An Empirical Study on Health Condition of Unorganized Women Workers from Selected Urban Slums in Coimbatore

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ABSTRACT

The proportion of women workers in the work force is an indicator of the socio - economic profile of the unorganised sector workers. It is argued that the lower the earnings of the households, the higher will be the women participation in the work force and vice versa. Women's health plays an important role in determining the health of the future population because women's health has an intergenerational effect. Finally, a women's health affects the household economic well being, and as a women with poor health will be less productive in the labour force. It is against this background the current study focused on analyzing the health status of unorganised women workers in urban Coimbatore. The study found that 47 percent of women workers from all groups suffered from diseases or any illness. It may due to unhealthy food and poor environment. Most of the women workers state that they are either not taking any treatment for these illnesses, or they are getting themselves admitted to hospitals after prolonged illness. Illness with hospitalization results in serious burden both in terms of cost and also in opportunity lost due to work. The significance of the study is that if women workers are provided with better health facilities and living conditions it will improve their health. Inspite of poor working conditions and still poorer living conditions, the attainment of the benefits for better health and well being is still a distant mirage.

Keywords: women, health, morbidity, chronic, hospitalization.

INTRODUCTION

Women form a vulnerable group, the biggest minority in the society of discriminated sections of population in India. Liberalization was predicated to increase participation of women. It becomes true but demand for women labour increased because it was cheaper than male labour. In the developing economies a substantial share of employment is indeed in informal category and women in all age groups depend on the informal sector more heavily

than men. Most of the women were compelled to do low productive, unskilled and insecure jobs either to supplement family income or due to loss of jobs by the male single bread earner. Poverty forced them to undertake home base contract and part time jobs domestic work, street vending and rag picking (Deshpande, 1992).

The proportion of women workers in the work force is an indicator of the socio economic profile of the unorganised sector workers. It is argued that the lower the earnings of the households, the higher will be the women participation in the work force and vice versa. Feminization of labour occurred where profit margins are protected by reducing labour costs, extending hours and decreasing the number of formal workers (Standing, 1999). Indian society has a significant role in the increasing number of women workers in the unorganized sector. A majority of economically active women in India are engaged in the agriculture and non- agricultural labour force in the unorganized sector including all those women like, rag-pickers, construction workers, home-based workers, domestic workers or helpers, street vendors or seller, casual or temporary workers who work without any legal or social protection (Gothoskar 2003).

Women's health plays an important role in determining the health of the future population because women's health has an inter-generational effect. Finally, a women's health affects the household economic well being, and as a women with poor health will be less productive in the labour force. Because of prevailing culture and traditional practices in India, the health and nutritional status of women are becoming worse. Health condition in one phase of a women's life affect other phases of her life as well as the health and well being of future generations. The 45th World Health Assembly in (1992) has strongly advocated for a lifespan approach to women's health from conception to old age. It has also called for multicultural action for women's health, particularly in the areas of raising female literacy, creating opportunities for income generation, increasing the participation of women in national development, and in short, empowering women to make decisions on matters that impact their health. Due to the competing demands on their time and energy, as well as their socialization; women tend to neglect their health. The lesser access to food coupled with neglect invariably leads to poor nutritional status and state of ill health for most women. Against this background the current study aims to address the health status of unorganised women workers in urban Coimbatore with following objectives of the study.

- To know the socio-economic status of the women workers in unorganized sector
- To identify the health issues of the women workers

- To examine the overall health status of the women workers

REVIEW OF LITERATURE

Nair (1997) found that majority of the coir workers suffered from allergic problems affecting skin and respiratory organs followed by body aches and pains. The general health problems are chest pain, headache, stomach ache, vomiting, gynaecological complaints etc. Due to the marginalized life pattern and the insufficient state support in the form of health services, the need of the coir workers for their occupational benefits had gone unrealized. Govindappa (2012) found that sixty one respondents suffered from breathing difficulties, 43 from allergic squeezing coming out of cotton dust. The study found that 68 per cent of working women in the age bracket of 21-52 years were found to be afflicted with life style ailments such as obesity, depression, chronic backache, diabetes and hypertension. Bharara et.al (2012) revealed that sampled population had incidences of abrasion of skin, falls, slips, trips, crushing and pinching of body parts, boils in hands and feet, burns, sprains, cuts and bleeding and eye injury/hurt being more frequent occurring injuries during work. Illness data of respondent's correlated affect of work on their health as most frequently reported illnesses were: weakness, cough/chest infection, urinary tract infection, sore throat, cervical pain, skin allergy, dehydration, back pain, generalized fatigue and heat stroke. The study concluded that incidence of work related injuries are very high among the female labourers engaged in the construction industry. Srinivasan et.al (2013) identified that most of the respondents (90 percent) had heat, stress, noise and dust related problem, further vibration and stress are prevalent in the work place and majority of the respondents had the problems of lighting, radiation, renal, liver and occupational cancers are less due to work. Most of the women workers faced skin diseases because of heavy disposal of sunrays at the work place. So the employer has to have mask, helmet and other safety measures.

METHODOLOGY

The city of Coimbatore is selected because of its diversity in terms of ethnicity and the mushrooming growth of women in various economic activities in the unorganized sector. The study in basically undertaken with the broad understanding of the socio-economic profile of women engaged in unorganized activities. The major thrust of the study was to estimate the healthcare cost and to examine the knowhow of health insurance so as to meet the unforeseen expenditure on health. Multi-stage sampling design was adopted for selecting the sample. The study was restricted only to urban slums in Coimbatore. The study covered all the four zone of Coimbatore. In the first stage, four zones were selected. In the second stage the two urban slums from each zone were selected on the criterion that these slums had the

maximum number of women workers in unorganized sector. We selected the sample from women workers who were as construction workers, domestic servants and street vendors. In stage three, women workers were selected from two urban slums in each zone. In each slum 75 women were selected who formed the sample making 150 from each zone and the total sample size was 600 women by adopting purposive sampling technique as not all the members were willing to co-operate with the investigator. Relevant and required data for the present study were collected from primary sources by administering an interview schedule to the selected women workers. The field investigation and data collection for the study was carried out during the period may-august, 2013.

FINDINGS OF THE STUDY

Women throughout the world play critical role in economic growth and development and their contribution have an impact on households, communities and national economies. In most of the Indian cities the urban poor survive by working in the unorganized sector. The socio-economic factors play a significant role in determining the status of an individual in the society and also have a direct bearing on the activities pursued by the individual. Table 1 depicts the details of the socio- economic status of the women workers

Table - 1

Socio- Economic Status of the Women Workers

Socio-Economic Status		Construction Workers	Vendors	Domestic Servants	Total
Age (in years)	Below 30	21 (10.0)	24 (12.1)	16 (8.4)	61 (10.2)
	30-45	103 (48.8)	100 (50.5)	100 (52.4)	303 (50.5)
	Above 45	87 (41.2)	74 (37.4)	75 (39.3)	236 (39.3)
Marital Status	Unmarried	21 (10.0)	23 (11.6)	28 (14.7)	72 (12.0)
	Married	138 (65.4)	161 (81.3)	143 (74.9)	442 (73.7)
	Widowed	22 (10.4)	8 (4.0)	5 (2.6)	35 (5.8)
	Separated	30 (14.2)	6 (3.0)	15 (7.9)	51 (8.5)
Education	Illiterate	32 (15.2)	116 (58.6)	13 (6.8)	161 (26.8)
	Primary	173 (82.0)	81 (40.9)	173 (90.6)	427 (71.2)
	Secondary	1 (0.5)	1 (0.5)	4 (2.1)	6 (1.0)
	Higher	2			2

	secondary	(0.9)	0	0	(0.3)
	Degree	3 (1.4)	0	1 (0.5)	4 (0.7)
Family type	Nuclear family	96 (45.5)	113 (57.1)	107 (56.0)	316 (52.7)
	Joint family	115 (54.5)	85 (42.9)	84 (44.0)	284 (47.3)
Household size (in numbers)	Below 4	35 (16.6)	43 (21.7)	40 (20.9)	118 (19.7)
	5-6	173 (82.0)	151 (76.3)	141 (73.8)	465 (77.5)
	Above 6	3 (1.4)	4 (2.0)	10 (5.2)	17 (2.8)
Monthly Income (in Rs)	Below 3000	118 (55.9)	93 (47.0)	103 (53.9)	314 (52.3)
	3000-5000	73 (34.6)	74 (37.4	62 (32.5)	209 (34.8)
	Above 5000	20 (9.5)	31 (15.7)	26 (13.6)	77 (12.8)
Total		**211 (100.0)**	**198 (100.0)**	**191 (100.0)**	**600 (100.0)**

Sources: Field survey, 2013

In the current study the concentration of the women workers were in the age group of 30-50 years. Majority of the women workers (74 percent) were married. In the study 12 percent of women workers were unmarried this shows that women entered in the occupation not only after getting married but also in pre-marital stage of life. It is heartening to note that among the selected sample more than three-fourth were educated though a whooping proportion (74 percent) had only primary education, may be this is the reason which pushed these women into unorganized work. People who had secondary and higher education were very meagre.

Information relating to the type of family reveals that 53 percent 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 47 percent of the women still live in joint family. This helps the women to leave their childrens with the elders, so that they can freely go for work. With regard to the size of the family 76 percent of the women workers had 5 or more members and 20 percent had less than 4 members in their family.The survey reveals that there were 52 percent women who had less than Rs 3000/- while 35 percent had an income of Rs 3000-5000/- and only 13 percent had more than Rs 5000/-.

Health Status of the Unorganized Women Workers

Women in developing countries are often in poor health and are overburdened with work. Most are anaemic and many suffer from malnutrition and parasitism and chronic ill

health especially, during pregnancy and childbirth. The health hazards of the women working in the unorganized sector are much higher compared to their counter parts in other sectors. It is an astonishing fact that most of the women working in various fields do not enjoy good health. Women enter the paid workforce outside the home; they also suffer negative effects of employment on their health (Baruch et al, 1987; Rodin 1991). Hibbard and Pope (1985) hypothesized that employment may have a positive effect on health by providing opportunities for social support, self characteristics but the work environment may be harmful to health. In the current study health status including morbidity status, chronic aliment, hospitalization during last one year, overall health status, disease status, duration of days of illness and other related factors, are considered and explained in the subsequent section. Table 2 reveals the health status of women workers.

Table - 2
Health Status of the Women Workers

Particulars	Construction Workers	Vendors	Domestic Servants	Total
Morbidity Status				
Yes	116 (69.2)	95 (37.9)	73 (33.0)	284 (47.3)
No	65 (30.8)	123 (62.1)	128 (67.0)	316 (52.7)
Chronic Ailment				
Yes	110 (52.1)	58 (29.3)	14 (7.3)	182 (30.3)
No	101 (47.9)	140 (70.7)	177 (92.7)	418 (69.7)
Hospitalization over the Last One Year				
Yes	61 (28.9)	43 (21.7)	20 (10.5)	124 (20.7)
No	150 (71.1)	155 (78.3)	171 (89.5)	476 (79.3)
Total	**211 (100.0)**	**198 (100.0)**	**191 (100.0)**	**600 (100.0)**

Sources: Field survey, 2013
Figures within parentheses indicate percentage

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 well being' (Shariff 1995). Based on the surveyed groups, out of 600 women workers large proportion of sample did not report any kind of diseases (53 percent). The condition of low morbidity may

be due to actual reduction in incidence of illness or under reporting or lack of disease consciousness. Only 47 percent of women workers from all groups suffered from diseases or any illness. It may be due to unhealthy food and poor environment.

Chronic Ailment

Chronic ailment refers to a persistent and lasting disease or medical condition that has developed slowly in human beings. In medicine, chronic disease is a disease that is long-lasting or recurrent. It includes all long standing diseases which are mostly non-communicable diseases like diabetes, blood pressure, asthma etc. Information gathered regarding the women workers having chronic ailment showed that only 30 percent of them had chronic ailment and remaining 70 percent of women workers had no chronic aliment. Chronic ailments appear to be life-style related, with the expenditures increasing with the increase in incomes.

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 three groups about 29 percent of the construction workers, 22 percent of vendors and 7 percent of domestic servants have been hospitalized in the last one year due to illness, injury and accidents. Around 80 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

A 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 3 gives an account of health problems faced by the selected women workers.

Table – 3
Health Problems of the Women Workers

Problems	Construction Workers	Vendors	Domestic Servants	Total
Tuberculosis	12 (10.3)	11 (11.6)	5 (6.8)	28 (9.9)
Diabetes Mellitus	13 (11.2)	11 (11.6)	5 (6.8)	29 (10.2)
Anaemia	12 (10.3)	9 (9.5)	7 (9.6)	28 (9.9)
Gynaecological Problem	9 (7.8)	6 (6.3)	4 (5.5)	19 (6.7)
High/Low Blood Pressure	11 (9.5)	1 (1.1)	2 (2.7)	14 (4.9)
Asthma and Bronchitis	3 (2.6)	2 (2.1)	5 (6.8)	10 (3.5)
Food Poisoning	18 (15.5)	8 (8.4)	7 (9.6)	33 (11.6)
Cold and cough	5 (4.3)	7 (7.4)	6 (8.2)	18 (6.3)
Back pains	2 (1.7)	2 (2.1)	9 (12.3)	13 (4.6)
Joint pains	7 (6.0)	5 (5.3)	4 (5.5)	16 (5.6)
Exposure to dust	1 (0.9)	3 (3.2)	2 (2.7)	6 (2.1)
Noise Pollution	7 (6.0)	8 (8.4)	2 (2.7)	17 (6.0)
Eye Problems	3 (2.6)	3 (3.2)	1 (1.4)	7 (2.5)
Psychological stress	1 (0.9)	2 (2.1)	1 (1.4)	4 (1.4)
Respiratory diseases	3 (2.6)	5 (5.3)	3 (4.1)	11 (3.9)
Heat exposure	2 (1.7)	2 (2.1)	4 (5.5)	8 (2.8)
Allegery/Skin diseases	4 (3.4)	5 (5.3)	3 (4.1)	12 (4.2)
Others diseases	3 (2.6)	5 (5.3)	3 (4.1)	11 (3.9)
Total	**116 (100.0)**	**95 (100.0)**	**73 (100.0)**	**284 (100.0)**

Source: filed survey, 2013

Most of the workers had various health problems or illness which hampered the working of the women. Some women workers suffered from chronic or acute illness. Nearly 12 percent of the women workers had food poisoning which is a common problem among

these workers. 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. Around 10 percent of women workers had tuberculosis and diabetes mellitus which is a long standing and non-communicable disease followed by high/low blood pressure (5 percent) and asthma and bronchitis (4 percent). Most of the women workers were anaemia (10 percent) 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. In India anaemia affects an estimated 50 percent of the population. Anaemia have detrimental effects on the health of women and may lead to underlying cause of mortality and results in premature delivery and low birth weight (Seshadari, 1997).

In the study 28 women were found suffering from back pain and joint pains due to their posture during working hours. Around 6 percent of the women suffer from noise pollution, gynaecological problem and cold and cough. There are other ailments like skin diseases, psychological stress, respiratory diseases, heat exposure, eye problems etc. Besides these other diseases commonly affecting the women are fever like malaria, dengue, swine flu etc. Poor housing and sanitation, lack of adequate water supply, unhygienic surroundings of the living and working area are some of the factors that affect the health of the women. Though women have several health problems, their access to health care service is limited.

Yet another reason for not taking up health service in the right time is because of low income and high medical expenses. The workers might go through different occupational diseases due to exposure to work. They are less educated and not cautious about different preventive measures. Similar findings were pointed out by Zend et.al, (2007) that unfavourable working conditions and workplace environment make women to suffer from various illnesses. Sarojini (2006) stated that 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.

Binary Logit Model for Health Status of Women Workers

Women are vulnerable to various health problems in the unorganized sector. The interaction between poor health and working conditions and poverty determines a distinctive morbidity-mortality pattern among unorganized workers, which is due to the combination of malnutrition, general and occupational diseases, and complications arising from undiagnosed or untreated diseases. A women's health is affected by various factors operating throughout her life. In this section an attempt was made to examine the impact of biological and social

factors on health status by fitting a binary logit model where the dependent variable is a woman having any health problems at any time is 1 and 0 otherwise. Women's health is a binary variable. The independent variables like age, income, working hours, sanitation, expenditure on health and food play an important role in determining the health status of women workers. The estimated binary logit model result of health status of women workers is shown in table 4.

Table-4
Binary Logit Model for Health Status of Women Workers

Variable	Co-efficient	Standard error	Sig	t value
Age	.048	.097	.008**	1.179
Working hours	.325	.289	.092**	1.202
Income	.264	.213	.034**	1.066
Sanitation	.082	.105	.071**	1.037
Expenditure on health	.356	.941	.022**	1.385
Expenditure on food	.706	.466	.130**	2.026
Constant	.838	1.216	.005**	1.273
Nagelkerke R square	.063			
Hosmer and Lemeshow test (χ^2)	11.243			
Number of observation	600			
Classification Percentage	59.9			

Source: Estimation based on Field Survey, 2013 ** Significant at 5% level

The estimated Logit model gives a good fit to the data from the statistical perspective the χ^2 value was significant at 1 percent level. Nagelkerke R^2 value signifies nearly 63 percent of the variations were accounted by logistic model. Similarly the percentage of correctly predicted cases was also high (nearly 60 percent).The estimated model shows that the sign of all the coefficients were more or less according to expectations. Age has a great impact on health condition of women workers because it influences the occurrence of illness. As age increases incidence of illness increases and morbidity pattern changes (Feldstein, 1979). The co-efficient of hours of work emerged as an important factor and was found to be statistically significant. As the working hours increases, over a long period of time the health of these women get deteriorated. Income does affect and its impact on women's health is high.

For earning better income women has to work hard without looking into their health. More income helps women to carry out the household expenses in a better way rather than spending it on herself especially on her health. Poor sanitation conditions also have an impact on worsening health status of the women workers and in reduction of productivity. So better sanitation facilities, will improve the health conditions of the women. Expenditure on health and food also has strong impact on health problems of the women workers. The expenditure on health and access to health care services has a critical influence on their own health. Cai and Kalb, (2006) stated that health conditions are highly correlated with health status. Low working capacity is closely related to workers' malnutrition and poor health (Hakim and Aziz, 1998). The women are more likely to be healthy, if there is more spending on food. The significance of the study is that if women workers are provided with better health facilities and living conditions it will improve their health.

Overall Health Status of the Women Workers

Overall health status includes the status of wellness, fitness or refers to the living status of the people without disease or infirmities. Many earlier studies Duraisamy (1995), Idler et.al (1997), Murray (1998), Dilip (2002) have used the self-reported health status by the people as an indicator for the health risk because of its consistency relationship with future, morality in many countries. The reported health status is measured on a scale ranging from I to 5: where 1-Very good, 2- Good, 3- Average, 4- Poor, 5-Very poor were marked. The overall health status of the women workers are presented in table 5.

Table - 5
Overall Health Status of the Women Workers

Overall Health Status	Construction Workers	Vendors	Domestic Servants	Total
Very good	6 (2.8)	3 (1.5)	21 (11.0)	30 (5.0)
Good	77 (36.5)	34 (17.2)	39 (20.4)	150 (25.0)
Average	116 (55.0)	150 (75.8)	120 (62.8)	386 (64.3)
Poor	10 (4.7)	11 (5.6)	11 (5.8)	32 (5.3)
Very poor	2 (0.9)	0 (.0)	0 (.0)	2 (0.3)
Total	**211 (100.0)**	**198 (100.0)**	**191 (100.0)**	**600 (100.0)**

Sousources: Field survey, 2013

From the above table it could be observed that only 5 percent of women workers reported to have had very good health condition, while for a whooping proportion (64 percent) the health were found to be average. Around 25 percent had good health status and while 5 percent it was poor. A cursory look at the table reveals that it was the vendors who were placed better in terms of overall health. These women had more independence and freedom to carry on their work and also their food habits seems to be better compared to other groups of women workers.

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. From the study it was found that most of the women workers were in the age group of 30-50 years. Majority of the women workers (74 percent) were married. In the study 12 percent of women workers were unmarried this shows that women entered in the occupation not only after getting married but also in pre-marital stage of life. It is heartening to note that among the selected sample more than three-fourth were educated though a whooping proportion (71 percent) had only primary education, may be this is the reasons which pushed these women into unorganized work. Majority of women workers in unorganized sector come from those sections of the society which need income at any cost. The current study also highlights this view.The study found that 47 percent of women workers from all groups suffered from diseases or any illness. It may due to unhealthy food and poor environment.

Most of the women workers state that they are either not taking any treatment for these illnesses, or they are getting themselves admitted to hospitals after prolonged illness. Illness with hospitalization results in serious burden both in terms of cost and also in opportunity lost due to work. Poor housing and sanitation, lack of adequate water supply, unhygienic surroundings of the living and working area are the some of the factors that affect the health of the women. Though women have several health problems, their access to health care service is limited. The overall health status of the women workers is average. The significance of the study is that if women workers are provided with better health facilities and living conditions it will improve their health. Inspite of poor working conditions and still poorer living conditions, the attainment of the benefits for better health and well being is still a distant mirage.

SUGGESTIONS

- Improvement in the economic and fiscal policies will have an effect on the informal economic sector which will in turn affect the health risks of women working in this sector.
- The de-regulation of the informal sector has had a profound effect on its growth. It is important that the policy of de-regulation is accompanied by surveillance such that health risks can be detected early and its consequences minimized.
- The schemes for skill up graduation for women should be undertaken. Existing laws should be amended to protect in unorganized sector.
- The Government must concentrate on the issues relating to health of women in unorganized sector.

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