
Social Exclusion of Women in Unorganized Sector- Study on Reproductive Rights of women labors working at Construction site

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ABSTRACT:

Objective: *This study attempts to explore and understand status of reproductive rights (problems & health care services) of women labor, working at construction site and to investigate services and facilities provided to women labor by the contractors or the construction company.*

Method: *Random sampling technique was used for selection of sample size i.e. 120 women labors, who were contacted from 5 different construction sites in the same campus. Pretested schedule was applied for 50% of sample size (60) and focused group discussion was held with rest 50% women i.e. other 60 women labors for data collection.*

Findings: *On an average two reproductive health problems were present in each respondent and lack of health care facilities, negligence and heavy loaded work at site were making situation more pathetic.*

Conclusion: *Women labors in construction sector were victim of discrimination harassment, and exploitation. Long working hours, unhealthy living & hazardous work environment with no facilities for their rest makes their health deteriorated. No basic facilities or other type of services these women were getting.*

Key Words: *Social exclusion, unorganized sector, labor, reproductive rights, construction site.*

INTRODUCTION:

According to the final report of the National Commission for Enterprises in the Unorganized Sector (NCEUS) released in April 2009, workers in the unorganized (or informal) sector is 37 crores which constitute more than 93 percent of the total workforce of India. Women workers constitute sizeable segment of the workforce in the unorganized sector. Unorganized sector workers are those who do not have any job security, income security or social security and are therefore extremely vulnerable to exogenous shocks.

Women in the unorganized or informal sector are often not covered under labor laws since these laws are confined to industries/sectors employing a minimum of workers. This is a form of discrimination against unorganized or informal workers. The International Labor Organization says that women represent:

1. 50% of the population
2. 30% of the labor force

3. Perform 60% of all working hours
4. Receive 10% of the world's income
5. Own less than 1% of the world's property

UNORGANIZED/INFORMAL SECTOR:

The term unorganized or informal sector was first used in the socio-anthropological studies during the 1950's. Its importance in the development process was highlighted by Arthur Lewis (1954)¹. The importance of informal sector can be realized by considering the employment potential and its role in promoting economic development. ILO uses the word informal sector rather than unorganized sector and it is used frequently in the context of third world countries.

The ILO definition [1972]² incorporated the idea that informal sector had untapped development potential because of its flexibility and potential for creative response to economic change. The only specificity being absence of worker's rights and social security in every other way, both form part of an integral whole. Portes and Walton define the informal sector as comprising of all income-producing activities outside the formal contracts. Indian planners conceived of the informal sector as isolated self employed workers instead of workers in a diversity of labor statuses. Informal sector is said to be characterized by long hours of work, inadequate wages, exposure to noxious materials, lack of adequate lighting, unsanitary conditions etc. In general informal sector exhibits unity and diversity in the experience of workers. The conditions of female workers were found to be in a state starvation and misery. They are not covered by any state regulatory policies and are segmented and stratified by gender. The nature and effectiveness of organizations also vary.

A workable definition is problematic in the context of changing structures over time thereby accentuating the problem of classifying the workers of the organized and the unorganized sectors. Sometimes the organized sector recruits laborers on casual or contract basis for a temporary period. As such, a scene of unorganized labor within the organized framework is a usual phenomenon. Papola (1981)³ points out that these laborers are categorized as "informal labor market" in contrast to "informal sector labor" that is confined to the workers in the informal sector establishments.

The definitional problems arise largely from the amorphous character of this sector. A clear definition is given by the Central Statistical Organization - Unorganized sector comprises of all those incorporated and household industries which are not regulated by any legislation and which do not maintain any balance sheet or annual accounts. It comprises of marginalized economic units and workers who are characterized by serious deficits in decent work. The two concepts are used interchangeably in the context of labor and economic development and are known by different names like unregistered/ household/ unremunerated/ residual sector etc (John Weeks, 1975)⁴.

THE MAJOR CHARACTERISTICS OF THE UNORGANIZED WORKERS:

- The unorganized labor is overwhelming in terms of its number range and therefore they are omnipresent throughout India.
- As the unorganized sector suffers from cycles of excessive seasonality of employment, majority of the unorganized workers does not have stable durable avenues of employment. Even those who appear to be visibly employed are not

gainfully and substantially employed, indicating the existence of disguised unemployment.

- The workplace is scattered and fragmented.
- There is no formal employer – employee relationship
- In rural areas, the unorganized labor force is highly stratified on caste and community considerations. In urban areas while such considerations are much less, it cannot be said that it is altogether absent as the bulk of the unorganized workers in urban areas are basically migrant workers from rural areas.
- Workers in the unorganized sector are usually subject to indebtedness and bondage as their meager income cannot meet with their livelihood needs.
- The unorganized workers are subject to exploitation significantly by the rest of the society. They receive poor working conditions especially wages much below that in the formal sector, even for closely comparable jobs, i.e. where labor productivity are no different. The work status is of inferior quality of work and inferior terms of employment, both remuneration and employment.
- Primitive production technologies and feudal production relations are rampant in the unorganized sector, and they do not permit or encourage the workmen to imbibe and assimilate higher technologies and better production relations. Large scale ignorance and illiteracy and limited exposure to the outside world are also responsible for such poor absorption.
- The unorganized workers do not receive sufficient attention from the trade unions.
- Inadequate and ineffective labor laws and standards relating to the unorganized sector.

WOMEN IN THE UNORGANIZED/INFORMAL SECTOR:

The general features of women informal sector employment highlights low wages, no benefits, no organization. They differ in methods of recruitment, payment, ease of entry and hours of work, piece rate or daily/ weekly wage rate, extent and nature of supervision. These disadvantages exist for men informal sector workers also. But hierarchy inherent in gender relations put extra obstacles for women.

Globalization has had a two-fold impact on the working women- growing informalisation and fragmentation of work on the one hand and expansion of opportunities on the other (Rohini Hensman, 2001)⁵. Halting and reversing this along with obtaining basic worker's reproductive and parental rights were seen as crucial for improving women's condition. The Government policy can play a major role in securing and supporting the rights and livelihood of all citizens. The women's movement creates a nominal commitment on the part of the Government to women's participation in organizational decision making in State recognized organizations.

Gabriel Dietrich (1995)⁶ is of the view that insecurity and lack of safety are the hallmark of the employment of women in the informal sector. Majority of the women workers are classified as marginal workers because of the irregular nature of their employment. Since they are marginal workers, they are devoid of several social security benefits such as maternity benefits, pension etc. Work security is nil as even work records are mostly non-existing.

Working conditions result in premature and stillbirths- A study in a rice-growing belt of coastal Maharashtra found that 40 percent of all infant deaths occurred in the months of July

to October. The study also found that a majority of births were either premature or stillbirths. The study attributed this to the squatting position that had to be assumed during July and August, the rice transplanting months. Though this study is from agriculture sector but the findings are highlighting the negligence of reproductive health problems of women in unorganized sector.

WOMEN IN CONSTRUCTION WORK - ISSUES ASSOCIATED WITH HEALTH:

There are over thirty million building and other construction workers as per the estimates of Construction Industries Development Council. These workers are the second largest segment of unorganized sector after agriculture in India. The work is characterized by its casual nature, temporary relationship between employer and employee, uncertain working hours, lack of basic amenities and inadequacy of welfare facilities. Studies by Rani Bang and others⁷ point out that more than 50% of women working at construction site suffer from illnesses which they have learnt to ignore because of various social factors. This worsens the situation of women, ultimately taking its toll on their health. Hema Nair (1988)⁸ studied that the migrant construction worker has no paid leave or compensation for childbirth or injuries sustained in the construction work site. In the study it has been observed that temporary worker are not eligible for any benefits and that in most cases it has been widely acknowledged that Contract Labour Central Rule (1971) are flouted everywhere.

Seeme Qasim (1989)⁹, in a study on the homeless home-workers, identified that women construction workers in Delhi who do back-breaking labor for low wages camp on work sites with no water, toilets or other basic amenities, work without any breaks till almost the last day of pregnancy, and have to hide and breast feed their children for the fear of the contractors wrath. The contractor takes his daily cut from their paltry wages. They have no security of service and hence no bargaining power. Laws governing this industry are also grossly violated.

In the construction sector, even for the same unskilled work compared to men, women are paid less. The strenuous work and physical hardships in this sector has a severe impact on their health. The nature and character of employment in this sector although manual to some extent, also requires some special skill for efficient management. Despite the unpredictability, women are attracted to this sector due to the severe absence of alternative employment (Murali Manohar, Sobha and Janardhana Rao)¹⁰. Mostly the women workers are classified as contract labor and casual labor. Contract labors are attached to a contractor and they work wherever posted. Casual labors are temporary workers and they cease to be employed after the completion of the work. The nature of work is unskilled and the average age of workers is between 23 and 30. A correlation is found between the social and economic class of the respondents. Their wages differ from place to place and since they are unorganized, they have no bargaining capacity for the revision of wage. All this has deteriorated the conditions of women workers and their family.¹¹

Added to this, their workplace does not provide any satisfaction or pride. The contractors exploit them, so far there has been no comprehensive legislation to cover the unorganized sector in general and the women construction workers in particular, workers in many situations thrown open to exploitation and hardships. All this led to the poor health of workers and they received poor medical treatment. Despite working hard women construction workers thus receive no just treatment.

A study analyzing data from NFHS 1992-93 shows that there is a narrowing of gender differentials in mortality among children of working women because of the greater chances of dying of male children than female children. Working women do not have the time and resources to look after the children. The mortality rates indicate the inability of society and culture to ensure that alternatives for child care are available. However in the present scenario of shrinking employment opportunities, this could well be pointed out as a reason to devalue women's work. Many recent studies have observed this negative relation between infant and child's health and women's employment.

Social Exclusion:

Exclusion refers to multiple forms of economic and social disadvantage caused by various factors, including inadequate income, poor health, geographic location and cultural identification (Burchardt et al., 2002). Social exclusion is a dynamic process that 'precludes full participation in the normatively prescribed activities of a given society and denies access to information, resources, sociability, recognition, and identity, eroding self-respect and reducing capabilities to achieve personal goals' (Silver, 2007: 1) The extent of exclusion often depends on individual and social characteristics, such as affluence, race, gender, ethnicity, social status, caste or religion, as well as political views, occupation, language, and place of residence. The concept focuses on the 'relative' rather than 'absolute' nature of deprivation, placing the needs of individuals within the context of their communities and societies.

Reproductive Rights of Women:

Reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other relevant United Nations consensus documents. These rights rest on the recognition of the *basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes the right of all to make decisions concerning reproduction free of discrimination, coercion and violence* as expressed in human rights documents. In the exercise of this right, they should take into account the needs of their living and future children and their responsibilities towards the community."¹²

Reproductive Rights encompasses basically two principles which are:

- Right to Reproductive Health Care Services &
- Right to Reproductive Self Determination

Right to Reproductive Health Care Services includes four main dimensions which are availability, accessibility, affordability and quality of available health care services.

Right to Reproductive Self Determination: Self-determination is the right or ability of a person to manage his or her own affairs. By extension the term self-determination has come to mean the free choice of one's own act without external compulsion.^{12, 13}

There are various elements of maternal health care services which are the need of every woman in reproductive age whether it is family planning measures, counseling services, safe medical termination facility, information and means to plan their family with safety and conveniently. World Health Organization has given wide range of parameters for safe motherhood and reducing maternal and child mortality.

Objective: Some of the specific objectives of this study were:

1. To explore and understand status of reproductive rights (problems & health care services) of women labor, working at construction site.
2. To investigate services and facilities provided to women labor by the contractors or the construction company.

Research Methodology:

Universe:

This study was conducted in campus of Guru Ghasidas Vishwavidyalaya, Bilaspur, Chhattisgarh where construction work is in progress and total six construction sites at the time of study were taken as a universe. In all these construction sites during study total 279 women's were found to be registered of different age group ranging from 18 to 55 years. Total 238 women's underlies reproductive age group from 18 to 45 years, out of which 50% women labors were selected as a sample size i.e. 119 which was round of in figure of 120. At each site workers were from different region – some were local from Bilaspur, other districts of same state as- Mungeli, Tahkatpur, Janjgeer Champa, and also outside state as Bihar – skilled labor as carpenters and iron workers.

Sampling Method:

Random sampling method was used in which purposive sampling technique was applied for selection of sample size of 120 women labor.

Research Tools:

A self devised interview schedule was used for data collection as well focused group discussion was held site wise in groups, two equal groups were split out of 120 women labor, i.e. 60 women's were interviewed and on rest 60 women's focused group discussion was conducted which was the limitation of researcher. From each site 10 women's were interviewed and other 10 women's in group focused group discussion was conducted for collection of data.

Limitation of the study:

Reproductive Rights is inclusive of various aspects as explained above, related with couple's choice of fertility regulation and birth control as well as availability of health care services. In this study delimitation of the subject was done to Reproductive health Problems and treatment seeking behavior of women labors working at construction sites.

Findings: Reproductive Health Problems

As high as three-fourth (87.5 per cent) women aged 18 to 45 years, reported at least one symptom indicating reproductive health problem. Around 52 percent of them reported one or

two symptoms while 41 per cent were suffering from three or four problems and another 13 per cent reported five or more symptoms indicating gynecological morbidities (Figure no.1). Though all reported symptoms do not necessarily indicate a disease yet the fact that so many women reported reproductive health problems and several of them had multiple symptoms perhaps indicate a very high prevalence of reproductive health morbidities among women.

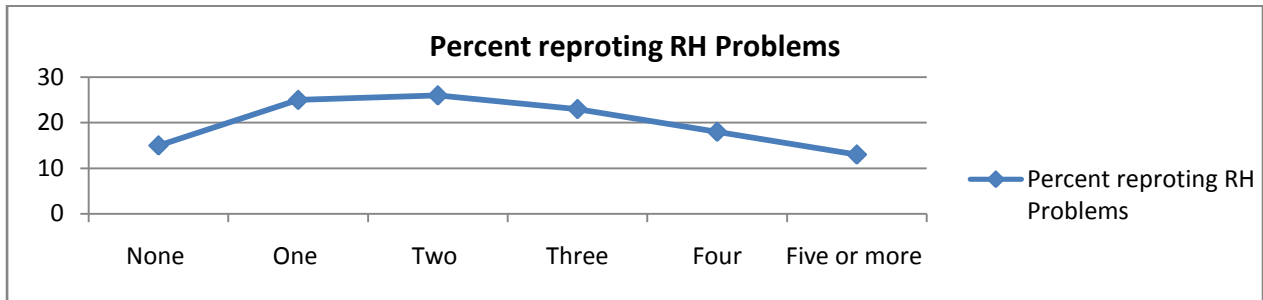


Figure No.1
Menstrual problems:

It is clear from (Figure no. 2) of those women reporting menstrual problems, 30 per cent i.e. 36 women complaint of excessive bleeding, 20 per cent i.e. 24 women had occasional (off and on) bleeding irregular periods, and 10 per cent i.e. 10.8 had continuous bleeding for 5 days or more. While 10 percent women suffer from PMS- Pre-Menstruation Syndromes where as 16 percent women reported to have very painful periods which sometimes become very serious.

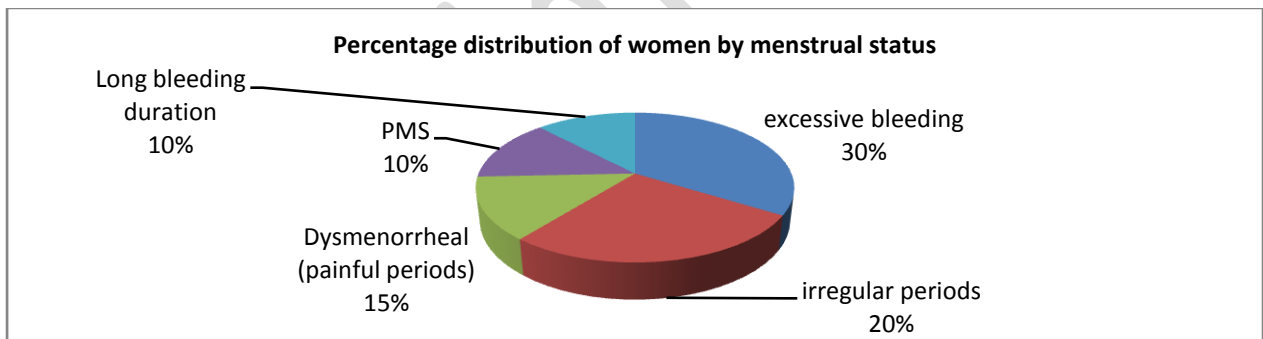


Figure no.2

Vaginal discharge: Responses of women suffering from vaginal discharge and their treatment seeking behavior. Out of the total women interviewed, 11percent women reported problem of excessive vaginal discharge. Probing on the specific nature of vaginal discharge revealed that the same woman was suffering from more than one type of discharges. While 17 per cent reported thin white water discharge, 11 per cent women reported thick curdy discharge on other occasions, and 3 percent women reported of foul smelling discharge.

The study also revealed that around 4 per cent had vaginal discharge with bloodstains. Further questioning revealed that the women, who reported vaginal discharge, 10 percent women also reported that their discharge had foul smell. The proportions who had sought any treatment ranged between 47 and 51 per cent. The study thus reveals that though a high proportion of the women were suffering from various kinds of vaginal discharges, only a

small proportion sought treatment. Again most of the women who sought any treatment depended on private sources.

Pre-vaginal itching: The analysis shows that more than half of the total women 59 percent had complained about itching around genitals and only 9 per cent of them and sought treatment, when the situation become very critical mainly from private medical source.

Micturition problems: Various types of urinary problems were found that women were suffering which was 7% women indicating urinary tract infection, 11% women reported increased frequency of urine, 9% of women reported burning sensation while passing urine which may be due to fungal or bacterial infection whereas 3% women had complain of difficulty in controlling urine for example, while coughing; laughing and sneezing, urinary incontinence evident from Figure no.3

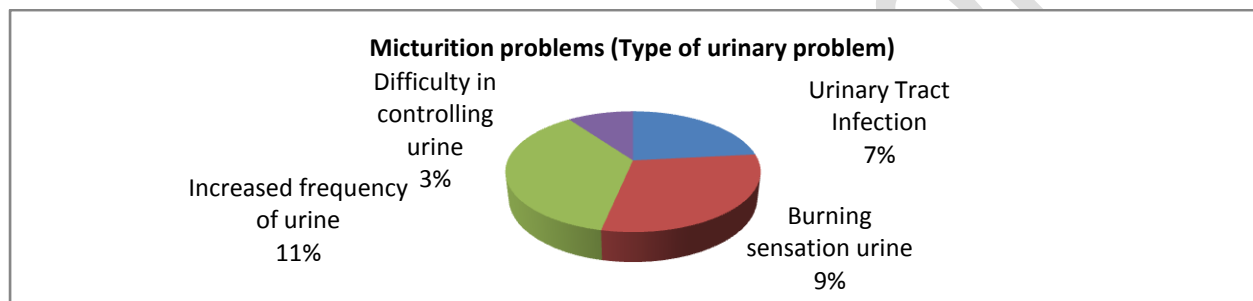


Figure No.3

PID- Pelvic Inflammatory Diseases is problem from which maximum women suffer but they not even understand that they are suffering from such problems.35 % i.e. 42 women complained about PID and have symptoms of it. 15 respondents had complained about lower abdominal pain, whereas 7 respondents had complained of frequent urination and 16 women complained of backache and 4 women had complained of feeling of heaviness in lower abdomen.

The study reveals that 11.4% i.e.13 respondents were showing symptoms of RTI/STD- Reproductive Tract Infections/ Sexually Transmitted Diseases as –syphilis and gonorrhea which after further query it was informed by women that after very long time it was shown to doctors and some women not even go for any treatment, or they had discontinued treatment due to lack of information, money and proper medication.

From all site total 7 pregnant women record were found who were working at the construction site some were working there and some women were to leave for their delivery. No special treatment were given by contractors, these women also have to work for same hours from 8 to 5 pm in between working hour an hour rest was provided to all labors and so were for these women also. If anyone is taking leave she had to cut off that day payment. Weight of near about 30 to 40 kilos was loaded by these women, it was really very pathetic looking those women most of them were in 5 to 7 months of pregnancy and they conceived during their stay as a contract labor.

Treatment: Further analysis by number of reproductive health problems reported and treatment received shows that proportion of women receiving treatment was directly related with the number of reproductive health problems they were facing. For instance, only around

nine per cent of those reporting one problem had received medical treatment. Maximum woman denies the reproductive health problems due to lack of proper information, counseling and so many other factors as- economic reason, socio-cultural reason and reluctance. The study reveals that in most of the cases husbands were not conscious about their wives health problems, which was one of the important factors in not seeking treatment. In most of cases whatever treatment were sought by women it was from government hospitals, hardly 6 to 8 women have been treated by private doctors after well examination.

No health care facilities has been provided by the contractors or the company, one PHC is there some of the labor use to take medicine in fever and for some general health problems.

General Problems of Women Workers at Construction Site:

- Wage Discrimination
- Equal Pay: A Matter of Survival
- No Limit for Minimum Wages
- Long Hours of Work
- Lack of Health Facilities at Work Place
- Heavy Physical Work
- No rest rooms or sheds where lactating women can feed their children
- Exploitation, Sexual Harassment and Ill Treatment
- Lack of Safe Working Places
- Risk to children of small age group accompanying their mother
- Morbidity/illness due to lack of physical rest and proper treatment of reproductive health problems as well as general health complications.
- Lack of Job Security
- Lack of Social Security

CONCLUSION:

In this patriarchal society woman has been considered always inferior than male, and male has acquired maximum advantages in their own hand. Different discrimination and exploitation is faced by women starting before birth and continues till death. We have to change our mindset, money matters for seeking treatment and getting nutrition or other services, but attention and affection matters more if men change their mentality of avoidance, situation can be improved regarding reproductive health problems. Women need support of husband and its right of women to get medical treatment in her any problem. The problems of women workers in general and in the unorganized sector in particular deserve special emphasis and focus in view of their marginalized position within the class of workers. Even when women are not employed in the sense of contributing to the national output, a considerable share of their time is consumed by socially productive and reproductive labor. This is what is called the double burden of work that distinguishes women from men. A comprehensive Act, catering to the security needs of the unorganized sector such as Food, Nutrition, Health, Housing, Employment, Income, Life and accident, and old age remains a dream in India. Still the cries of the unorganized sector goes unattended with the governments laying red carpets for the corporate and so called investors at the expense and sacrifice of the working class.

Looking at the recent Unorganized Sectors' Social Security Act (2008), one really wonders if there is any provision for an unorganized worker in this Act other than some guidelines about

the available social security schemes in the country. How can it be called an Act unless it has the legal binding and provisions of rights to work and entitlements under it? Government should address problems of unorganized sector workers specially women, who more vulnerable due to their children, dual work load and physical health problems.

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