

PHYSICAL HEALTH CONDITIONS OF WOMEN
LABOURERS WORKING IN PUNE STATION AREA,
PUNE

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ABSTRACT

Physical health is anything that has to do with our bodies as a physical entity. Physical health conditions of women labourers are deteriorated through physical labour, health repercussion, poor nutritional status and lack of basic facilities. The objectives of the study are to explore the condition of physical labours, health repercussion and poor physical facilities. The aim of the study is to find out the problems of physical health conditions of women labourers. The data was obtained from 80 respondents in Pune Station area, Pune District. In this study the physical health of the labourious women was analyses on the unauthorized settlements without even basic amenities where families live in conditions are in great vulnerable. Poor nutritional status and anaemia due to poverty, workload and domestic responsibilities leads to fatigue among women. Lack of basic facilities like toilet, rubbish disposal, pollution, etc, cause a lot of physical discomfort.

Keyword: Physical health, Women Labourers.

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1. Introduction

Physical health can be defined as an essential part of overall health of an individual, which includes everything from physical fitness to overall wellbeing. Physical health can be defined as a physical well-being in which an individual is mechanically fit to perform their daily activities. When most people think about health they conjure up images that are related to physical health. Health and prosperity are meant for everyone but unfortunately it has always been neglected in the case of labourious women. In Pune Station area, women labourer's family were living roughly on the railway tracks side, on any spaces which offer some shelter such as under bridges or flyovers, or on the building site themselves. These are unauthorized settlements without even basic amenities, where families live in conditions of great vulnerable. Many women had unskilled day laboring work or other tradesmen. Women's health is seen only means to achieve other social goals rather than end in itself. Labourious women suffer from several problems with the key aspects of sexuality, violence against girls and women. A larger number of women labourers complain of frequent headaches, back pain, circulation disorders, fatigue and emotional and mental disorders. Lack of basic facilities like toilet, rest spaces, etc at the workplace cause a lot of physical discomfort and mental stress besides leading to urinary tract infection and other diseases, particularly among pregnant women. Poor health has repercussions not only for women but also for their infants and other members of family. More than half of all Indian women develop anemia due to lack of essential nutrients. In fact, nearly 22,000 people, mainly pregnant women, die every year from severe anemia. This lack of nutrition is transferred to their children who have impaired physical and mental development. Women suffer high levels of physical, sexual and psychological abuse. Yet, there has been limited research on the physical health problems associated with human trafficking or how the health needs of women in post-trafficking support settings vary according to socio-demographic or trafficking characteristics. A woman's health affects the household economic wellbeing. As a result of poor health, women will be less productive in the labour force.

2. Findings and Discussion:

Following are the findings and discussion based on the objectives of the study referring from the sources of Primary and Secondary data:

Table No. 2.1: Age

Age	Frequency	Percent
15-20	12	15.0
21-25	23	28.8
26-30	17	21.3
31-35	10	12.5
35-40	10	12.5
41+	8	10.0
Total	80	100.0

The distribution of the respondents according to their Age is that 29 percent were attaining the age group of 21 to 25 years, while 21 percent were the age group of 26 to 30 years, another 15 percent were in a younger age group of 15 to 20 years and below 12 percent were above the age group of 30 years.

Table No. 2.2: Marital Status

Marital Status	Frequency	Percent
Married	39	48.8
Unmarried	25	31.3
Separation	6	7.5
Widow	10	12.5
Total	80	100.0

It is found that 49 percent of the women working labourers were married and 31 percent were unmarried whereas widows and separation/divorce women's respondents were below 12 percent only.

Table No. 2.3: Education of the respondents

Education	Frequency	Percent
HSC	11	13.8
SSC	6	7.5
Illiterate	63	78.8
Total	80	100.0

An overwhelming majority of the women working labourers were found illiterate and remaining 21 percent were merely literate at high school and secondary school levels.

3. Physical labour

It is found that 100 percent of the women working labourers perform the labor for tasks essential to survival, such as domestic work of cooking, cleaning, washing, fetching water, child caring and gathering food, and in many cases.

Table No. 3.1: Domestic work (Fetching water)

Fetching water	Frequency	Percent
Morning & evening	35	43.8
Once in every day	13	16.3
Every alternative day	6	7.5
Twice every week	9	11.3
N.A.	17	21.3
Total	80	100.0

It is observe that 44 percent of the women working labourers were fetching water every morning and evening, while 16 per cent were fetching water once in everyday and few percent were fetching water twice every week and alternative day.

Table No. 3.2: Domestic work (Collection of Fuel wood)

Collection of Fuel wood	Frequency	Percent
Every morning & evening	21	26.3
Once in every day	15	18.8
Every alternative day	13	16.3
Twice every week	9	11.3
N.A.	22	27.5
Total	80	100.0

It is observe from the above table that most of the women working labourers were collecting fuel woods to meet a household's energy needs which is burden to women and girls, wherein 26 percent of the respondents were collecting woods every morning and evening, while 19 percent were collecting woods once in everyday, another 16 percent were collecting woods every alternative day and few percent were collecting woods twice every week.

Table No. 3.3: Working Status

Working Status	Frequency	Percent
Stone breaking	26	32.5
Mixing cement	10	12.5
Plaster	8	10.0
Digging trenches	13	16.3
digging out clay	11	13.8
Carrying bricks and materials to the plasters	7	8.8
bricklayers	5	6.3
Total	80	100.0

It is found that 32 percent of the women labourers were working as a stone breaker, while 16 percent were digging trenches, 14 percent were digging out clay which is comparatively same

with the percentages of mixing cement, plastering, carrying bricks and materials to the plasters and bricklayers.

Table No. 3.4: Working Condition by their Working hours

Working hours	Working condition			Total
	Light	Somehow Heavy	Heavy	
<8 hours	3	0	0	3
	3.7	0.0	0.0	3.7
8-9 hours	0	29	16	45
	0.0	36.2	20.0	56.2
10-11 hours	0	5	22	27
	0.0	6.2	27.5	33.7
12+ hours	0	0	5	5
	0.0	0.0	6.2	6.2
Total	3	34	43	80
	3.7	42.5	53.7	100.0

It is found that 54 percent of the women working labourers usually had heavy worked for around (27.5%) 8 to 9 hours a day and (20%) 10 to 11 hours a day. It is also found that 42 percent of the women working labourers had somehow heavy worked for around (36.2%) 8 to 9 hours daily and (6.2%) 10 to 11 hours daily.

4. Health repercussion

Women suffer from several health repercussions with the key aspects of sexuality and reproductive health such as reproductive tract infections, infertility, morbidity due to childbirth and violence against girls and women.

Table No. 4.1: Illness

Illness	Frequency	Percent
Common flu (seasonal diseases)	62	77.5
Dreaded disease	18	22.5
Total	80	100.0

It is found that great majority of the women working labourers had normally common flu or seasonal sickness and 22 percent had dreaded diseases.

Table No. 4.2: Meals intake

Meals intake	Frequency	Percent
Two full meals a day	80	100.0

The above table clearly represented that, the Women working labourers had usually two full meals a day.

Table No. 4.3: Dietary

Dietary	Frequency	Percent
Light breakfast a day	8	10.0
N.A.	72	90.0
Total	80	100.0

It is found that, overwhelming majority of the women working labourers had low dietary intake other than the two full meals a day and only few percent had light breakfast a day.

Table No. 4.4: Menstrual by their Age of Menstruation

Age of Menstruation	Menstrual		Total
	Regular	Irregular	
8-11	4	2	6
	5.0	2.5	7.5
12-15	37	29	66
	46.2	36.2	82.5
15+	4	4	8
	5.0	5.0	10.0
Total	45	35	80
	56.2	43.7	100

The distribution of the respondents according to their menstrual by Age of menstruation is that 56 percent had regular menstrual out of which, 46 percent were the age group of 12 to 15 years and very few percent were the age groups of below 11 years and above 15 years.

It is also observed that 44 percent had irregular menstrual problem wherein, 36 percent were the age group of 12 to 15 years and very few percent were the age groups of below 11 years and above 15 years old.

Table No. 4.5: Gap between periods in case of irregular cycles

Menstrual Gap	Frequency	Percent
1-3	10	12.5
4-6	16	20.0
6+	9	11.3
N.A.	45	56.3
Total	80	100.0

The above table clearly denoted that, out of 44 percent of the menstrual irregular cycles of the respondents, 20 percent experience 4 to 6 gaps during their menses and 12 percent got 1 to

3 gaps during their menses which is comparatively same with the percentage of above 6 gaps during their menses.

Table No. 4.6: Painful menstrual cycles

Painful menstrual cycles	Frequency	Percent
Easy	6	7.5
Slightly painful	11	13.8
Painful	18	22.5
N.A.	45	56.3
Total	80	100.0

From the above table it is found that, out of 44 percent of the respondents suffering from menstrual irregular cycles, 22 percent had painful menstrual cycles and 14 percent had slightly painful during their menses.

Table No. 4.7: Type of menstrual bleeding

Menstrual bleeding	Frequency	Percent
Normal bleeding	27	33.8
Heavy bleeding	8	10.0
N.A.	45	56.3
Total	80	100.0

It is found that out of 44 percent of the menstrual irregular cycles of the respondents, 34 percent had normal bleeding during their menses and 10 percent had heavy bleeding.

Table No. 4.8: Mild spotting in menstrual bleeding

Mild spotting	Frequency	Percent
Yes	9	11.3
No	71	88.8
Total	80	100.0

It is found that, only 11 percent had mild spotting during their menses out of 44 percent of the menstrual irregular cycles of the respondents.

Table No. 4.9: Clotting during menstrual cycles

Clotting	Frequency	Percent
Yes	11	13.8
No	69	86.3
Total	80	100.0

It is found that, out of 44 percent of the menstrual irregular cycles of the respondents, only 14 percent had menses clotting.

Table No. 4.10: Birth Control Measures

Birth Control Measures	Frequency	Percent
Nature	3	3.8
Pills	3	3.8
Condom	5	6.3
N.A	69	86.3
Total	80	100.0

Birth control measures of the women working labourers clearly depicts from the above table that, 14 percent had measured birth control by using condom, pills and even with nature of birth control.

5. Poor physical facilities

Poor physical facilities of Sanitation like; improper shelter, Unhygienic public toilets & defecated open, inadequate water supply and rubbish disposal, heavy indoor pollution and overcrowding create serious health risks to the poor.

Table No. 5.1: Place of living

Shelter	Frequency	Percent
Slum	54	67.5
Work site	17	21.3
Streets	9	11.3
Total	80	100.0

It is observed from the above table that 67 percent of the women working labourers were living in a slum area, while 21 percent were living in a worksite area and 11 percent were living anywhere in a street.

Table No. 5.2: Sanitation facilities (Toilet)

Toilet	Frequency	Percent
Private	7	8.8
Public	18	22.5
Open	55	68.8
Total	80	100.0

It is found that 69 percent of the women working labourers have no toilet facilities where they have used open defecation system and 22 percent of the respondents were using public toilet.

Table No. 5.3: Sanitation facilities (Waste disposal)

Waste disposal	Frequency	Percent
Yes	20	25.0
No	60	75.0
Total	80	100.0

It is revealed that 25 percent of the women working labourers have no waste disposal facilities in their settler, whereas 75 percent have waste disposal facilities but has not properly maintained.

6. Conclusions

Unauthorized settlements without even basic amenities where families live in conditions are in great vulnerable. Poor nutritional status and anaemia due to poverty, workload and domestic responsibilities leads to fatigue among women. Lack of basic facilities like toilet, rubbish disposal, pollution, etc, cause a lot of physical discomfort.

Women perform the labor for tasks essential to survival, such as domestic works of cooking, cleaning, washing, fetching water, collection of fuel wood, child caring and gathering food and laborious works mainly for their livelihood, such as stone breaking, digging trenches, digging out clay, mixing cement, plastering, carrying bricks and materials to the plasters and bricklayers, where many women work, often accompanied by their children, who are either playing or working alongside their families on these sites, they usually had heavy worked for around 9 to 10 hours of a day.

Women working labourers physical health are repercussion because of low dietary intake and suffer from several health repercussions with the key aspects of dreaded diseases, sexuality and reproductive health such as reproductive tract infections, menstrual irregularity, infertility, morbidity due to childbirth and violence against girls and women.

Poor physical facilities of Sanitation like, improper shelter, Unhygienic public toilets & defecated open, inadequate water supply and rubbish disposal, heavy indoor pollution and overcrowding create serious health risks to the poor.

Most physical health problems are multi-factorial in origin, and women have multiple exposures to health hazards. Non-occupational risk factors may also play an important role in aggravating some occupational conditions. For example lifting and carrying at home means no rest from workplace loads. Using detergents and chemical products at home can make skin allergies worse. Cooking and living in a smoky or dusty or damp environment can aggravate respiratory trouble

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