



### OCCUPATIONAL HEALTH HAZARDS & PROBLEMS OF WOMEN WORKING IN UNORGANISED SECTOR

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#### **Abstract:**

*The unorganized sector, which is characterized by informal and low-skilled labor, presents particular difficulties for the health and wellbeing of women. Musculoskeletal injuries and diseases are caused by physical risks such exposure to hazardous substances and strenuous physical labor. Women's health and general well-being are impacted by psychosocial hazards such as unstable employment, work-life imbalance, and gender-based discrimination. These difficulties become even worse by a lack of occupational health and safety safeguards, such as poor infrastructure and restricted access to health care. This paper highlights the health consequences of these hazards and discusses the implication for policy and intervention. It calls for improved awareness, legal protections, health care access and social support to address the occupational health needs of women in the unorganized sector. By recognizing their contributions and promoting safe working conditions, we can protect the health and rights of these women fostering a more equitable and inclusive work environment. The present paper focuses on the occupational health hazards and problems of women working in the unorganised sector. The study is of qualitative nature totally based on secondary data which was collected from journals and websites.*

**Keywords:** *Women, unorganized sector, work force, India, health, problems.*

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#### **Introduction:**

The Indian Constitution, which guarantees equal rights for men and women, is one of the most important legal texts in existence. Women, however, are still generally viewed as holding a supporting role. Women are more involved than men in the unorganized sector, which is a substantial part of the Indian economy. In India, the unorganized sector employs over 86 percent of the labor force, while women make up 91 percent of the workforce. Women

still do not have access to amenities, though. Women who work in the unofficial sector are not counted in official statistics, and their jobs are unrecorded, low-skilled, low-paying, and do not offer benefits to the workers. Their effort is not properly acknowledged. Working women are responsible for both their homes and their careers. She also has to take care of her job, which takes time and effort on top of her primary responsibility of managing the family. After a challenging day at work, she was required to undertake



another shift at her home.

For instance, getting up early, cleaning the house, preparing breakfast and lunch, doing laundry, and then rushing off to work; returning home in the evening with groceries to prepare supper for the family; attending to the children's homework; washing utensils; and finally collapsing into bed before beginning the drudgery all over again the following morning.

This has created a lot of impact on their health. End number of health problems arises due to the nature of work and poor working conditions. The absence of health care facilities aggravates the problems. There are numerous occupational health risks that women confront in their line of employment. Not much attention is paid to the working environment, technology and improved health. It is estimated that 30% of women head rural families. These women are entirely responsible for generating money and taking care of the families. Many women labor from home, producing ready-made clothing and rolling bidi and agarbatti. They continue to be anonymous and disorganized, which negatively impacts their economic situation. Demand for unorganized labor has risen sharply over the past few decades, which has resulted in the exploitation of millions of women and children through trafficking and other means, endangering their health because good health is a prerequisite for human productivity and development. According to ancient Ayurvedic physician Charak, "Health is vital for ethical, artistic, material, and spiritual development of man." According to Buddha, health benefits are the highest and best among all gains. Any country's development is dependent on an effective healthcare management system.

### **Review of Literature:**

Health has been proclaimed and declared a universal aim and civic responsibility. The preservation and protection of the human race against any and all health

risks is the responsibility of governments . Depending on the level of development and the severity of the disease-related problems that have served as a deliberate focal point for international cooperation over time, efforts in this area vary from nation to nation (Park K, 1994).

The unorganized sector plays an crucial role in Indian economy with regard to employment generation and national domestic product. 93% of the workforce is employed in this sector, 79% of whom are poor and vulnerable, live in unclean conditions, work in hazardous environments, and suffer from a variety of chronic illnesses. As "Health is a Human Right," people's access to affordable healthcare must be guaranteed. Poor people who work in the unorganised sector are no longer able to afford medical care due to rising costs. A significant portion of India's population lives in rural areas below the poverty line (BPL), which presents a significant challenge for the country's health services. The people and government of India have started looking into several possibilities for health finance to deal with the problem of rising health care costs and shifting disease epidemiology patterns. (Md. Shams Mukhtar, 2021). The dreadful condition that women today deal with in the unorganized sector has a number of potential causes. It is primarily brought on by a group that discriminates against working women. One of the main factors in the pitiful condition of women workers is the lack of organization in terms of forming trade unions among female workers, the detrimental effects of technological advancement on women's labor, and the absence of a deliberate human resource development policy on considering the situation, it wouldn't be inappropriate to suggest that the government work to improve their working conditions, including occupational safety, working hours, and payment of adequate wages, to make sure that the women employed in the unorganized sector of the economy



have access to the necessary decent and honorable work. Masood, from June 2015.

### Methodology:

The primary purpose of this qualitative study is to evaluate the occupational health hazards and concerns that women experience who work in unorganized industries. As a result, the approach of this paper is solely based on secondary data. The secondary data came from a variety of sources, including books, legislation, journals, and reports from national and international governments and non-governmental organizations.

- The International Labor Organization (ILO) defines the informal sector as a subset of unincorporated firms that do not exist as separate legal entities independent of their owners. They are typically held by individual household members or groups of people from the same or separate homes. They usually function at low levels, with little division. Informal work could comprise both self-employed individuals in informal firms and wage workers in informal positions, i.e. jobs with little social protection. In a report issued in 2008, the Indian Ministry of Labor categorised informal labor into four categories. The classification was as follows:
- **By Occupation** – Small and marginal farmers, landless agricultural laborers, sharecroppers, fishermen, people engaged in animal husbandry, beedi rolling, labeling, and packing, building and construction workers, leather workers, weavers, artisans, salt workers, workers in brick kilns and stone quarries, workers in sawmills, and workers in oil mills are among those included.
- **By Nature of Employment** – It includes agricultural laborers, bonded laborers, migrant workers, contract laborers, and casual employees.
- **Especially Distressed Categories - This includes toddy tappers, scavengers, and carriers of head**

**loads, drivers of animal-driven vehicles, loaders, and unloaders.**

- **Service Categories - This category includes midwives, domestic workers, barbers, vegetable and fruit vendors, newspaper vendors, sidewalk vendors, hand cart operators, and the unorganized retail sector.**

Working in the informal economy has numerous drawbacks. There is no social security, and income is volatile and low. The working conditions are deplorable, and there is no prestige associated to the job. Furthermore, no legal protection is provided. As a result, government policies frequently fail to serve and safeguard those employed in this sector.

**Occupational Dangers:** Over the previous few decades, the global female labor force has gradually increased. Women in developing countries have long worked hard, not only at home as mothers and wives, but also as workers in various areas. They are vulnerable to several health difficulties when managing her home and employment, such as exhaustion, hunger, unnecessary mental stress, and exposure to various risks at their workplaces. Domestic work exposes women to a variety of health risks, including accidents, burns, backache from bending, and chemical exposure from detergents, which can lead to skin disorders such as dermatitis. Many countries have experienced industrial development without adequate worker protection regulations. In such circumstances, it is critical for the employing agency to look after the employees, particularly in the unorganized sector. Occupational Health Risks According to the World Health Organization (WHO), is defined as a multidisciplinary activity aimed at the protection and promotion of workers' health through the prevention and control of occupational hazards and accidents, as well as the elimination of occupational factors and



conditions hazardous to workers' health and safety at work. The creation and promotion of healthy and safe working conditions, work environments, and work organizations. The creation and promotion of healthy and safe working conditions, work environments, and work organizations. Enhancement of workers' physical, mental, and social well-being, as well as assistance in the growth and maintenance of their working ability, as well as professional and social development on the job. Allowing workers to have social and economic productive lives and contribute positively to their long-term growth.

**Physical Hazards:** Women are engaged in different jobs such as agricultural labor construction works and waste management which leads to musculoskeletal disorders and injuries.

**Exposure to harmful substances:** These women's are also exposed to other harmful substances in occupation like manufacturing, textile production, and home based work.

**Psychosocial Hazards:**

Problem encountered by women worker in unorganized sector:

There are a number of issues that women employees in the unorganized sector face that are unique from those in other sectors.

**a) Low Wage:**

As the Minimum Wage Act is not strictly enforced the wages paid to female employees are less than those set by law. The agricultural and non-agricultural sectors are both plagued by it. Women are almost always paid less than males in agriculture, according to studies done across the nation (see Singha Roy 2004). Most women who work as workers are aware of the Minimum Wage Act. In general, political parties that mobilize women labor at the grassroots tend to neglect this problem.

**b) Seasonal and Gender based Wage Variations:**

Due to lack of enforcement of the Minimum Wage Act, salaries for female laborers typically change according to the seasons for construction and agriculture. They often earn more during the peak season than during the lean. Again, gender-based wage disparity in agriculture is more than the exception. For performing equal types and quantities of work, female laborers typically receive pay that is half that of their male colleagues.

**c) Health Hazards:**

Women work in the hazardous conditions in the unorganized economy. They are exposed to pesticides and chemical fertilizers in agriculture when handling. They spend hours working in the mud during the rice transplantation activities without wearing shoes or gloves on their hands or their legs. They contract infectious infections frequently. As a result of the unclean air they are forced to breathe when working on handlooms, producing bidis, etc., many of them suffer from respiratory issues and diseases like T.B. They work in hazardous conditions and with unhygienic equipment in the unorganized urban sector.

**d) Working with Risk:**

Many female workers disregard the basic idea of physical safety while working in mines or high-raised structures. Most construction sites forbid workers from working without helmets. Contractors frequently appoint them against the rules in order to enhance their profit margin because they represent the cheapest pool of workforce.

**e) Illiteracy and Lack of Training:**

The vast majority of the women employed in their industry are illiterate or semi-literate. They lack the educational and training resources necessary to



gain significant social and economic mobility. Alternative economic activity training initiatives usually inadequate or rarely target them. Employees are never sent for training or skill development by their employer. When new technology is introduced, they are often driven out.

### f) Stagnation and Poverty:

A significant number of employed women in both rural and urban areas come from households with low incomes. They continue to work in their current occupation for generations, only to face regular job uncertainty, lack of knowledge, exploitation, health hazards and socio-cultural marginalization. Because they're left with few options, they are compelled to serve in this sector, usually in subhuman conditions.

### g) Migration:

As rural unemployment and underemployment rise, a significant component of the rural labor population migrates to metropolitan areas in search of work. According to Census 2001, the percentage of women moving to urban has gone up from 67% to 87%, whereas rural-to-urban migration rose from 17% to 29%. They always end up in the urban underclass and slums. Indeed, the issue of unorganized workers' living conditions in metropolitan regions is inextricably connected to the issue of urban slums. It also causes cultural isolation and maladjustment among migrant workers in the unorganized sector.

Classification of women worker in the unorganized

- ) House servants
- b) Day laborers
- c) Small vendors:
- d) Beauty parlor owners
- e) Construction laborers
- f) Garment workers
- g) Cooks
- h) Auto drivers
- i) Caregivers

### Suggestions:

Due to the nature of their work and the lack of appropriate rules and protections, women working in the unorganized sector are susceptible to a variety of

occupational health hazards and challenges. Here are a few recommendations for addressing these issues:

**Health and Safety Training:** Educate employees thoroughly on workplace health and safety procedures, including how to handle tools, materials, and chemicals safely as well as how to avoid accidents and injuries at work.

**Personal Protective Equipment (PPE):** Make sure that women have access to and are educated to use the proper PPE, including gloves, masks, goggles, helmets, and other equipment pertinent to their particular occupations.

**Workplace Ergonomics:** Educating women about ergonomics might help them avoid musculoskeletal illnesses and other physical health problems brought on by bad posture, repeated motions, and insufficient workspaces.

**Healthcare Access:** In order to address health issues and stop the spread of communicable illnesses, healthcare services that are accessible and cheap should be established. These services should include routine checkups, immunisations, and medical care.

**Reproductive Health Support:** To meet the special requirements of women in the unorganised sector in terms of reproductive health, provide education, access to contraceptives, and maternity assistance.

**Regular Health Screenings:** Ensure early identification and intervention by implementing routine health checks for conditions like anaemia, malnutrition, respiratory illnesses, and visual difficulties.

**Safe Drinking Water and Sanitation:** To prevent waterborne illnesses and maintain hygiene, ensure that there is access to clean, safe drinking water, sanitation facilities, and efficient waste disposal in workplaces.

**Flexible Work Arrangements:** Encourage flexible work hours and breaks to accommodate women's caregiving responsibilities, allowing them to balance work and family duties effectively.





**Mental Health Support:** To assist women in coping with the psychological demands of their jobs, provide stress management strategies, counselling services, and mental health awareness programmes.

**Childcare Facilities:** Create daycare facilities on-site or nearby so that mothers can work without worrying about the security and welfare of their kids.

**Protection from Harassment and Abuse:** Establish stringent anti-harassment policies and procedures for reporting and dealing with workplace harassment and abuse to foster a respected and safe atmosphere.

**Access to Social Protections:** Promote legislative measures for women who work in the unorganised sector to access social safeguards like maternity leave, sick leave, and pension benefits.

**Awareness Campaigns:** Launch awareness-raising initiatives to inform women of their rights, health hazards, and available support services, providing them with the knowledge and capacity to demand improved working conditions.

**Collaboration with NGOs:** In order to provide resources, support, and advocacy for women working in the unorganised sector, collaborate with non-governmental organisations (NGOs) and community-based organisations.

**Government Regulations:** Promote stronger government rules and enforcement measures to guarantee that unorganised sector workplaces conform to health and safety standards.

**Conclusion:** Working women encounter pressures on every day, which affects their health and emotions. Looking after every single day domestic activities efficiently and with fewer issues and setbacks is a skill that every woman, working or not, should be blessed with in order to have a pleasant family life. Participation of women in the workforce is critical to the growth of the Indian economy. Improving women's occupational health and well-being in the unorganized sector necessitates a collaborative effort

from a variety of stakeholders, including government agencies, employers, labor organizations, and civil society.

By addressing these issues, we can make working conditions for women in this sector safer and healthier. Women working in the unorganized sector face numerous safety and health concerns. According to the discussion above, women face a plethora of problems in the unorganized sector, which includes numerous health risks. As a result, it goes without saying that occupational health issues are serious hazards to the lives of working women. If her health is not protected at work, it implies that humanity is also unprotected.

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