

SUMMARY AND CONCLUSION

CHAPTER – V

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Health is an essential input for the development of human resources and the quality of life and in turn the social and economic development of the nation. Health condition of the persons and economic development of the people go hand in hand, because better health conditions will lead to higher level of capabilities to develop the economy. Health is regarded as an important component for sustained development interventions at the individual, community and national levels. Improved health is a part of total socio-economic development and is regarded as an index of social development. Healthy diets and regular, adequate physical activity are major factors in the promotion and maintenance of good health throughout the entire life course. Healthy, well-nourished people are essential for national development. **(Srinivasan, 2006).**

In terms of numbers and statistics, the informal economy is large in India, accounting for 370 million workers in 1999-2002 and constituting nearly 93 per cent of the total workforce and 83 per cent of the non-agricultural work force. Women account for 32 per cent of the workforce in the informal economy, including agriculture and 20 per cent of the non-agricultural workforce. It is estimated that around 118 million women workers are engaged in the unorganized sector in India, constituting 97 per cent of the total workers in India.

India has a huge working population of about 400 million. Nearly 90 per cent of this work force is in the unorganized sector. There are numerous occupational groups in economic activities, passed on from generation to generation, scattered all over the country with differing employer-employee relationship. Those in the organized sector of the economy, whether in the public or private sector, have access to some of health service coverage. While the unorganized sector workers have no access.

Also women are exposed to both physical and mental agony due to long hours of hazardous work both at home and work place coupled with lack of proper diet and leisure. Workers in every occupation are faced with a multitude of hazards in the work place. Occupational health and safety addresses the broad range of workplace hazards from accident prevention to the more insidious hazards including toxic fumes, dust, noise, heat, stress, etc.

With this back ground a study on the “**Health Status of Working Women in Informal Sector**” is undertaken with the following objectives

1. To study the socio-economic profile of the women workers in informal sector
2. To analyze the food consumption pattern of those workers and to measure the nutritional status of the respondents
3. To identify the job related physical health problems of women workers in informal sector and
4. To measure the awareness level of Health Insurance Scheme

This study was carried out in Kodumudi Block in Erode District. The womenfolk of the Kodumudi block were engaged in agricultural activities, construction work, mills, Brick-klin work and also self employed women. There were 127 households which constituted the sample size.

The collected data were analyzed with reference to the objectives set forth for the study. The analytical techniques employed in this study are explained in this section. We used Statistical Package of Social Science (SPSS) Version 17.0 for the analysis of data.

Chi Square test (χ^2)

Discriminant analysis

Multiple Regression Model

Socio Economic Background of the Respondents

- Majority of the sample respondents selected were in the active age group from 20-40 years (44.89 per cent). The last group belongs to the school going children and all the women were sending their children to the school.
- The information on caste of the respondents revealed that, of the 127 women selected 39.47 per cent belonged to the Backward Caste and there were 60.63 per cent who came from the Scheduled Caste.
- It was revealed that majority of the women respondents were married and 18.90 per cent of them were unmarried and only few 14.96 per cent of them were separated/divorce.

- The data revealed that majority of them (92.13 per cent) had education which is very low and hence not qualified for further higher income jobs.
- Most of them were engaged in the agricultural activities in comparison to other occupation. This is due to low level of education and mostly in rural areas women were engaged in agricultural activities.
- An insignificant number of women respondents (11.02 per cent) got monthly wages below ₹ 2000. The persons getting monthly wages below ₹ 2000 depended upon the age and the education level of the sample respondents.
- Only few of them saved more than ₹ 1500, because the entire women respondent had only low income and this did not allow them to have any savings.
- There is no significant relationship between the income and the savings. Therefore, we accept the alternate hypothesis stating that there is a significant relationship between the income and savings of the sample respondents.
- Respondents mentioned only specific work time, but apart from this they use to do many other types of works which are not recognized or rewarded.
- In the current study the old traditional system of joint family system seems to be dying out and majority of the women would like to live in nuclear family.
- Majority of the respondents were living in Semipacca houses whereas 18.90 per cent respondents lived in Katcha house and only few 11.04 per cent respondents lived in Pacca house.
- Majority of the respondents i.e. 74.02 per cent were having cement flooring, followed by 18.90 per cent with mud flooring and only few i.e. 7.08 per cent had tile flooring. The sample with cement flooring is quite high in sample houses because majority of the sample respondents live in semipacca house.
- With regard to the availability of drinking water, the study found out that 70.07 per cent of households had piped water in the living area. On the other hand, only 9.46 per cent of households had access to ground water.
- Majority of households do not treat drinking water and only few of respondents used boiling method to treat drinking water.

- Majority of households (59.15 per cent) do not have latrine facility in their houses and only 40.85 per cent have latrine facility that are improved and not shared with any other households.
- From the study it was observed that 38.58 per cent and 36.22 per cent sample respondents dispose their waste items at the backside of the house and in the road respectively. Only 25.20 per cent households have awareness of disposing waste in dustbins kept by corporation.
- The first group is found to be significantly different from second group in terms of separate kitchen, flooring in house, electricity supply, and source of drinking water, treatment of water, separate toilet and waste disposal.

Food Consumption Pattern of the Respondents

- The value of food items consumed out of farm/household production, the price of PDS supply and the price of items purchased from market are as reported by the households and not adjusted for any standard. Apart from the staple food items, on an average the households have reported spending ₹ 1349 per month on cereal, pulses, Edible oil, Meat and Fish and Fruits and Vegetables.
- Majority (91.34 per cent) are non-vegetarian and only 8.66 per cent of women are vegetarian. Though the prices of these items are quite high, compared to vegetables, people still consume this.
- Ninety two of the respondents reported that monthly once they had outside food, 15 women (11.81 percent) reported that monthly twice they had outside food and 12 women (9.45 percent) reported to have outside food rarely.
- Nearly half of the populations are not in the habit of eating raw vegetables regularly. It is therefore of utmost importance to educate the women folk to include this item on a regular basis.
- Households in the higher wealth quintile use iodized salt, compared with households in the lower wealth quintile. Knowledge with regard to powder salt is less and women need to be oriented towards the usage of powder.

- Many of them started using modern method of fuel for cooking because it was easy and convenient. It also saved lot of time.

Health Status of the Respondents

- Out of 127 samples 43.31 per cent had a height ranging between “146-155” cm. Next to that, for 29.92 per cent height ranged between “156-165” cm. Only few women 18.11 per cent had their height below 145 cm and 8.66 per cent showed their height as above 165 cm.
- Body Weight components are a reflection of growth, reproduction status, variation in exercise level and the effect of ageing. It proved that only few of the working women are in good health.
- A BMI below 18.5 indicates chronic energy deficiency or undernutrition. When women are underweighted they are prone to all kinds of sickness. Long hours of hazardous jobs coupled with poor intake of food and lack of rest makes them vulnerable and liable to any kind of diseases. Hence women in the unorganized sector have poor health.
- There is no significant relationship between the BMI and the Weight of the respondents. Therefore, we accept the alternate hypothesis stating that there is a significant relationship between the BMI and Weight of the sample respondents.
- There is no significant relationship between the BMI and the Height of the respondents. Therefore, we accept the alternate hypothesis stating that there is a significant relationship between the BMI and Height of the sample respondents.
- Out of 127 samples, 21.26 per cent had good appearance and the remaining 78.74 per cent were only in moderate condition.
- Majority had clear eye sight and only few of 18.90 per cent had dull eye sight.
- Majority of them are had either no time or lacked interest to keep themselves clean and tidy.
- Among the respondents 34.65 per cent had rough skin, a maximum of 48.03 per cent had wrinkle skin and 17.32 per cent had smooth skin.

- The present study explored the neatness of the house and the environment and it revealed that a whopping proportion 68 per cent had only moderate level of cleanliness.
- The common ailments that befall on the respondents is disclosed and majority of them lead are having leg and hand pain and head ache due to the working atmosphere and environment.

Occupational Health Hazards of the Respondents

- Study revealed that 67.72 per cent realized occupational wise health hazards and 32.28 per cent did not face any occupational health hazards.
- Most of the women in construction work and mill work, faced lot of mishap like injuries and dills.

Chronic Ailments of the Respondents

- According to the study major portion of the respondents suffers from chronic ailments like Disorders of joints and bones and Diabetes. Mean while, heart diseases and cancer were found among a handful of respondents due to the working condition and the environments.
- For most of the chronic illness the person had to visit the hospital once in a month, sometimes there is a chance for hospitalization.
- Most of the respondents had loss of wage due to sickness.
- Approximately 75.36 per cent spend money ₹ 1000 at the time of hospitalization because medical expenses are a big burden for everyone and for people in informal sector, and it hurts their budget very badly.
- Major portion of the respondents were taking treatment mainly in Government Hospitals and 21.74 per cent preferred treatment in private hospitals due to low income and savings.
- An expense for the caring person is an indirect expense, at the time of visiting hospital.

- Many respondents are managing the medical expenses through savings, followed by money lenders and health insurance.

Awareness and benefits of Health Insurance

- The survey revealed that maximum respondents were aware of the health insurance scheme.
- In our study only 48 women have enrolled in health insurance scheme, they are having the scheme since last two or four years and 79 women have not enrolled in health insurance scheme.
- Majority of respondents are taken Government health insurance scheme which is approved by the state government for the person living in Below Poverty Line and there is no premium for them.
- The payment of premium is made by 68.75 per cent yearly once and the only 31.25 per cent paid once in six month.
- Among the total sample respondents, 79 women did not subscribe for health insurance scheme in that 40 women reported that it was due to lack of money.
- Nearly half of the respondents voiced their opinions towards non-covering of all illness as the major problem faced in subscribing premium. Some of them were of the view that only hospital charges were covered.
- The entire independent factor influences the sum of Insurance of the sample respondents. Monthly Income, Premium amount, Age, Occupation and Education influence the dependent variable the most. When the education level increased by one level it would result in 0.958 per cent of the sum insured. The model was fit by the explanation of R^2 value 0.958 per cent. It is therefore worthy to note that the role of income plays an important role in the determination of demand for health insurance.

Suggestion

- The Government must concentrate on the issues relating to unorganized sector not merely from a welfare point of view but from the angle of regulation of employment and to guarantee a minimum earning capacity for the workers.

- Employees State Insurance and Provident Fund Scheme should be extended to the unorganized sector as well. The social security schemes must address, health, maternity benefit, disability and old age income security concerns.
- As the unorganized sector comprises 92 per cent of our working population, both the Central and State Governments must contribute a proportion of their revenue and also levy a cess from the employers, for extending the welfare and social security benefits to these workers.
- To get more precise result and improve the working capacity of the women, nutritious food with iron supplementation can be followed for a minimum of three months. In addition, nutrition education especially for rural people can be conducted on popularization of iron fortified salt, consumption of locally available inexpensive nutritious food and on environmental sanitation.
- Now-a-days the critical ailments like Cancer and heart disease etc., are on an increasing trend. To meet such unavoidable health expenditure they should go for health insurance. The government should take necessary steps to insure the unorganized women for all diseases to protect them.

Conclusion

The main outcome of work related stress includes occupational health problems, absence during illness, increased medical spending. The income levels of the people are influenced by the sources of income and these together will affect the utilization of health care services. There is direct relationship between higher income and demand for quality products and services and a capital intensive health care service is not an exception. The important fact is that with rising personal and household income the ability of the people to pay for quality health care services also increases considerably. Increases in medical expenses are a big burden for everyone and for people in informal sector it hurts their budget very badly. Therefore we have recommended some insurance to be catered to this section of population. Nearly half of the respondents voiced their opinions towards non-covering of all illness as the major problem faced in subscribing premium.