is made up of women. The unorganised or informal sector employs about 97% of female workers, according to the National Council for Applied Economic Research (NCAER). They are from the poorest rural households and are frequently members of castes that are scheduled, backward, or tribal.

Numerous issues affect women who work in the unorganised sector both personally and professionally. They are underpaid and put in a lot of overtime. Their jobs are not secure. They get sick. Because of their line of work, women employees frequently have health issues such skin diseases, respiratory conditions, and backaches. Their family's life is characterised by debt, poverty, and family disputes.

Because women's health has an intergenerational influence, it is necessary to consider how the health of the future population will be determined. Ultimately, a woman's health has an impact on the financial stability of her home since she will be less productive in the workforce if her health is bad. Women's health and nutritional status are deteriorating in India due to the country's prevalent culture and customs.

A woman's health at one point in her life has an impact on other points in her life as well as the health and wellbeing of future generations. Women's health from conception to old age should be approached from a lifelong perspective, according to the 45th World Health Assembly (1992).

Additionally, it has called for multiracial action to support women's health, specifically in the areas of increasing female literacy, opening up opportunities for generating income, boosting women's involvement in national development, and, in essence, giving women the power to make decisions that affect their health.

Women often overlook their health as a result of the conflicting demands on their time, energy, and socialisation. For most women, having less access to food and being neglected inevitably results in low nutritional condition and a state of illness. As a result, this study draws attention to the health issues faced by unorganised women workers.

Review of literature

Dar Javaid Ahmad (2014) in his paper on “Socio-Economic Conditions of Women Domestic Workers in Punjab: A Case Study of Sangrur District” The paper is based on empirical work which

examines the economic conditions of women domestic workers employed in households. The survey has been conducted in the urban areas of the Sangrur district of Punjab state. The study has found that the economic conditions of the women gross domestic product.

Nahid Sultana et al, (2014) in their article “Health Problems among Women Building Construction Workers” concluded that different types of skin diseases are present among female construction workers that might be attributable to exposure to hot humid working environment. Besides pain full micturation, uterine prolapse, low backache and respiratory problem were found among them which might need special attention.

Sanat Kumar Purkait and Binod kumar Sardar (2015) in their article “Occupational Health Hazard of women Bidi Workers in Rural India” stated that Bidi workers more often are the most vulnerable sector of the society and a large number of them are absolutely dependent on bidi rolling in rural India. They are continue to struggle for survival despite low wages, steady exploitation by the contractors, lack of education and medical facilities and neglect in government policies. This study portrays the causes and also the remedial measures such as Awareness Programme, health education, proper implementation of different schemes to mitigate the problems of the workers etc.

Dileep Kumar.s (2016) in his article “Health and Well Being of Working Women: A Socio-psychological Study” stated that because of role conflict, dual roles, and stress, women in the organised sector have more psychological health issues than women in the unorganised sector do physical health issues. Therefore, it is necessary to investigate the factors that lead to stress and poor health as well as offer coping mechanisms for stress and poor health brought on by multiple roles and role conflict.

Patel *et al.* (2017), in their study, found that women workers are most vulnerable due to their employment in the informal sector. They belonged to the marginalized sections of society, where legal, political, and economic conditions are critical. Moreover, women could not demand their fundamental rights, such as equal wages, social security measures, and regular payments for their work. The study also found that the number of people in the informal sector has increased considerably. Women workers were characterized as weak, illiterate, and socially backward.

Objectives

1. To study the socio-economic profile of the women workers in unorganised sector.
2. To identify the health problems of the women workers in unorganised sector.

Methodology

YSR district of Andhra Pradesh is selected for the study area because of its diversity in terms of ethnicity and the mushrooming growth of women in various economic activities in the unorganised sector. 60 respondents selected from each group women workers who were as construction workers, domestic

servants, street vendors and agricultural labour. The total sample size was 280 by adopting purposive sampling technique.

Data Analysis

Table 1: Distribution of the women workers age wise

| Age (in years) | Agricultural Labour | Domestic Servants | Vendors | Construction Workers | Total |
|-----------------|---------------------|-------------------|----------------|----------------------|-----------------|
| Below 30 | 9 (15.00) | 7 (11.67) | 13 (21.67) | 10 (16.67) | 39 (16.25) |
| 30-45 | 31 (51.67) | 33 (55.00) | 29 (48.33) | 26 (43.33) | 119 (49.58) |
| Above 45 | 20 (33.33) | 20 (33.33) | 18 (30.00) | 24 (40.00) | 82 (34.17) |
| Total | 60 (100.00) | 60 (100.00) | 60 (100.00) | 60 (100.00) | 240 (100.00) |

The table 1, shows that large number of respondents hails from 30-45 years age group. It is considered as the important productive age group. To be precise, 34.17 per cent and 16.25 per cent are in the age groups of above 45 years and below 30 years respectively. None of the members have below 18 years of age. It means that minor girls are not taking economic responsibilities due to their age factor. The study reveals that in rural areas the middle age group women are actively taking part in economic activities.

Table 2: Marital status of the women workers

| Marital status | Agricultural Labour | Domestic Servants | Vendors | Construction Workers | Total |
|------------------|---------------------|-------------------|----------------|----------------------|-----------------|
| Unmarried | 8 (13.33) | 7 (11.67) | 11 (18.33) | 11 (11.67) | 37 (15.42) |
| Married | 46 (76.67) | 47 (78.33) | 40 (66.67) | 41 (75.00) | 174 (72.50) |
| Widowed | 3 (5.00) | 4 (6.67) | 4 (6.67) | 4 (6.67) | 15 (6.25) |
| Separated | 3 (5.00) | 2 (3.33) | 5 (8.33) | 4 (6.66) | 14 (5.83) |
| Total | 60 (100.00) | 60 (100.00) | 60 (100.00) | 60 (100.00) | 240 (100.00) |

The marital status of women, decides her socio-economic position in the society as well as family. Keeping in view of this, the marital status of sample unorganised women workers was recorded during the field study and presented in the table 2.

The table 2 indicates that most of the respondents (72.5 %) are married with living partners. 15.42 per cent of women workers are unmarried. Around 6.25 percent are living as single because of widowhood and 5.83 per cent of sample women workers are divorced.

Table 3: Educational status of the women workers

| Educational Status | Agricultural Labour | Domestic Servants | Vendors | Construction Workers | Total |
|---------------------------|----------------------------|--------------------------|----------------|-----------------------------|-----------------|
| Illiterate | 11 (18.33) | 35 (58.33) | 7 (11.67) | 24 (40.00) | 77 (32.08) |
| Primary | 45 (75.00) | 25 (41.67) | 49 (81.69) | 26 (43.34) | 145 (60.42) |
| Secondary | 2 (3.33) | 0 (0.00) | 2 (3.33) | 6 (10.00) | 10 (4.17) |
| Higher | 2 (3.33) | 0 (0.00) | 2 (3.33) | 4 (6.66) | 8 (3.33) |
| Total | 60 (100.00) | 60 (100.00) | 60 (100.00) | 60 (100.00) | 240 (100.00) |

It can be inferred from the table 3 that, 32.08 per cent of the respondents were illiterate. Among the literates nearly 60.42 per cent of respondents have completed primary education followed by 4.17 of sample respondents have access to secondary and higher levels education.

Table 4: Distribution of the women workers Family type wise

| Family type | Agricultural Labour | Domestic Servants | Vendors | Construction Workers | Total |
|---------------------|----------------------------|--------------------------|----------------|-----------------------------|-----------------|
| Nuclear | 34 (56.67) | 35 (58.33) | 38 (63.33) | 32 (53.33) | 139 (57.92) |
| Joint Family | 26 (43.37) | 25 (41.67) | 22 (36.67) | 28 (46.67) | 101 (42.08) |
| Total | 60 (100.00) | 60 (100.00) | 60 (100.00) | 60 (100.00) | 240 (100.00) |

Table 4 shows that the type of family of the respondents. It reveals that 57.92 per cent of the surveyed women workers belonged to nuclear family. In these days when joint family system is disappearing from the society it is interesting to note that 42.08 per cent of the women still live in joint family. This help the women to leave their children with the elders, so that they can freely go for work.

Table 5: Household size of the women workers

| Household size | Agricultural Labour | Domestic Servants | Vendors | Construction Workers | Total |
|----------------|---------------------|-------------------|----------------|----------------------|-----------------|
| Below 4 | 12 (20.00) | 16 (26.67) | 15 (25.00) | 13 (21.67) | 56 (23.33) |
| 5 - 6 | 39 (65.00) | 31 (51.67) | 32 (53.33) | 29 (48.33) | 131 (54.58) |
| Above 6 | 9 (15.00) | 13 (21.66) | 13 (21.67) | 18 (30.00) | 53 (22.09) |
| Total | 60 (100.00) | 60 (100.00) | 60 (100.00) | 60 (100.00) | 240 (100.00) |

Table 5 illustrate that the household size of the women workers. 54.58 per cent of the women workers had 5 -6 members and 23.33 per cent had less than 4 members in their family.

Table 6: Monthly income of the women workers

| Monthly Income (in Rs.) | Agricultural Labour | Domestic Servants | Vendors | Construction Workers | Total |
|-------------------------|---------------------|-------------------|----------------|----------------------|-----------------|
| Below 4000 | 30 (50.00) | 28 (46.67) | 25 (41.67) | 32 (53.33) | 115 (47.92) |
| 4000-5000 | 22 (36.67) | 23 (38.33) | 31 (51.66) | 23 (38.33) | 99 (41.25) |
| Above 5000 | 8 (13.33) | 9 (15.00) | 4 (6.67) | 5 (8.34) | 26 (10.83) |
| Total | 60 (100.00) | 60 (100.00) | 60 (100.00) | 60 (100.00) | 240 (100.00) |

Table 6 shows that the monthly family income of 47.92 per cent respondents who had below Rs.4000 followed by 41.25 per cent respondents had between Rs. 4000-5000 and only 10.83 per cent had more than Rs.5000.

Health Status of the Unorganised Women Workers

In developing nations, women are frequently overworked and in bad health. The majority are anaemic, and many more experience chronic illness, notably during pregnancy and childbirth, malnourishment, and parasitism. Compared to their counterparts in other industries, women employed in the unorganised economy face far greater health risks. It is astounding to learn that the majority of women employed in a variety of professions do not have excellent health. Outside of the home, women join the paid workforce and experience unfavourable health repercussions from their jobs. Hibbard and Pope (1985) postulated that while the workplace may be detrimental to health, employment may have a favourable impact on health by offering possibilities for social support and self-characteristics. The following part

discusses the health status factors that were taken into consideration and described in the current study, including morbidity status, chronic illness, hospitalisation within the last year, general health status, disease status, number of days of illness, and other relevant aspects. The health status of female workers is displayed in Table 7.

Table 7 : Health status of the women workers

| Particulars | Agricultural Labour | Domestic Servants | Vendors | Construction Workers | Total |
|---|---------------------|-------------------|----------------|----------------------|-----------------|
| Morbidity Status | | | | | |
| Yes | 38 (63.33) | 21 (35.00) | 19 (31.67) | 15 (28.33) | 93 (38.75) |
| No | 22 (36.67) | 39 (65.00) | 41 (68.33) | 45 (71.67) | 147 (61.25) |
| Chronic Ailment | | | | | |
| Yes | 34 (56.67) | 17 (28.33) | 13 (21.67) | 21 (35.00) | 85 (35.42) |
| No | 26 (43.33) | 43 (71.67) | 47 (78.33) | 39 (65.00) | 155 (64.58) |
| Hospitalization over the Last One Year | | | | | |
| Yes | 17 (28.33) | 15 (25.00) | 23 (38.33) | 20 (33.33) | 75 (31.25) |
| No | 43 (71.67) | 45 (75.00) | 37 (61.67) | 40 (66.67) | 165 (68.75) |
| Total | 60 (100.00) | 60 (100.00) | 60 (100.00) | 60 (100.00) | 240 (100.00) |

Morbidity Status

Morbidity refers to a diseased state, disability, or poor health due to any cause and extent to which it affects health condition of the respondents. Morbidity, or physical and mental illness, is increasingly being recognized as a 'measurable indicator of wellbeing. Based on the surveyed groups, out of 240 women workers large proportion of sample did not report any kind of diseases (61.25 per cent). The condition of low morbidity may be due to actual reduction in incidence of illness or under reporting or lack of disease consciousness. Only 38.75 per cent of women workers from all groups suffered from diseases or any illness. It may be due to unhealthy food and poor environment.

Chronic Ailment

A chronic illness is a long-term, persistent sickness or medical condition that has progressively progressed in humans. A long-lasting or recurrent illness is referred to as a chronic disease in medicine. It covers all chronic illnesses, the majority of which are not contagious and include blood pressure, diabetes, asthma, and other conditions. Data collected on women workers with chronic illnesses revealed that just 35.42 percent of

them did, with the remaining 64.58 percent of women workers not having any chronic illnesses. Chronic illnesses seem to be tied to lifestyle choices, as costs rise in tandem with income.

Hospitalization over the Last One Year

The Hospital is an institution for providing healthcare treatment for patient and caters the medical services by specialized doctors. Among all four groups about 33.33 per cent of the construction workers, 38.33 per cent of vendors 25 per cent of domestic servants and 28.33 per cent of agricultural labour have been hospitalized in the last one year due to illness, injury and accidents. 68.75 percent of women workers were not hospitalized last one year. In the study most of the women workers stated that they were either not taking any treatment for these illnesses, or were they getting themselves admitted to hospitals after prolonged severity of the illness. Illness with hospitalization results in serious burden both in terms of cost and also in opportunity lost due to work.

Health Problems of the Women Workers

Disease status or medical problem is an abnormal condition of an organism that impairs body functions, associated with specific symptoms and signs. Good health is the outcome of balanced and nutritious diet, healthy living atmosphere, proper rest and mental satisfaction. Women in the informal sector succumbed to various kinds of deficiency in food, resulting in fatigue leading to different types of health issues. The following table 8 reveals that the health problems faced by the women workers.

Table 8 : Health problems of the women workers

| S. No. | Problems | Agricultural Labour | Domestic Servants | Vendors | Construction Workers | Total |
|--------|---------------------------|---------------------|-------------------|---------------|----------------------|---------------|
| 1. | Gynaecological problem | 21 (35.00) | 18 (30.00) | 16 (26.67) | 11 (18.33) | 66 (27.50) |
| 2. | High / Low Blood Pressure | 21 (35.00) | 17 (28.33) | 15 (25.00) | 8 (13.33) | 59 (24.58) |
| 3. | Asthma and Bronchitis | 18 (30.00) | 13 (21.67) | 15 (25.00) | 10 (16.67) | 56 (23.33) |
| 4. | Food Poisoning | 13 (21.67) | 12 (20.00) | 11 (18.33) | 11 (18.33) | 47 (19.58) |
| 5. | Cold and Cough | 8 (13.33) | 9 (15.00) | 10 (16.67) | 7 (11.67) | 34 (14.17) |
| 6. | Back Pains | 22 (36.67) | 18 (30.00) | 16 (26.67) | 12 (20.00) | 68 (28.33) |
| 7. | Joint Pains | 20 (33.33) | 16 (26.67) | 14 (23.33) | 11 (18.33) | 61 (25.42) |
| 8. | Tuberculosis | 23 (38.33) | 19 (31.67) | 17 (28.33) | 12 (20.00) | 71 (29.58) |

| | | | | | | |
|-----|--------------------------------|----------------|----------------|----------------|----------------|-----------------|
| 9. | Diabetes Mellitus | 24 (40.00) | 20 (33.33) | 18 (30.00) | 14 (23.33) | 76 (31.67) |
| 10. | Anaemia | 22 (36.67) | 18 (30.00) | 17 (28.33) | 11 (18.33) | 68 (28.33) |
| 11. | Eye Problems | 18 (30.00) | 16 (26.67) | 13 (21.67) | 10 (16.67) | 57 (23.75) |
| 12. | Psychological Stress | 16 (26.67) | 10 (16.67) | 9 (15.00) | 7 (11.67) | 42 (17.50) |
| 13. | Respiratory diseases | 14 (23.33) | 9 (15.00) | 8 (13.33) | 6 (10.00) | 37 (15.42) |
| 14. | Heat exposure | 16 (26.67) | 8 (13.33) | 6 (10.00) | 5 (8.33) | 35 (14.58) |
| 15. | Allergy / Skin diseases | 16 (26.67) | 4 (6.67) | 8 (13.33) | 4 (6.67) | 30 (12.50) |
| | Total | 60 (100.00) | 60 (100.00) | 60 (100.00) | 60 (100.00) | 240 (100.00) |

Note: Multiple Answer

The majority of the women workers in the unorganised sector had various health problems or illness which hampered the working of the women. Some women workers suffered from chronic or acute illness. Nearly 32 percent of the women workers had diabetes mellitus which is a common problem among these workers.

29.58 per cent of women workers had tuberculosis which is a long standing and non-communicable disease followed by anaemia and back pains(28.33 per cent) which results from nutritional deficiency of iron and vitamins. Anaemia increases women's susceptibility to diseases such as tuberculosis and reduces the energy of women for daily activities such as household chores and child care , 27.50 per cent of the respondents had gynaecological problem.

In the study 25.42 per cent of the women were found suffering from joint pains due to their posture during working hours. 24.58 per cent of the women workers had high/low blood pressure. 23.75 per cent had eye problems, 23.33 per cent had asthma and bronchitis,.

19.58 per cent of the women workers had food poisoning. Unhealthy food, unhygienic surroundings in which it is prepared, eating outside and taking foods and water kept in unclean pots and vessels lead to food poisoning.

Other illnesses include skin diseases, heat exposure, psychological stress, and respiratory problems. Fever such as malaria, dengue, swine flu, and so on are among the other illnesses that frequently affect women. Women's health is impacted by a number of issues, including unsanitary living and working environments, inadequate water supplies, and poor housing and sanitation.

Despite the fact that women face several health issues, they have less access to medical care. Low income and high medical costs provide yet another excuse for delaying the enrolment of health services. Workers may get various occupational diseases as a result of their exposure to the workplace. They are less educated and not cautious about different preventive measures. The unorganized women workers who were carrying and lifting heavy loads often have serious health consequences like menstrual disorders, prolapsed of the uterus, miscarriage, and especially spinal and back problems.

CONCLUSION

Women's health plays an important role in determining the health of the future population because women's health has an inter-generational effect.

The majority of female employees report that they are either not receiving any medical attention for their ailments or are being admitted to hospitals as a result of chronic sickness. A hospital stay brought on by illness results in a significant financial burden in addition to decreased productivity at work. Women's health is impacted by a number of issues, including unsanitary living and working environments, inadequate water supplies, and poor housing and sanitation. Women have a variety of health issues, yet they have less access to medical care than men. The women employees' general state of health is mediocre. The study's conclusion is that women workers' health will improve if they have access to better housing options and medical services. The realisation of the benefits for improved health and well-being remains a distant dream despite subpar living and working situations.

REFERENCES

1. Dr. I. Satya sundaram, Plight of unorganized women workers in S.N Tripathy (Ed), 'Unorganized Women Labour in India', New Delhi, Discovery publishing house.
2. Nath, Anna, (2009), 'Health Services Missing for Women Workers in India', One World South Asia, October.
3. CSO, (2000), 'Report of the Time Use Survey', Central Statistical Organisation, Ministry of Statistics and Programme Implementation, New Delhi.
4. Singh, Jawahar Lal, Pandey, Ravi Kumar and Singh, Arun Kumar, (2002), 'Women in Unorganised Sector- Problems and Prospects', Sunrise Publications, New Delhi, p 35-36.
5. Srinivasan S. and Ilango P (2013) in their study "Occupational Health Problems of Women Migrant Workers in Thogamalai, Karur District, Tamil Nadu, India".
6. International Research Journal of Social Sciences, Vol. 2(2), 21-26, February (2013).
7. Nahid Sultana et al, (2014) in their article "Health Problems among Women Building Construction Workers" J Bangladesh Soc Physiol. 2014, June; 9(1): 31-36.

8. Sanat Kumar Purkait and Binod Kumar Sardar (2015) "Occupational Health Hazard of women Bidi Workers in Rural India" International Journal of Science, Engineering and Technology Research (IJSETR), Volume 4, Issue 5, May 2015
9. Dileep Kumar. S (2016) in his article "Health and Well Being of Working Women: A Socio-psychological Study" International Journal of Engineering Science and Computing, August 2016.