

# HEALTH STATUS OF BUILDING CONSTRUCTION WORKERS - A CASE STUDY OF MYSURU CITY

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## ABSTRACT

The health of building construction workers are closely linked to status in society. The working environment of the job and the working condition affects the health of the workers. This study inspects the nature of working and working environment and their effects on the health of building construction workers. The study was conducted mysuru city of Karnataka State India. The working conditions in the building construction industry have been heavy risks to works due to noise and dust, heavy lifting and carrying, climatic influences, static work, hard physical labour, are still considerable burdens for building construction workers. Fieldwork was carried out by using fitting and nature work and working environment personal interview schedule to study the health status of building construction workers. Further, the study highlights major findings and shows the need and possibility for further health primitive construction in workers targeting both work-related conditions and personal lifestyle factors.

**Key Words:** Building Construction Workers, Health Status, Work-related Conditions.

## INTRODUCTION

Building construction workers in both are at a larger risk of emerging certain health disorders and sickness than workers in many other industries. Workers are exposed to multiple physical, chemical and organic agents, which make them vulnerable to various health problems that include-injuries, dermatitis, respiratory problems, musculoskeletal disorders and gastrointestinal diseases. The building construction workers are one of the most many and vulnerable sections of the unorganized sector in India. The building construction workers are considered by their essential risk to the life and limb of the workers. (Sarwar Mir, 2018)working in the building construction industry is one of the riskiest jobs in terms of hospitalising work accidents. The building and construction industry was related to the highest standardised hospitalisation ratios for injuries of the back, the trunk, and lower extremities. Due to the long hours worked every day, the question of compensation is important. Most of the workers had a 12-hour workday and a seven-day long spell of work followed by seven days off-duty. (Tüchsen & Hannerz, 2004)

The work is also characterized by its casual nature, the temporary relationship between employer and workers, indeterminate working hours lack of basic facilities and insufficient welfare facilities. These features also influence the practice of working conditions, social security, health and safety of the workers special the women in this industry. Building construction workers are involved in a whole of unskilled work, which though invisible, are unavoidable in the construction activity. (Saiyed & Tiwari, 2004)

Most of building construction workers are the head load workers, who carry bricks, sand and water-cement, from one place to the other, sometimes over great heights along insecurely balanced wooden beams or structures of the building. Workers are exposed hazards environment could lead to acute and chronic illnesses, cancers, diseases, and/or disorders. (Purdue, Järholm, Bergdahl, Hayes, & Baris, 2006)

Chemical hazards come in all forms including dust, mists, vapours, and gases, which enter the body by inhalation, ingestion, and absorption. These hazards sometimes attack the body at the point of entry, but many pass into the bloodstream or alimentary canal and concentrate their attack on other organs, specifically the lungs, liver, kidney, blood, nervous system, and heart.(Yi & Chan, 2016).This disclosure them to high risks of accidents as well as physical and mental strain. (Arndt et al., 2005)

In building construction industry unskilled men, as a helper, also do head load, concreting and earthwork. Building construction workers face instability in work, they get poor remuneration discrimination in the payment of wages and virtual lack of enforcement of protective labour legislation. The health and welfare condition of workers has a deep impact on the overall health and welfare of a community. This is more important and true about women in India who beads more physical and mental work and share more responsibilities of their family. (Boschman, 2012)

Workers general health and welfare is often not a high priority not only for their family but also for their own. The work is hard physical labour, often under difficult conditions like adverse weather conditions and the nature of work, low pay, hours of work, poor living conditions with lack of basic amenities and separation from family, lack of job security and lack of access to work-related health services make the condition worse. (Sunil Kumar, 2019)

The health condition of workers in India due to unfavourable working condition, workplace and nature of work. (Wong, 1994) The poor dietary intake due to heavy physical labour, performing all household activities along with work outside the home lead to chronic energy deficiency and severe anaemic condition. The status of health is more reflected by workers mortality and morbidity, disease, burden reproductive behaviours, work environment, nutrition, violence and its consequences on the health care system. Workers are victims of different diseases, health hazards, and work-related stress and strain. Work stress is generally known for negative impact on productivity and job satisfaction among workers of different professions. (Sunil Kuma, 2015)

## RESEARCH METHODOLOGY

The study was conducted in Mysore city district of Karnataka, in India. The present study is based on primary data. The descriptive research design was adopted for the study. Primary data is collected from the respondent with the help of an "Interview scheduled". As the majority of the building construction workers are illiterate and the construction workers interviewed in the local language such as Kannada and the responses were noted in the interview schedule. Simple statistics tools like percentage, frequency table and cross-tabulation and for this SPSS -17 statistical packages were used to analyze the data and explain its results.

### Objectives

1. To examine the health status of building construction workers.
2. To identify the work illness of these building construction workers.

### Data Analysis and Interpretation

Socio-demographic profile of the respondents (n-80)

Age-wise (years)	No	Percentage
15-30	31	39.66
30-40	34	43.33
40-50	12	15.66
<b>Education Status</b>		
Primary 1 to 7	40	50.33
Secondary 8 to 10th	26	24
Higher secondary (PUC)	3.6	2.11
Degree	-	-
<b>Marital Status</b>		
Married	62	78.66
Unmarried	7	08.33
Widow	8.01	10
Separated	1	1.00
<b>Caste</b>		
Scheduled caste	35	44.66
Scheduled Tribe	10.4	13.99
Backward caste	28.8	36.00
Forward caste	4.22	05.33
<b>Religion</b>		
Hindu	77.	96.33
Muslims	2	2.33
Christian	2	1.33
other	-	-

**Source:- Field survey**

Summarizes the following facts presented in the table No.1 out of 80 respondents must building construction workers were between 15 to 40 years of age; only a few worked after the age of 50.

As the work is hard there are fewer workers over the age of 50.33 per cent of the respondent were illiterate and 24 per cent of the respondents have the majority of building construction workers are illiterate and educational status is very poor.

**Table No-2****Frequency Table of Opinion of Health Problems by the Respondents**

Opinion	Frequency	Percentage	Valid Percentage	Cumulative percentage
Yes	45.6	85.6	85.6	85.6
No	11.44	14.3	14.3	100.0
Total	80	100	100	

Table No.2 shows the result of the frequency test health problems of the respondents. Building construction workers suffer from dissimilar diseases. Only 14.3 per cent of them do not have any health problems

**Table No-3****Health Problems and work Illness of the Building Construction Workers**

Sl.No	Particular	Opinion of Respondent	Percentage
<b>General Disease</b>			
1	Malaria	37	42
2	Injuries	11	14
3	Caught & cold	33	41
4	Diabetic fever	2	2
5	Gastric ulcer	2	2
6	Hypertension	3	3
7	Skin Disease	5	6
8	Weakness	6	8
<b>Specific disease</b>			
1	Bronchial diseases	3	4
2	Body aches	3	4
3	Heat Exhaustion	4	5
4	Jaundice	32	40
5	TB and Typhoid	2	3
6	Anaemia	2	3
7	Other	16	20

**Source: Field Survey**

Table No.3 shows the results of general and specific health problems of building construction workers. They have faced in general malaria, injuries, cough and cold, diabetic fever, gastric ulcer hypertension, skin diseases and weakness. But specific health problems are the bronchial disease, body aches, heat Exhaustion, and jaundice, TB and typhoid, anaemia and others. Out of 80 respondents 42 respondents have faced malaria followed by 41 per cent of respondents are cough and cold, 40. per cent of the respondents is faced with jaundice.

**MAJOR FINDINGS**

This study reveals that majority i.e. 85.7 per cent of the building construction workers are suffering from various occupational diseases out of 80 respondents. Further found that in the study area the main diseases like malaria (42 %), cough and cold (41%), Jaundice (40.) and other like skin cancer, eye diseases, and jaundice (40). It is because building construction is considered the most dangerous working environment. The working environment is polluted various reasons it can be affected by the health of the building construction workers.

## CONCLUSION

The building construction workers were poor. Most of them were illiterate. Their wages were low and unfair. Hence, the fulfilment of their basic needs was a problematic proposal. The building construction workers were exposed to dissimilar types of the working environment. The injuries/accidents were responsible for loss cutting the wages. The workers were suffering from job stress and strain. job insecurity, Low wages, repetitive work and intimidation by superiors were some of the causes of occupational stress and strain. They worked for long hours. The workers might be lacking in attention towards work due to fatigue and workload. Many workers were suffering from low back pain. They were neither aware off nor availed off the dissimilar available social security schemes. The government has started a great number of programmes and schemes to address the main concerns and bridge the gaps in existing health infrastructure and provide accessible, affordable, equitable health care.

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