

Impact of Work and Environment on Women Living in Urban Slums of Jammu City

Nidhi Kotwal*, Neelima Gupta and Shashi Manhas

*P. G. Department of CRM&E, Govt. College for Women, Parade, Jammu, Jammu and Kashmir, India
E-mail: nidhikotwal@yahoo.co.in*

KEYWORDS Health. Women. Urban Slums. Work. Environment

ABSTRACT This paper reports a study of Impact of Work and Environment on the Women living in slum areas of Jammu City. The sample for the study consisted of 100 working women from four different slum areas of Jammu City. The results revealed that there is a strong relationship between women's work lives and health. Lack of education, compelled women to join low paid sectors. Apart from the general hardships living in an area with a poor environment, Women of slum areas suffered from many disadvantages, they faced a heavier work burden because employment did not free them from responsibility of housework. The dual task (paid and unpaid jobs) and the poor environment became more demanding on the health of the women and the women experienced weakness, fatigue, breathlessness, poor appetite, and frequent illnesses.

INTRODUCTION

The majority of the work force today is in what is generally known as the unorganized or the informal sector, which does not require much training or education, in activities which are traditionally known as women's work such a domestic services, laundry and child minding (ayahs).

Women workers in urban unorganized sector can be broadly grouped into the self employed and the wage employed. Among the self-employed there are those engaged in papad making, masala making, maids (*Kambali's*), vegetable vendors, etc. The wage employed is mostly skilled, semi-skilled, unskilled and casual workers. They also belong to the category of contract workers in construction activities, industrial and commercial enterprises. In addition, women workers are also manifested as paid on piece rate basis on part-time, full-time, domestic servants for a fixed payment.

Informal women laborers employment is mainly concentrated in unskilled or a few semi-skilled jobs where simple or traditional skills are required. The high rate of illiteracy among women, lack of skill and professional training, absence of on the job training facilities and prevent social attitudes towards their employment are some of the impediments in the employment of women at the highest level of informal women laborers is their employment or unskilled jobs as they usually shift from one unskilled job to another.

Tripathy (2003) found that slum women do heavy manual work even till the day of delivery. Women were delivered by neighboring women or relatives or by traditional midwives. During the first delivery most women stayed at home up to one year before returning to work. From the next, delivery on words they stayed for a period ranging from one month to three months. But the women workers do not know that if pregnant women carry heavy loads run a high risk of abortion. So, it is very important for the slum women who are working to have knowledge about the reproductive health.

The poor health of Indian women is a concern on both national and individual levels. Indian women, particularly those in the North, fare poorly. The consequences of women's unfavorable status in India include discrimination in the allocation of household resources, such as food and in access to health care and education as well as marriage at young ages.

Due to poverty and illiteracy, the knowledge factor of the Indian women regarding reproductive health and reproductive rights is pathetic. According to the various surveys conducted by the Government and other Non-Government Organizations (NGO's) their knowledge regarding reproductive health care is futile and very limited. No doubt, non-working women are unaware, even workingwomen in slum areas (maids, labor class etc) are also affected by various myths regarding Reproductive Health care. They not only have scanty information but also lack in the sources

concerned with reproductive care. They consider their aspect as a matter of shame and neglect it.

The review of literature revealed that very little study has been done on health of working women living in urban slums of Jammu and Kashmir. The present study was therefore, taken up, in order to know the Impact of Work and Environment on Women living in Urban Slums of Jammu City. Its basic objective was to derive information regarding: Personal and Family characteristics of the respondents, Housing Conditions and to identify the work related problems of women while performing dual duties.

RESEARCH METHODOLOGY

The sample for the study consisted of 100 working women from four different slum areas of Jammu City. The data was collected in the month of April-May 2006. The study was conducted on urban slum women to know about their living condition, and health related problems. An interview schedule was formulated for data collection. A rapport was built with the respondents. Though the schedule was prepared in English, all questions were put in a conversation style. Respondents were contacted by home visits. A Minimum of 2 visits was made for each respondent. To analyze the data, collected information was classified in the light of objectives set forth for the study. The classified data was coded, tabulated and percent calculated for the same. The results were presented and discussed along with tables and graphs in numbers and percentages.

RESULTS AND DISCUSSIONS

The respondents were women in the age group of 20-40 years. The women were illiterate and lack of education, compelled them to join low paid sectors. Majority (50%) of the respondents belonged to backward class. Thirty Five percent belonged to Schedule caste and 15% to Schedule Tribes. 58 percent of the women belonged to small families having a size of 4-6 members and 42% belonged to large families with 7-9 members. All the respondents belonged to nuclear families. Majority (80%) of the husbands were engaged as laborers, 7% as masons, 3% as gardeners and 10% were not working.

It is clear from the Figure 1 that most (45%) of the respondents were engaged as part time

housemaids. They served in more than one house and in each house, worked for a specific period of time only. Thirty Five percent of the women worked as informal women laborers and were engaged in carrying heavy weight of bricks, water, cement etc to the work place. Fifteen percent of them worked as vegetable vendors and 5% worked in warehouses and in ration shops. Their work was to clean and pack cereals and pulses.

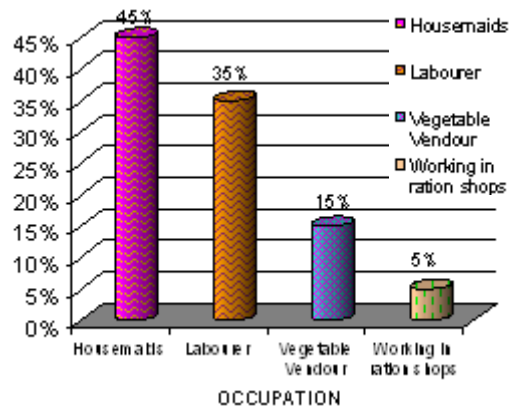


Fig. 1. The occupation of the respondents

Housing Conditions

No study of work and health among women can afford to avoid an explanation of household as workplace.

Table 1 depicts that the respondents resided in a typical slum area. Their houses consisted of temporary huts (Jhompadi's). Majority of the respondents (75%) lived in Kuccha houses made of wooden planks, cane, mud etc. The roofs were thatched and covered with black polythene sheets, (25%) of the respondents lived in semi pucca houses where the walls were made of bricks. Majority (82%) of the women lived in small huts with single room. All the family members lived in the same room without any proper

Table 1: Housing conditions

Responses	Respondents (n=100)
<i>Type of House</i>	
a) Kuccha	75
b) Semi-Pucca	25
<i>Number of Rooms</i>	
a) One Room	82
b) Two Rooms	18

ventilation and in poor hygienic conditions. The floor remained swampy during rainy season. Water facilities were erratic and insufficient. All respondents used tap water supplied by municipality at different parts of street or temples. Toilet facilities were poor. The huts were lined with narrow pathways and open garbage. The poor environment compels women to undertake extra burden of work to make the huts livable. Parikh 1996 found that women residing in typical slum area in Mumbai had unhygienic environment.

Family Life and Working Relationships

It is clear from Table 2 that majority (90%) of the respondents were working because of financial problem and 70% were working to earn more to provide better facilities to their kids. Thirty percent were forced to work by their spouses while 10% were working because their husbands were idle. The low income of the family is the compelling factor for the women folk to opt for seeking petty jobs in unorganized sectors to augment the family earning to sustain livelihood.

Table 2: Reasons for doing work

Reasons	Respondents (n=100)
a) Financial problem	90
b) To earn more	70
c) By force	30
d) Husband is idle	10

- Multiple Responses

Table 3 presents a list of unpaid and paid work performed by the respondents in the family and at work place. The unpaid work performed by the women at their homes were cooking, cleaning utensils, washing clothes, child rearing etc. Their spouses did not value this work. The paid work included vegetable selling, sweeping, helping masons in construction work, cooking etc. The women earned money by performing the same kind of job outside their households. The respondents felt that when they earned money, they were appreciated and respected by their spouses. So, the women preferred working outside the house “where their work is valued”.

Table 4 shows that the average number of hours spent in unpaid work was 5-6hours (80%) and time spent in paid work was about 7-8hours (75%) Hence the total time spent on paid and unpaid work during the day was 12-15 years with one-two hours break in between. Majority (82%)

Table 3: Nature of work

Nature of work	Activities
I. Unpaid work (household chores)	<ul style="list-style-type: none"> • Sweeping • Washing of clothes • Cooking • Child rearing • Fetching drinking water • Helping male member of household in minor construction, repair of own house, thatching of roof, etc.
II. Paid Work	<ul style="list-style-type: none"> • Vegetable selling • Sweeping • Mopping dusting • Washing clothes • Child care (ayah) • Cooking (including grinding of grains, pulses, cutting of vegetables, fruits etc.) for household members and guests. • Working in ration shops (cleaning and packing of cereals and pulses) • Helping masons in construction work (loading of cement bricks etc.)

Table 4: Time spend in unpaid/paid work.

Work	5-6hours	6-7hours	7-8hours
Unpaid	80	15	5
Paid	10	15	75

of the respondents did not get time for leisure. They remained busy in performing work both at home and at work place and were fully exhausted after long hours of work and went to sleep soon after dinner. Only 18% of the women got sometime for themselves. These women spend their leisure time relaxing (8%), watching television (5%), gossiping (3%) and knitting sweaters (2%) for their family members.

Table 5 reveals that majority (84%) of the respondents had to perform all the household chores by themselves. A few received help from their neighbors (6%), husbands (5%) and children (5%).The women felt that they were not able to do justice to their home and children. A similar study was conducted by Chant 1992, in which he

Table 5: Help received for household chores

Responses	Respondents (n=100)
a. Themselves	84
b. Neighbors	6
c. Husbands	5
d. Children	5

found that women undertake all kind of tasks that are necessary for the sustenance of their household.

It is evident from the Table 6 that majority (87%) of the respondents had drinking water facility at their work place. Thirty Seven percent got bonus in the form of gifts or cash during different occasions or festivals. Twenty percent got overtime wages. Only 10% of the respondents were provided with toilet / urinals facilities. Lack of toilets / urinals at the work place put women to a great deal of inconvenience. They did not have any crèche facilities so majority of the respondents carried their kids to their work place a few left their kids under the care of the elder brother or sister

Table 6: Facilities at work place

Facilities	Respondents (n=100)
a. Drinking Water	87
b. Bonus	37
c. Overtime Wages	20
d. Toilet	10

Table 7 depicts the problems faced by the women worker at their work place. Majority (70%) of the respondents faced workload problem. They had to work for long hours and often complained of neck pain, backache and headache. Forty percent had faced humiliation by higher authorities at their work place and 30% were sexually harassed by their male colleagues, who would often tease or touch them for no reason. A similar study was conducted by Islamabad – Based Progressive Women's Association (2000) whereby they found that every second women is a victim of a direct or indirect form of mental or physical violence and the most vulnerable are those who work in the formal sector, like domestic and brick-kiln workers.

Table 7: Problems faced at work palce

Problems	Respondents(n=100)
a. Work Load	70
b. Humiliation	40
c. Harassment by men	30
d. All the above	20

* Multiple responses

It is clear from the Table 8 that all the respondents reported symptoms related to Reproductive Health. Majority, 69% of the respondents reported low back pain (*Kumar dukhti hai*), 23% reported symptoms suggestive

Table 8: Prevalence of specific types of illness

Illnesses	Respondents (n=100)
<i>1. Reproductive Health Problems</i>	
a. Low back pain	69
b. Dysmenorrhoea	23
c. Metorrhagia	13
d. Polymenorrhea	7
<i>2. Nutritional deficiency Problems</i>	
a. Anemia	95
b. Protein Energy malnutrition	75
c. Deficiency of Vitamin A	60
d. Deficiency of Vitamin C	45
3. Aches/Pain/ Injuries	70
4. GIT tract problems	20

of dysmenorrhoea (*Mahavari Mein sara vakht dukhta hai*). 13% reported of metorrhagia (*Vakt pe mahavari nahi aati*) and 7% reported polymenorrhea (*Jaldi mahavari aa jati hai*). Mulgaonkar 1996 found similar results among women in a Bombay slum

The most common nutritional deficiency found in the respondents was of iron (anemia). Ninety five percent of them were anemic as observed by pale conjunctiva, pale nails and pale face. The women often experienced weakness, fatigue, and breathlessness due to this. Seventy five percent of the women suffered from protein Energy malnutrition (PEM) that was observed through depigmentation of hair, sparse and straight hair, and rough skin. Sixty percent of the respondents had vitamin A deficiency as assessed by xerophthalmia, rough and scaly skin. Forty five percent of the slum women had deficiency of vitamin C, which was observed by sponginess and swelling of gums.

Majority (70%) of the respondents faced workload problem. They had to work for long hours and often complained of neck pain, backache and headache. 36% women complained about pain due to injuries on their hands and feet while working outside the house.

Only 20% women complained about GIT tract problems (acidity, blenching, poor appetite and indigestion). Madhiwala (2000) found that slum dwellers suffer more frequently from all types of illnesses.

The women even experienced frequent illnesses but they did not go for proper treatment due to the fear of losing their job, in case they were advised rest by the doctor.

CONCLUSION

All the women were illiterate. Lack of

education and low income of the family is the compelling factor for the women folk to opt for seeking petty jobs in unorganized sectors to augment the family earning to sustain livelihood. Apart from the general hardships living in an area with a poor environment, Women of slum areas suffered from many disadvantages; they faced a heavier work burden because employment did not free women from responsibility of housework.

The respondents were engaged as part time housemaids, as informal women laborers, as vegetable vendors and warehouses in ration shops. The average number of hours spent in unpaid work was 5-6 hours (80%) and time spent in paid work was about 7-8 hours (75%). Hence the total time spent on paid and unpaid work during the day was 12-15 hours with one-two hours break in between. Only thirty seven percent got bonus in the form of gifts or cash during different occasions or festivals and twenty percent got overtime wages. Only 10% of the respondents were provided with toilet / urinals facilities. Lack of toilets / urinals at the work place put women to a great deal of inconvenience. There were no crèche facilities at their workplace so majority of the respondents carried their kids to their work place, a few left their kids under the care of the elder brother or sister. About forty percent had faced humiliation by higher authorities at their work place and 30% were sexually harassed by their male colleagues, who would often tease or touch them for no reason. The respondents reported symptoms related to Reproductive Health. The most common nutritional deficiency found in the respondents was iron (anemia). Majority (70%) of the respondents faced workload problem. They had to work for long hours and often complained

of neck pain, backache and headache. Thus it may be concluded that the dual task (paid and unpaid jobs) and the poor environment becomes more demanding on the health of the women.

SUGGESTIONS

The study suggests a need for more systematic study into women's health problems in relation to work.

There is very little organization in the form of trade unions to enable women to bargain for better conditions. An important reason for women acquiring low-skill job is lack of training, which could improve their employment status.

Environment hazards in slums: Drainage, Waste removal must be attended as priority.

Informal women laborers should organize themselves to raise a crusade against exploitation and form a union to protect their rights.

REFERENCES

- Chandran V 2003. Kerala study reveals Health Amidst Poverty. Retrieved March 6, 2005, from <http://www.expresshealthcaregmt.com>.
- Chant S 1992. *Women and Poverty in Urban Latin America; Mexican and Costa Rican Experiences*. United Kingdom: London School of Economics and Political Science.
- Madhiwala N, Jesani A 2000. Health, households and women's lives. Center for Enquiry into Health and Allied Themes. Retrieved April 16, 2005, from <http://www.expresshealthcaregmt.com>.
- Mulgaonkar VB 1996. Reproductive Health of Women in Urban Slums of Bombay. *Social Change*, 26(4): 144
- Parikh I, et al. 1996. Gynecological Morbidity among women in a Bombay slum. *Social Change*, 26(3): 137-156.
- Tripathy N 2003. *Women in Informal Sector*. New Delhi: Discovery Publishing House, pp. 26-82.