25. OCCUPATIONAL HEALTH HAZARDS OF WORKING WOMEN IN UN-ORGANIZED SECTOR

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ABSTRACT

Working women perform dual jobs, that is, on the domestic front as well as economic front. Her additional role as a working women throws many challenges along with her primary challenge of the household. Both these roles make demands on her time and energy. After a full day's work with the employer, she has to do another shift at her home. For example, waking up early morning, rolling the beds, cleaning the house, preparing breakfast, cooking lunch, washing clothes, and the rushing off to the workplace. Returning in the evening with shopping in hand to cook the dinner for the family, handling children study work, washing utensils, and finally collapsing into the bed only to begin the grind again early next morning. These effects their health in the absence of proper infrastructure for the supply of these needs. When they have to combine triple burden viz., bearing children, taking for of the family, they have to sacrifice nutrition, health care and leisure for themselves. Notwithstanding, the mechanization at home and office put the gender at a great health risk that ultimately affect reproductive role leaving more at the mercy of assisted pregnancy and child birth. This is the serious problem for mankind itself.

INTRODUCTION

Women all around the world have been doing paid, unpaid, underpaid and largely unpaid work in homes, factories, fields, forests and mines. Over and above 3Cs cooking, cleaning and caring-large number of women do activities such as collection of fuel, fodder and water, animal husbandry, kitchen gardening, raising poultry that augment family resources.

Women face a great deal of occupational health hazards in the work that they do. Much attention has not been given to the environment of work, technology, and better health.*30 per cent of the rural households are reckoned as women headed. These women bear all the burden of earning and caring for the families with poor access to means of production and ownership of land and other property. 94 per cent of women work in the informal sector contributing significantly to the national economy. They are largely in agriculture. Many are home-based workers, involved in readymade garments, rolling of Bidi and agarbatti. The remain invisible and unorganized, which affects their economic status adversely. They are confined to supposedly low paid "Women's work".

A variety of health problems arise due to the nature of work and poor working conditions. The absence of health care facilities aggravates the problems.

REVIEW OF LITERATURE

Pierrette Hondagneu Sotelo, (1997) has utilized the case of salaried domestic work in Los Angeles to discuss that

affluent and middle class members of U.S. society institute important participants in the informal economy. The study found that Employers of paid domestic workers rely on three major narrative approaches to distance themselves from the guidelines, arguing that the principles should be followed by assured categories of people (attorneys, celebrities, the very wealthy), that the guidelines apply only to those engaging full time help, and that the principles are unlawful because both undocumented workers and the state lack validity.

Singh A. N. (2001) examines numerous characteristics of lives of domestic workers like caste, age, marriage, education and -migration. It perceived that family obligations, anti social habits of the spouse and limited family incomes create compulsion to work for the domestic workers. The study also debated the poor working situations confronted by the domestic workers and difficulties in their family modifications like looking after the young children at home.

Lutz Helma (2002) work revolves around the migrant domestic workers from the global South employed in the European countries. Apart from describing the exploitative employment relationship, the book also explores the broader issues like tenets of feminism contrasted with the treatment of these workers at the hands of their mistresses, race and colour of the workers, commodification of migrant domestic labour, physical and sexual exploitation of migrant domestic workers, extent of undocumented workers and their vulnerabilities.

Margaret L. Satterthwaite(2005) examined the legal shield and human rights of women migrant employees. The study defining the major forces combining to generate gendered labor migration flows and establishing the benefits of applied universal intersectionality by utilizing the methodology to excavate human rights shields appropriate to destructions facing migrant domestic workers. The study concludes by emphasizing the need to both insist on enforcement of existing protections, and to remain attentive to emerging claims.

Menon Geeta (2010) examined the situations of domestic workers in four metro cities in India- Delhi, Mumbai, Chennai and Kolkata. The study notes that the domestic workers lack access to a saving account in a bank due to non-availability of documents. The study recommends framing of suitable legislation, raising awareness of the domestic workers about the legal recourse available to them, organizing as a major tool of positive intervention, regulation of placement agencies and effective protection for migrant domestic workers.

Nidhi Tewathia (2017) discussed the unaccounted and invisible contribution of women domestic workers in our country. The study highlighted that the regulation and formalization of the domestic employment relationship is in the interests of both workers and employers. The government needs to draw its attention to the urgent need of provision of skill development, written contracts, regulatory body and regular inspections for the domestic workers. With the basic elements of protection, the government can assure them a minimum standard of living, compatible with self-respect and dignity which is essential to social justice.

OCCUPATIONAL HEALTH HAZARDS

The workers are classified into
1.Manual Agricultural Workers
2.Plantation Workers
3.Construction Workers

Occupational Health Hazard

Occupation	Casual factors	Health problems
Manual agricultural workers	Postural problems exposure to and chemicals, unguarded working bare foot.	Generalized body ache, aches in calves, hips, back, legs and shoulders, irritating coughs, skin irritation, fungal infections in feet, pesticide poisoning, vomiting.
Plantation workers	Inhalation of dust, exhaustion due to heavy work loads, further increased by piece rated wages, humidity, lack of health and medical services, working bare foot.	Abortion, premature deaths still births, rate of neo-natal infant and maternal mortality, lung infections, physical stress, malnutrition.
Construction workers	Heavy work load, unsafe noise levels, exposure to dusts and chemicals, accident-prone working.	Physical stress and strain, skeletal defects, loss of hearing, high blood pressure, muscular pain, asthma, silics.

Source: Padmini Swaminathan in reproductive health in India's primary health care, centre of social /medicine and community health school of social sciences jawaharlal nehru university, New Delhi.

The women and women workers are the worst sufferer in the home, family, society as well as work place. There are many evidences which disclose positively the negative observation for the development of women in India. Millions of girls and women throughout the country suffer from discrimination and deprivation of their human rights based on their gender. Throughout the country, women and girls often face systematic discrimination in legal, political, social, economic, and cultural, settings. In many societies violence against women is an everyday occurrence and sometimes even considered "normal". The incidence of crimes against women has increased from 135771 in 1991 to 140601 in 2003. However the proportion to the total crimes has marginally declined from 2.76% in 1999 to 2.56% in 2003.

According to police report;

√ Every 26 minutes a women is molested
√ Every 34 minutes a rape takes place.
√ Every 42 minutes a sexual harassment incident occurs.
√ Every 43 minutes a women is kidnapped.
√ Every 93 minutes a women is burnt to death over dowry.

Although the penalty is severe, the convictions are rare.

CONCLUSION

In the prevailing social milieu, even the available services are not accessible to women for many reasons. The public hospitals are often not user friendly. Particularly, women workers in the informal sector do not have any access to health security through dedicated hospitals or dispensaries. They have often to resort to private health care, paying exorbitant amounts, which are not affordable by them. Recent change in drug policy and decontrol of essential drug prices have resulted in an increased economic burden on poor women.

Doctors are inadequately trained in detection and treatment of occupational diseases and so do not notify them, as required which results in the poor data base available on occupational

diseases. Delays in diagnosis further aggravate the problem.

The legal system in India offers very little health protection and safety to women workers. In the absence of strong trade unions of women, the implementation of laws is weak. There are no legal provisions for protection of women's occupational health. It seems much more attention needs to be paid to the occupational health of women.

Hence, women employees should at all times be enthusiastic to undergo proper training and develop the necessary skills in order to prolifically respond to the technological changes and to new economic challenges. They must rise to the occasion and must utilize their rights if they have to live as human beings with equality. Major surgery is required; not merely cosmetic changes. However, all this cannot be done overnight. This has to be done systematically, consistently, and with serious commitment. Women employees have high hopes and with it changes the scenario of a nation.

Noleen Heyzer, Head of the United Nations Development fund for women, very aptly emphasize;

People need to value women's work, give it the recognition it deserves. It is only when women dave economic security … that they can refuse to tolerate abusive or unequal relationships. But as long as they are dependent on men, they are forced into silence. We need to break this silence.

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