HEALTH, HYGIENE AND FACILITIES AT WORKPLACE FOR CONSTRUCTION WORKERS

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Hygiene facilities are essential to ensure proper working conditions at all workplaces, on turn they are influenced by the social and economic determinants of the population living there. Basic minimum standards of working conditions as recommended by law are either ignored or intentionally violated in the unorganized sector. There is no legal provision to monitor them neither job security is provided nor safety equipment. In the absence of insurance their fate turns fatal. Gender inequality compounds these problems for female workers all the more. Their perceived need for health is generally below the actual need. Those who work as construction workers face several health problems emanating from the construction sites and their domestic situations lack basic necessities. The construction industry is associated with high risk accidents leading to death and several chronic diseases. Being uneducated they are not aware of these maladies like scoliosis, lead poisoning, diseases of joints and skin infections which are very common. Further wages are inadequate making it difficult for them to run their families, the discontent leads to abusive behaviour. Seniors use verbal abuse for the co-workers. Use of drugs and alcohol make the situation further precarious. These horrors are perpetratedon the children growing up on construction sites. These sites are particularly hazardous for young children who are prone to many ailments and accidents. Many sites are in new, undeveloped areas on the outskirts of the cities. It is ironic that while these workers are instrumental in developing these facilities,neither they nor their children have any access to them.

Living Space On The Construction Site

Most of the construction workers brought by Jamadars live in "*Jhuggi*"built with mud and thatched roof or tin. These *Jhuggi's* are deprived of access to safe drinking water, sanitation, and separate toilets for males and females. The *Jhuggi* is also used for storing dry wood especially during the rainy season to be used as fuel for cooking and for keeping warm during the winter season. During other seasons collected wood is also stacked on the roof of the rooms. The only facility provided is electricity which these migrants find it as a luxury. Majority of them also have T.V, Dish, gas and some of them even have air coolers etc. Other workers are either staying in rented *Jhuggi's* in Saketri in the farm shed of the landlords in lieu of the work for him, by looking after the dairy animals, by giving them feed (chaara), bathing them, and taking them for grazing are essentials for them to perform by one or the other family member who does not get construction work.

Toilet Facility

Construction workers are provided with toilet facility by construction of toilets with a door and tin roof though most of the toilets do not have a roofand water facility. They carry water in a

bottle. There is no provision for cleaning or flushing the toilets. They are used by all, one after the other without flushing, which is why they prefer to defecate in the open. Moreover the toilets are common for both males and females on the site and are not adequate for the respondents staying on a particular site but the sites where there are only male workers, there is no toilet facility provided and they have to use the open forest area nearby for the call of nature.

Bathing Facility

More females than maleconstruction workers have access to bathing facilities and are forced to use toilets as bathrooms or bathe in the open. Females in the absence of a separate bathroom have to bathe in the same tank which is used for storing water for construction purposes. There is sand, silt, cement particles mixed in the water which is being used for bathing. The females have to bathe with their clothes on especially in blouse and petticoat under the gaze of male workers working on the site. They also wash their clothes in the same water.

Drinking Water

Compared to the toilet and bathing facilities workers access to drinking water is better. Both male and female construction workers have drinking water facility in their living area on the construction site. The drinking water facility is available through a pipe line and a tap at a common place near the washing area or the tank used for storing water for construction purposes. The construction workers staying in rented *Jhuggi's* have to bring water in canes from some public tap which is sometimes as far as 100 meters approximately.They store water for drinking in empty usedoil, paint or fevicol cans or buckets.Some of them who have faced drought in their native area are happy to have regular and easily accessible water facility and are not concerned about the quality or colour of water. However the facility falls short of the desirability of provision for drinking water at the living area for all workers.

Electricity

Electric supply in the '*Jhuggi'* is a big luxury rarely provided directly either from the construction site or from the electric pole nearby. They use it for watching T.V., running a cooler during summer along with lighting the living space and the area around the Jhuggi. The workers who are not staying on the construction sites but have constructed their own *Jhuggi's* in the unauthorized areas especially in the Nada village and come to work in Chandigarh have*kundi connection*[10]at their accommodation.

Facilities On The Work Site

Interval During Work

Break time is a time for rest formally allowed by the contractor for having tea, lunch, rest,feeding the baby or to sit for a while to take a break from work. Generally during this break time they do not leave their work place except during lunch time when females go back to their living area to have their meal and to feed their children. The number of breaks on a work place also varies from site to siteand even if that they have no break during the working time.If the break is not allowed formally, they can have tea or to go for conveniences and also rest unofficially

[10]**Kundi connection** is the unauthorized electricity connection from the nearest electric pole of Govt/ Administrative supply of Electricity.

between their works. They are also allowed to call off the day's work an hour earlier than the respondents who are allowed break in between.

Lunch Time

Lunch time is the time for males to carry their lunch with them even if they live on the construction site. All the males cook their lunch in the morning itself and carry it with them to the place of work. While the females carry tiffin's with them only if they have to go to work away from the place of living. The lunch time also varies from site to site and from contractor to contractor but is the same for all the workers on one particular site. The duration of lunch break varies from no break to more than an hour. They finish their work one hour early than the others who go to their *Jhuggi* during lunch break to cook meal for themselves. This category includes workers who have only two meals a day. While males lie down and rest after having their meal, females utilize this time to care for their children or finish some household work. No female is seen resting during the lunch break.

Lunchroom Facility

If they are let to have their lunch there is no facility of a rest room for them nor is any space demarcated for sitting and having lunch. They have no lunch room facilities at the work place. In the absence of any lunch room facility majority of the females go to their *jhuggi* or home to have lunch. The females do so more because they can feed their children also.

Canteen Facility

There is no canteen facility at the construction sites. No canteen facility and also no provision for heating their food are there especially during winters. They hang their tiffin with the wall in the Sun to warm their food. Canteen facility is reserved only for the supervisors and is only on sites where houses are being constructed by Chandigarh Housing Board. These supervisors are on the pay rolls of the construction companies who are allocated work through open tender.In conclusion, all respondents either bring their own lunch box or go to their *Jhuggi* to have their lunch.

Drinking Water Facility

To add to their misery they are not aware of any water-borne infectious diseases. Many are happy that the water facility is available though there are no fixed timings and they have to go to the tap whenever they want to drink water. Those who are engaged in the demolition and construction of the boundary wall have to move along the huge boundary they use movable water tankers for mixing construction material and for preparation of the mixture for fixing the bricks. The workers use the empty big cold drink bottles to store water which they carry along with them and sometimes drink water from the water tanker meant for construction work. During hot summers majority of them have to drink hot water in the bottle kept in the open as there is no provision of running tap water for drinking purposes. Some of the female workers used jute material to wrap around the bottle which was then kept wet by pouring water on it. This helped to keep the water at normal temperature.

Toilet Facility

On the sites where this facility is available it is near the living area sometimes away from the place of construction. In some of the sites, the toilets are constructed almost in the center so that it is accessible, both, from the place of work and from the living area. Where there are no

female workers employed, toilets are not considered as a necessity on these sites. The construction workers use the open space nearby to the living area to ease themselves. Female workers use it as an excuse to be away from work or to take a break and go to use this facility more than required.

Facility For Washing Hands

Facility for washing hands before having meals or washing hands and legs after finishing work are also lacking on majority of the construction sites. There is no provision of sink or even a single tap separately with soap container or towel or cemented enclosure.

Rest Room

Rest room facility which is a facility to be provided to all construction workers where they can rest and relax in between work whenever they get time in between or during lunch hours to recoup their energy. Rest room is also a place for them to sit and to share their experiences or expertise, but it was found that this facility is almost negligible. The rest room facility is only given to the supervisor or Munshi who also share the room with the contractor which form only 4.0 percent of the male respondents. Males and females separately use the construction site, especially the rooms with roof under construction for resting during the summers and open spaces with sun light during the winters.

Child Care (Crèche)

There is no crèche facility available on any of the construction sites covered under the present study. Neither there is any provision of fan or any kind of help for the female respondents on the construction sites. Interestingly some of the male respondents were not even aware of what this facility is all about and why it is needed. The females feed their infants sitting in the open and also leave them playing in the open area near the place of work. They tie the very small lap babies with their back with a cloth around one of the shoulder and carry them along with the bricks on their head. Sometimes they use sari or cloth with the help of two bamboos or between two trees or on a branch of a tree and leave their children under that. In a few cases it is also observed that if a baby is an infant then they put cloth in the 'tokri' and put the child in it but there is no such provision made by the contractor or sub-contractor.

Other Facilities

Some of the other facilitieswhich the construction workers feel are luring and keeping them engaged in construction work and contributes to the family income and continuous income flow and also provides them time to stay with their respective family. They are happy that their needs are taken care of by the Jamadar or the contractor when they come to a new place and are without any money; they also get advance from the employer in case of need for their family back home. The employers or Jamadar not only give advance but also, food and utensils when he brings them for the first time from the village to work here.Some receive transport allowance from the employers as they are Munshi/supervisor while no female is given this facility. Large families including parents, married sons and daughters who work on the construction sites point out that they get separate Jhuggi's for married couples in the family. This allows them privacy and also the facility to live and work together. Another perceived facilitythat keeps them in construction work is: they believe that they are not bound by any rules since they are paid wages only for the number of days that they actually work and so can go home as and when they want to and as many times in a year. A few of them have the facility of the money being paid by the contractor for medicines

and the bills of the doctor if they are hurt on site while working. Some of them when work with different contractors or subcontractors have different experiences and when they get these rights also they perceive these as facilities.

Medical Benefits

The medical benefits are missing. There absence of this facility for both female and male working on the construction sites, inspite of this, being a difficult and dangerous work. Female respondents who do not receive medical benefits of any kind are females along with males in equal number. If any of the worker suffers any injury or has a medical problem he/she is given some money and sent back home with the assurance that after he/she is well and he/she can come back to work.

Type Of Medical Benefits

There is no clarity among the construction workers about the type of medical benefits they are entitled to or is to be provided by the contractor. All of them l pointed out that there is no facility of any kind available on the site. Only a negligible number indicate that they are taken to the doctor when they get hurt on the site. A few of the male workers reveal that when they are not well they are given money by the contractor to go and visit the doctor and to get medicine but this is not mentioned by any of the female construction workers. There is no facility of any mobile dispensary or the doctor visiting any site for health checks or to spread awareness of health and hygiene on the construction site.

Health Care Antenatal/Delivery Care:

is a type of preventive healthcare with the goal of providing regular check-ups that allow doctors or midwives to treat and prevent potential health problems throughout the course of the pregnancy while promoting healthy lifestyles that benefit both mother and child.

Female workers on the construction site on the family way continued to carry on the activities like all the other workers even in the advanced stage of pregnancy. Such females work even in the ninth month and sometimes till the last day before delivery since they are not allowed any kind of paid leave during period of maternity or after delivery for anti-natal care. The women help each other to fill the '*tokri*' for her so that she does not have to bend. During group discussion it was also known that sometimes when the work is finishing on one site and due to start on another site they try to prepone the delivery by using traditional home remedy such as having "*munacca*" or "*alsee*" in different forms so that they can have labour pains and are over with the delivery and ready to work when the new project starts. Most of the females work till the last day and also join back work as soon as possible sometimes within a week, after delivering a child. This is more prevalent in the cases where husband is alcoholic and no other family member is earning.

Progeny

As compared to males, femaleconstruction workers have larger number of both male as well as female kids. It is a probability that females generally have their children staying with them on the site thus they cannot hide the number of children while male members are at times staying alone on the site with their families back home and they may not be divulging the real number of kids. It is also a possibility that the migrating families are extremely poor and have large families for they believe that if one mouth is born two hands are also born which will earn and add to the family income.

Abortions/Miscarriages/Still Births

The number of abortions/ miscarriages and still births are beyond the grasp of the female workers. They feel that it is the difficult and hazardous kind of work which they are doing which has resulted in bringing negative impact on the reproductive health of the female construction workers. They mention that they havenot undergone miscarriages/ abortion. It was during the interview session and in the group discussions that they had undergone this miserable experience.
Large number of the total females responded in negative about any still births. A few of the total female construction workers have given birth to a baby who died within 24 hours of birth during the period that they had been engaged as a construction worker which is of arduous nature and requires long hours of standing. Another very important point that needs mentioning is that in one case where for the first time still birth case happened the delivery took place at home. Most of the female workers mentioned that when once a case of still birth is experienced by the family, they emphasize to have institutional delivery the next time, may be in the Dispensary or nearby hospital by experienced doctors.

Reasons For Abortion/ Miscarriage

It was found during field visits that a few of the female workers were resting in the Jhuggi and had abortion or miscarriage after conception for the first time who believed that it is due to the difficult, hard, heavy and strenuous physical work that they have to do in construction that has resulted in this. Physical weakness is also given as a reason by the female workers who believe that the abortion/ miscarriageare due to the medical problem like low haemoglobin, irregular menstrual cycle sitting with weight on legs while working.

These females working as construction workers have more conceptions and high fertility. The gap between the two conceptions is also very short. The interval between two children is also very short. In some cases it has been observed that the gap is as short as only nine months or one year. Females have no reproductive rights. The decision to adopt family planning methods are generally taken by male members. Male members hardly adopt any means of contraception's, while females have no control over their bodies.

The reproductive health of female construction workers can be done in two ways one by using more improved technology and more use of machines so that heavy head loading could be avoided and another by training female construction workers to handle such pulley's and small machines. Secondly, by providing some health services to female construction workers particular to those who are on the family way.

Antenatal Care Facility

It is observed that those who are married and had a conception do consult anurse or a trained midwife or a medically trained person and even a doctor during pregnancyto avoid any kind of complication during delivery. Every site where there are female workers there is an experienced person from their village or nearby village on the same site or nearby sites (sometimes male/female) that helps them during the delivery. They prefer to go to a doctor than to show it to the 'Dhayee' or midwife in the village. This is true for all the young married females who have had only one child in the last 2 years. While a majority had two or more children have never visited a doctor or had any injection or medicine during or after pregnancy believe that it is not essential to go to a doctor but consult a nurse or a trained mid wife.They visit the "*Dhayee*" only to

know the approximate date of delivery so that money can be arranged by the family members. Only a few mentioned that they had physical ailments during the period of pregnancy and had to make multiple trips to the medically trained person.

Antenatal Care Prescriptions

Often work affects the required care that they need and do not have any medicines during this period. They do not take good nutrition or have good rest and health care during pregnancy.Many do not even know about any medicine/ food supplement/ tonic/ injection. While only a few of the total confirms that they got tetanus injection during antenatal care, or whispered that during antenatal care they also have taken treatment for malaria and some have taken iron supplements given to them. They become anemic especially while giving birth to third and subsequent children.They are convinced only after 'MNM' or '*saheli*' who helps them in childbirth and prescriptions.

Help During Child Birth

Inspite of dispensaries in the villages and spending on health sector through various schemes only of the youngrespondents state that they go to a doctor for delivery outside home to a hospital. They went there because they are given a free vehicle ride to go to the hospital and then if they deliver a baby boy they are given Rs.1400/- and if a baby girl about Rs.50, 000 /- which they can withdraw only once the girl is 18 years of age. This is given to them by the panchayat when endorsed by the Sarpanch. As a result among the young couples more husbands now prefer to take their wives to the hospital for the first 2 deliveries. The other children beyond the third child in such cases are born at home. Some are helped by the family members like sister or eldest daughter or relatives like mother-in-law or sister-in-law in the birth of the child. About half of the mothers mention that they do not go anywhere for delivery and are helped by a trained nurse or midwife during delivery who is called only at the last minute when the female starts with her labour pains. Some of the female workers mention that they have to stay in a separate room with the "*Dhayee Maa*" for about 6-11 days in seclusion and then she is sent back duly rewarded with clothes and gifts from the family. The reward is higher and of good quality if it is a male child and less if it is a female child.

Place Of Delivery

Very few of the visit the private hospital for delivery because the private hospital or government hospital is very far off from the place they live. Delivering at home is a preferred choice among women and in case of a complication they prefer to show it to a private doctor because of unfavourable timings and poor attitude of the staff towards poor females in the government hospitals.

Breast Feeding Practices

Mother's milk is best for a new born baby and essential to develop immunity of the baby To check the awareness and need for breast feeding questions were asked but they were not aware of this and look upon this being done as it is convenient and cheaper. They feel breast feeding helps save money as compared to purchasing milk for the baby. Also, females believe that if a child is breastfed, the mother will not conceive again as it is a natural way of contraception. They are also aware of the importance of breast feeding as told by an elder woman in the family and they do ensure that the child is given mother's milk for at least 6-8 months after birth. Male babies

are breast fed longer and more times than a baby girl and also the female baby is weaned off early than the baby boy.

Hygienic Practices

A large scale of the migrantsworking as construction workers are not aware of hygiene practices. The poor living conditions and poor sanitation raises concern.The simple question of washing hands after using the toilet was asked and to all and all males and almost all females agreed that they washed their hands. Only a few of the females who use open spaces to defecate do not feel it is necessary for them to wash hands since they did not use their hands when going to the toilet in the open.

The material used for washing hands is also different. Of the total respondents one third use mud or sand for washing hands including A majority of the total workers use soap for washing hands but a small percentage of of the total workers also use residue of wood and coal from the hearth called *'rakh'* forwashing their hands

Disposal Of Infant's Stool

The health conditions are also very important especially for the females and the children because when thechildren are well and healthy theirmothers can focus more on construction work. Some literate, young mother and a few males use the toilets to throw the stools of their young children. Whereasa handful of these workers dispose it off in the dustbin directly or by putting it in a polythene bag. There is a relationship between the number of years spent in school and the awareness of health and hygiene of self and surroundings among the respondents.

Children Washing Hands After Using Toilet

It is found that both parents and children are not aware about basic health and hygiene of washing hands after using the toilet. About half of the workers mention that they make their children wash hands after the nature's call. The respondents themselves may not be doing it but are aware about the requirement of washing hands after watching the "wash hands campaign" on television that if children wash hands regularly they can be healthier.But half of them feel that once these children are being helped by their parents there is no need for the children to wash hands or get wet, because it is only they who have to wash hands as they help the children.

Menstruation

An aspect of reproductive health that is unfortunately often overlooked in health programming is menstrual hygiene. It is a subject that has culturally been considered a taboo and is entrenched with misconceptions and disregard, with little cognizance of the hazards of inadequate menstrual protection. The survey also highlightsthat the subject of feminine hygiene is grossly neglected at all levels.

Use Of Sanitary Napkins

Reproductive processes especially menstrual periodssometimes cause pain, discomfort and may at times cause infections which can lead to serious illnesses. Age, education, irregular days of work and poverty play an important role among female respondents due to which, about one third of them believe that it is not appropriate to discuss such an issue and choose not to respond to this and related questions. For another group of female workers this is not applicable as they have undergone a surgery for hysterectomy or have reached the menopause stage.

There are no steps taken by the Health Department to spread awareness about health and hygiene among female respondents residing on the construction site. Only a little less than half of the total female workers gave answerconfirming that they use sanitary napkins during theirmenses. Inresponse to the question of type of sanitary napkins used the respondents who use some kind of sanitary napkins; half of them revealed that they use homemade ones which include unsterilized waste cloth by rolling it. Only a few female workers use sanitary napkins sold in the market which includes the young newly married females, while other respondents find the disposable sanitary pads too expensive for regular purchase.

Disposing Sanitary Pads

This question helps us understand the dismal state of feminine hygiene care and the lack of awareness aboutpersonal health and hygiene among females. The use of sanitary napkins is an act of preventive measure against reproductive tract infections. The disposal of sanitary napkins is also done in a very unhygienic manner without any awareness of the infection that it can spread and pollute the surrounding environment About one fourth of them not only use unsterilized cloth but also reuse it again after washing and drying it inside the room which is damp and adds to the chances of infections. Only a few females dispose them in the dustbin, sometimes wrapping them and sometimes throwing them unwrapped in the open while some throw it away in the open space without realizing the fact that they are polluting their surrounding and creating an unhealthy environment. It is not only dangerous as it can spread communicable diseases , virus of different kinds but at the same time it can be harmful for the animals when they eat such a waste; while some of them even throw it in the nearby nallah. It has been observed that these females are not aware of the consequences.

Children Managing Children During Working Hours

There is no system at all to take care of children at work site despite the "Building and other construction workers (regulation of employment and conditions of service) Act, 1996, which stipulates that if more than fifty female workers are employed; separate rooms should be provided for use by their children. According to the Act, these rooms are supposed to be suitably large, well lit and ventilated, clean with sanitary facilities and under the charge of women trained to care for young children but contractors always find various lacunae to get around these requirements. Because of their family's extreme poverty and mind-set to earn when there is work available, the females work leaving their children to fend for themselves. The grown up daughters who stay back home and take care of the younger siblings also along with the household chores like washing cleaning etc. Only a few females who have small children and are cautious of the health of their children leave the children at home and visit them in between, much to the annoyance of the supervisor. Some of the grownup children go to school in the second shift and then keep playing on the site before and after the school. These children play on the site with sand; bricks marbles, '*gulli danda'* and sometimes cricket which keeps them busy. They come to their mothers who are working only when they have fights. There are females who have lap babies whom they carry along on their back by tying them with a cloth during their work as they are too small to be left alone. The remaining children who are teenagers stay back with grandparents or other relatives in their native place either for studies or to take care of the sick or to work in the farm and house.

Conclusion

It is clear from the discussion above that the Health and Hygiene conditions at construction sites are less than desired and are far from satisfactory. Even the awareness about the welfare facilities are missing and the basic social security benefits are not available to both male and female construction workers.

Most of the construction workers are migrants brought by the Jamadars to work on the construction sites. These migrating families working as construction workers are large and extremely poor for they believe that every addition of a child has a toll on the earnings. Workers with families are made to live on the work site by constructing "*Jhuggi",* but when the workers are alone (without family) more than three workers are also made to share one "*Jhuggi"*. These *Jhuggi's* lack basic facilities, such as safe drinking water, sanitation, separate toilets, separate washrooms, and the only facility provided in the *Jhuggi* is electricity. There is also no provision for cleaning or flushing the toilets which is why they prefer to defecate in the open.There is no provision for washing or bathing and the female respondents especially have to bathe in the same tank which is used for storing water for construction. They wash the clothes also in the same water which leads to skin ailments.

At workplace no laws or rules are being followed regarding leave or off days for the workers. Basic facilities like: first aid and emergency action, equipment training or fire precautions for the construction workers are missing in all the construction sites of Chandigarh. The workers lack general awareness about such an entitlement.

The facilities at the work place include interval of break between work hours andbreak for lunch. But there is no provision for changing clothes, restroom, and also no place for having their meals.The facility for washing hands before having meals or washing hands and legs after finishing of work is also not provided on many sites. The canteen facility is exclusively meant for the supervisors and available only on the site where the houses are being constructed by the Chandigarh Housing Board.All the others either bring their own lunch box or go to the *Jhuggi* to have their lunch.The facilitieswhich lures the construction workers towards construction work in Chandigarh includes rotation of family members for work, Jamadar providing them utensils, bedding after bringing them to the city without charging them, connectivity of the city which makes visit to their native place during festivals and functions possible.

There is no system at all to take care of children at work site especially the girl child despite the provision of "Building and other construction workers (regulation of employment and conditions of service) Act, 1996.Because of their family's extreme poverty and mind-set to earn when there is work available, the women work, leaving their children to fend for themselves. The childrenplay on the construction site with the construction material lying nearby while the grown up children stay at home and take care of the younger siblings and also do household chores like washing, cleaning etc.Females having lap babies carry them on their backs even while doing their work for they feel they are too small to be left all alone in the open.

These workers are not aware of the need for hygiene practices expose the studywhich has a toll on the health of these workers. There is a positive relationship between the number of years spent in school and the awareness of health and hygiene of self and surroundings. The study shows that this results in reducing their capacity to work continuously and for long hours.

Similarly age, years spent in school andincome play an important role especially amongst the female respondents in use andthe disposable of sanitary napkins.It is done in a very unhygienic manner when there is illiteracy and no awareness of the infection and its harmful effects that it can cause.

The difficult and long hours of hazardous kind of work which the female construction are doing also results in bringing negative impact on their reproductive health.The non-availability of rest times to recover from health impairments also sometimes leads to miscarriages or still births. Expecting females are involved in construction work till the last stage of pregnancy and sometimes till a day before delivery, since they are not allowed any kind of paid leave during period of maternity or after delivery for anti-natal care. Delivering at home is a preferred choice among females and in case of complications they prefer to show it to a private doctor because of unfavourable timings and poor attitude of the staff in government hospitals points the study.

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