

CHAPTER 7

Chapter - 7

WORK, HEALTH AND WOMEN LABOURERS IN BRICK KILN INDUSTRY

Women's health is determined by the working conditions at work place and the work burden at house. Work burden and domestic burden are compounding determinants for developing various illness. The health status of women depends upon indefinite working condition and term of services – this includes the working hours, rest of intervals, holidays and payments etc. has got direct implications on women's health and morale.

Incongruous living conditions i.e. access to basic facilities like sanitation, safe drinking water and other welfare amenities. Their access to health system and education including for their children plays a pivotal role in deciding their health status. The brick kiln labourers do tedious work in a given whole day. It not only affect their physical wellbeing but also affect their mental health and are more prone to occupational health related disorders.

Working women have multiple roles to play. According to Ekelof (1991: 26-27), 'Very often, women are stretched to the breaking point, pulled between the demands of working life and domestic commitments'. The National Commission on Self-employed Women and Women in the Informal Sector (1988) stated that in order to understand occupational health aspects, it is necessary to have a detailed examination of women's work and its effects in terms of physical and mental health. It is also important to analyse them in terms of physical stresses, postural position and their effects, occupational health- related problems. Influence of stress factors on psychological conditions of women working in various establishments and industrial houses, and identifying different variables such as number of children, family relations, demands of work and role variety also need to be studied (Kaila 1993).

Wake up Time and Sleeping Time

**Table 7.1: Distribution of respondents by their wake up time
(Percentage in Parentheses)**

Sl.No	Wake up Time	District			Total N = 300
		Cachar n =100	Hilakandi n = 100	Karimganj n = 100	
1	At 4am	55 (55.00)	21 (21.00)	4 (4.00)	80 (26.67)
2	At 5am	43 (43.00)	77 (77.00)	54 (54.00)	174 (58.00)
3	At 6am	2 (2.00)	2 (2.00)	42 (42.00)	46 (15.33)

Source: Primary Data

A majority of the respondents (58 percent) wake up in the morning at around 5.00 am followed by 26.7 percentage of the respondents wake up at around 5.00 am. Another 15.3 percent of the respondents wake up at around 6.00 am. It was found that almost all the women stated that they wake up earlier than their male counterparts.

The data shows that on a normal working day a majority of the respondents are able to sleep only between 9.00 pm to 5.00 am and rest for 8 hours only. On an average respondents do paid work outside the home and unpaid work within the house for 16 hours.

Household work performed at Morning and Night:

The survey collected comprehensive information on what are the household chores they perform apart from brick kiln work. The idea of undertaking such a study was to analyse the implication of paid and unpaid work on women. The one-day recall method was used for data collection. The collected data shows that the most important economic activity for women in the all the age group are mostly household maintenance, management, care of siblings, sick, aged and disabled and other household activities, like cooking food, collecting water, cleaning the house regularly. The care of siblings, assistance in cooking, fetching water, involvement of adolescents and children in the family were observed. It is evident from the data that more than three-fourth of

the respondents complete all daily chores before 600 a.m. They have to report to the kiln by 7.00 am. Women return home between 5.30 to 6.00 pm.

Table 7.2: Distribution of respondents by the morning chores performed
(Multiple response Table)

Sl.No	Morning Household Chores	District			Total N = 300
		Cachar n = 100	Hilakandi n = 100	Karimganj n = 100	
1	Cleaning	84 (84.00)	84 (84.00)	50 (50.00)	218 (72.67)
2	Cooking	91 (91.00)	83 (83.00)	95 (95.00)	269 (89.67)
3	Washing clothes	64 (64.00)	39 (39.00)	10 (10.00)	113 (37.67)
4	Feeding Children	37 (37.00)	21 (21.00)	38 (38.00)	96 (32.00)

Source: Primary Data

Table 7.3: Distribution of respondents by the evening chores performed
(Multiple response Table)

Sl.No	Evening Household Chores	District			Total N = 300
		Cachar n = 100	Hilakandi n = 100	Karimganj n = 100	
1	None	1 (1.00)	5 (5.00)	1 (1.00)	7 (2.33)
2	Cleaning	61 (61.00)	58 (58.00)	62 (62.00)	181 (60.33)
3	Cooking	86 (86.00)	73 (73.00)	87 (87.00)	246 (82.00)
4	Washing Clothes	3 (3.00)	3 (3.00)	5 (5.00)	11 (3.67)
5	Taking care of children	10 (10.00)	5 (5.00)	33 (33.00)	48 (16.00)
6	Fetching Water	11 (11.00)	21 (21.00)	17 (17.00)	49 (16.33)

Source: Primary Data

Three fourth of the respondents (77 per cent) have to do all household work in the evening. Around 20 per cent of the respondents do part of the household work in the evening with the help of the other members of the family. Only 3 per cent of the respondents do not perform household work in the evening because the other members of the family do it.

Certain trends are evident from the data regarding women's household work. When a comparison is made between household work carried out in the morning and in the evening, it is seen that for a majority of the respondents the work has to be done both in the morning and in the evening. Some respondents are relieved of household work in the evening whereas there are rare exceptions in favour of women class of the society. Women brick kiln labourers do all the household work which include fetching water, cooking, washing clothes and utensils, cleaning house, bringing all house hold provisions from the market, searching for wood to be used as cooking fuel, serving food and feeding children.

This brings us to a vital issue of women and dual roles. Women who work out of the house for monetary gains in no way are relieved of their domestic commitment. As a consequence they have to perform a full day's work in the kiln and cope with home duties before and after their brick kiln work.

There are plenty of Indian women who work away from home but all the same manage to perform almost all their household duties as well. This clearly suggests that the problem of relieving Indian women from household duties need not be treated as a prime requirement for increasing their work participation.

This is an indication of additional burden on women with regards to performing the tasks at place of work and household work.

Assistance in the Household Chores

**Table 7.4: Distribution of respondents by the assistance received in performing morning household chores
(Percentage in Parentheses)**

Sl.No	Assistance in Morning Household Chores	District			Total N = 300
		Cachar n = 100	Hilakandi n = 100	Karimganj n = 100	
1	None	55 (55.00)	38 (38.00)	48 (48.00)	141 (47.00)
2	Daughter	15 (15.00)	39 (39.00)	26 (26.00)	80 (26.67)
3	Mother	15 (15.00)	6 (6.00)	2 (2.00)	23 (7.67)
4	Sister	4 (4.00)	7 (7.00)	6 (6.00)	17 (5.67)
5	Husband	1 (1.00)	2 (2.00)	9 (9.00)	12 (4.00)
6	Son	0 (0.00)	3 (3.00)	7 (7.00)	10 (3.33)
7	Mother in law	6 (6.00)	1 (1.00)	2 (2.00)	9 (3.00)
8	Sister in law	4 (4.00)	4 (4.00)	0 (0.00)	8 (2.67)

Source: Primary Data

The discussion with the respondents revealed that a majority of the respondents are not receiving help for the household work from their family members. Among the family members who contribute to the household work, the largest percentage comprises of respondent's daughters (26.67 per cent) followed by the respondent's mother (7.67 per cent) and sister (5.67 per cent). However, a very small percentage of the respondents have mentioned that husbands assist them in household work (4 per cent) followed by son (3.33 per cent), mother in law (3 per cent) and sister in law (2.67 per cent). Assistance from the in-laws is meager because of the fact that majority of the respondents belongs to joint family system.

**Table 7.5: Distribution of respondents by the assistance received in performing evening household chores
(Percentage in Parentheses)**

Sl.No	Assistance in Evening Household Chores	District			Total N = 300
		Cachar n =100	Hilakandi n = 100	Karimganj n = 100	
1	No one is helping	61 (61.00)	40 (40.00)	49 (49.00)	150 (50.00)
2	Daughter	12 (12.00)	31 (31.00)	17 (17.00)	60 (20.00)
3	Sister	4 (4.00)	7 (7.00)	10 (10.00)	21 (7.00)
4	Mother	13 (13.00)	6 (6.00)	3 (3.00)	22 (7.33)
5	Son	0 (0.00)	3 (3.00)	6 (6.00)	9 (3.00)
6	Husband	0 (0.00)	2 (2.00)	11 (11.00)	13 (4.33)
7	Sister in law	4 (4.00)	4 (4.00)	0 0.00	8 (2.67)
8	Mother in law	6 (6.00)	1 (1.00)	2 (2.00)	9 (3.00)
9	Daughter in law	0 (0.00)	6 (6.00)	2 (2.00)	8 (2.67)

Source: Primary Data

The assistance received by the respondents in the evening also reveals that the trend is almost similar with that of the assistance received in performing the morning household chores. Helping members are less than the non-helping members. This shows that the social tradition of daughter-in-laws compulsorily carries out domestic duties of the household prevails. Traditionally women had low status in India and as a consequence any aspect of her contribution was viewed as valueless and did not have status which it should have had. Given the intricacies and hypocrisies of the patriarchal system even here there are exceptions. Cooking was always considered to be women's work. But where cooking was for a public occasion involving monetary consideration then women were not allowed and the men would take over. It is considered degrading and humiliating for a man to do household work and a wife is considered as the most

competent one to do it. Men have always been able to accomplish many things with the help of women. (Bhadauria: 1997, 83).

It is evident from the discussion with the respondents that the predominant respondents are receiving help from the female members of the family in general and daughter in particular.

It was found that those who have new entrants in the job market and those who have young children are the ones who find the dual roles conflicting. Similarly those who stay away from place of work and those who have no support from family members in household work is also have considerable conflict in performing the two toles.

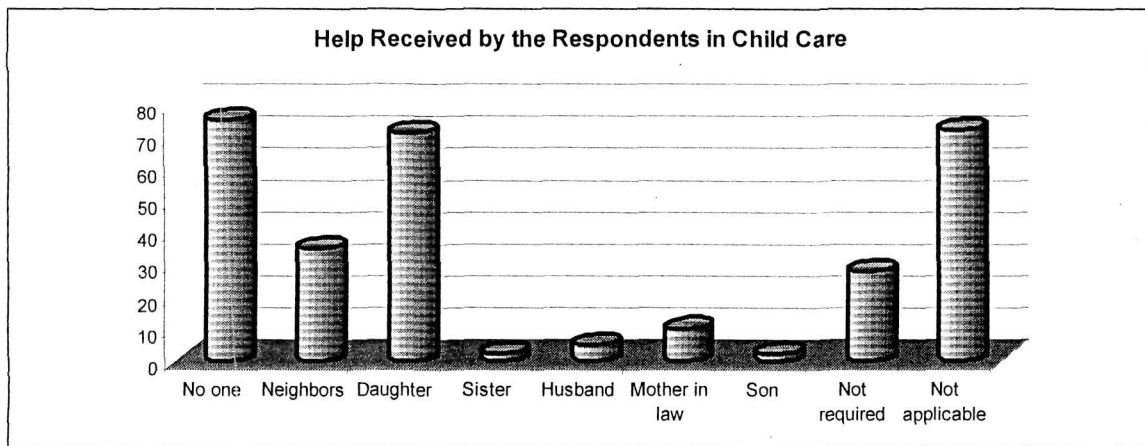
Assistance received by the respondents in childcare

A pertinent problem in the life of working women is childcare. The un-substitutable function of child care is mostly entrusted to women alone. The working women has to make many adjustments to her work role, home role and mother role to the best of her ability so that she does not neglect any of them. Women who have young children have to make alternate arrangements for looking after them while at work. Many take help from relatives, neighbors etc.

It was found from the study that the majority of women spend all their time after their brick kiln work with their family. This is because they do not wish to go out again after reaching home since they were away from home nearly 9 to 10 hours. They also have to catch up with the domestic chores and want to remain in the house with their family members. Very few could get domestic help from other family members to cope with their home chores. With the lack of assistance from the other family members, a majority of them continue to struggle with at home and at job.

The non-availability of childcare facilities is a source of anxiety for the respondents affecting their work efficiency. Almost all the respondents have expressed that there is no availability of crèche made by the brick kiln owner. The following text gives the details about the childcare arrangements made by the worker.

Chart 7.1: Assistance received by the respondents in childcare



Source: Primary Data

The trend shows that the percentage of non-helping family members are more than the percentage of helping ones. A majority of the respondents (25 per cent) do not receive help from anybody. Around 11.7 per cent receive help from their neighbors who look after their children. The daughter is the most prominent member of the family who helps in taking care of children (23.7 per cent). In contrast only 3.3 per cent of the respondents' children are taken care by their mother in law, followed by husband (1.7 per cent) and son (0.7 per cent). Around 9.3 per cent of the respondents do not require childcare facility as they are grown up and 24 per cent of the respondents do not have children.

Saxena has pointed out that, 'the importance of crèche is very great because the efficiency of women workers will undoubtedly depend to a considerable extent on the knowledge that their children are safe and in good ends' (cited in Pradeepkumar, 1992:93;86).

Observation shows that at site, if the child is very young then the women carried the child on her waist while working. Once the child grows up s/he is freed and allowed to play at the site which could lead to many problems. This is always a source of anxiety and tension to the mothers. It also affects the health of the child. Apart from the question of health is lack of pre-school education, which these children are being deprived off.

Thus it is clear that, the core household works which are to be discharged daily are mainly performed by the women members in their respective families. This fact is supported by the information collected from the sample respondents regarding the

leisure that is normally available to them, vis-à-vis the same available to the male members of the family both on the working days and on holidays. It could be noticed that the daily routine of the women brick kiln labourers in all the sample area were strikingly similar. They get up early in the morning and attend household assignments. They give the house and the front yard a good sweep-out. They fetch water from nearby wells or pumps of taps and cook the food for all family members. Then they serve the meal to their spouses and children and keep the meal for other family members if any. Moreover, they have to make arrangement to take Tiffin with them and their spouses. After completing all these tasks they themselves take meal, clean utensils and go out for work at 7 o'clock. After coming back home, again they remain busy with household works, such as taking care of children, cooking, cleaning of utensils etc. In addition to eighth hours of strenuous manual work in the brick kiln, all the respondents have to discharge various household workers (as mentioned in the table) which require both time and labour. On the working days they hardly get any leisure after serving their two masters- one in the workplace and the other at home (i.e. family). On the holidays, in addition to performing daily works, they have to discharge some other tasks also. On those days, they have to bear the burden of other tasks like washing the clothes, house repairing and purchasing necessities. On those days, after a days work, they get some leisure and prefer to spend the same by visiting neighbour's houses or other places or by taking rest at home.

On paying a close look onto the tasks performed by women in the area of domestic responsibilities, it was found that women of the entire category (i.e. migrants and non migrants) were invariably discharging their household obligations irrespective of their holding size.

We have established the fact that women have considerable work in the brick kiln industry and at home. After working in brick kiln industry on an average spend 10 to 12 hours working and have little leisure time as they have other duties such as taking care of children, cooking etc.

Health Status of Women Labourers in Brick Kiln Industry

In the changing society, woman is no more plays her age-old traditional role of being confined at home. She plays multiple roles ranging from child bearing, child rearing, doing domestic works, a welfare of the house and even bread winner for the family. In spite of all these works female are not in a position to look after their health. It is considered that the women are partners in development their contribution as wives, mothers, income earners and community members often goes un-recognised and undervalued. Overwork and stress effect women's health and that of their families. (Sapru: 1989, 16)

The household work, workplace work and her general negative attitude towards her own health are compounding determinants for developing various illnesses. The brick kiln workers work in sun and cold. During summers, the diseases due to heat trouble them and during winter, they suffer from cold, cough, and fever. During transporting the bricks from one place to the other, they get exposed to dust, so eyes, lungs, throat suffer. Staying back at home is not affordable for them because it is the question of their day meals. They don't get sick leaves, medical facilities. Either they work till they have energy to work, or be at home without work. They don't get the facilities of the organised workers like the sick leaves, retirement amount, etc. They don't have the safety of their health.

Unhealthy Work Environment

Sareen et al. (1997) found the following emerging as the salient health problems that confront working women. They are: (a) stress arising out of multiple roles, job characteristics, sexual harassment and threat of violence; (b) ergonomic problems due to use of tools, work situations and personal protective equipment that are designed to fit the average male; (c) reproductive hazards (pregnancy, abortion) ; (d) physical exertion (physical fatigue); (e) effects of noise on birth weight, menstrual disturbances and infertility; and (f) effects of chemicals such as exposure to pesticides (in agriculture) causing spontaneous abortions.

Khan's study (1993) of the health hazards faced by women working in the industrial sector revealed that, (a) the lack of adequate light can cause eyestrain, poor

vision and frequent headaches; (b) exposure to loud noises can cause deafness, high blood pressure, loss of appetite, peptic ulcers, increased irritability, prolonged reaction time, asthma and insomnia; (c) lifting weight can give rise to menstrual disorders, back problems and persistent pain of hands, elbows and shoulders; and (d) a hazardous work environment may also affect unborn children. The consequence could be the birth of retarded or handicapped children, and even miscarriages. Linked to the above hazards are the psychological implications. Stress and depression have been proved to have a connection with menstrual disorders and miscarriages.

The nature of brick kiln work is tedious and continues exposure to sunlight and severe heat and extreme working conditions has lead to numerous health related problems. Women in brick kiln industry are susceptible to muscle strain, injuries from long periods of lifting head loads. They normally suffer from the ailments like stomach ache, head ache, body ache and fatigue ness. It is also due to lack of proper rest. Apart from fatigue ness they are prone for respiratory problems due to inhalation of dust and to stress-related conditions as a result of target-oriented work, long working hours. Though both husband and wife are working together in the brick kilns. The household responsibility is the sole responsibility of women. This addition burden also leads to various illness.

Health Status of Women:

**Table 7.6: Pattern of Morbidity
(Multiple response Table)**

Sl.No	Illness	District			Total N = 300
		Cachar n =100	Hilakandi n = 100	Karimganj n = 100	
1	Head ache	0 (0.00)	16 (16.00)	23 (23.00)	39 (13.00)
2	Body ache	14 (14.00)	34 (34.00)	62 (62.00)	110 (36.67)
3	Fatigue	13 (13.00)	17 (17.00)	25 (25.00)	55 (18.33)
4	Stomach ache	0 (0.00)	1 (1.00)	5 (5.00)	6 (2.00)
5	None	83 (83.00)	59 (59.00)	15 (15.00)	157 (52.33)

Source: Primary Data

The current study brought out the following salient health problems of women:

1. The percentage of the women suffering from psychosomatic ill health (fatigue, aches) is 18.33;
2. Stomach ache was found in 2 per cent;
3. General health problems (eyestrain, headaches, backaches) were experienced by 13 per cent;
4. Women-specific problems at work (body ache, backache and anaemia) were reported by 36.67 per cent; and
5. As perceived by medical doctors, women engaged in lifting heavy loads are prone to anemia, abortion, miscarriage and gynaecological problems.

It clearly shows that the respondents are suffering from physical pain in upper part of the body i.e. headache, pain in upper limbs, shoulder pain and neck pain. The probable reason of these ailments could be their nature of work at work place. Carrying weight on head and lifting the weight to carry it would affect the upper part of the body. Secondly when the person does hard work without taking proper intake makes them more vulnerable. The study showed that the respondents are mostly from the lowest strata of the society.

Apart from this they also suffer from the diseases like, malaria, typhoid, fever etc. it is due to the lack of proper drinking water facility both at work place and also at home. Very frequently they suffer from the above mentioned illnesses due to their nature of work.

Duration of Illness

Duration of illness is referred to the period of suffering from various ailments. It was found that the respondents avoid taking treatment and post pone the treatment by taking medicines from the pharmacy. The nature of work in brick kilns doesn't allow them to take a leave because it is a loss of one day's earnings. The following table gives the details about the ailments and duration of suffering.

**Table 7.7: Distribution of respondents by the duration of illness
(Percentage in Parentheses)**

Sl.No	Duration of Illness	District			Total N = 300
		Cachar n =100	Hilakandi n = 100	Karimganj n = 100	
1	1 month	3 (3.00)	0 (0.00)	10 (10.00)	13 (4.33)
2	2 to 3months	1 (1.00)	14 (14.00)	20 (20.00)	35 (11.67)
3	3 to 4 months	4 (4.00)	13 (13.00)	24 (24.00)	41 (13.67)
4	5 months and above	8 (8.00)	14 (14.00)	31 (31.00)	53 (17.67)
5	None	84 (84.00)	59 (62.00)	15 (15.00)	158 (53.67)

Source: Primary Data

It was found from the study that around 47.66 per cent of the respondents were experiencing one or the other health ailments from. With regards to the duration of ill health, 17.67 per cent of the respondents experiencing from more than five months. Another 13.67 per cent of the respondents are suffering from last 3 to 4 months followed by 11.67 per cent respondents experiencing the problems from last 2 to 3 months. Very less number of respondents suffering from last one month. Observation from the field shows that women go for work during their illness. Under compelling condition they work to earn their livelihood.

Choice of Health Care Provider

With the advent lack of effective medical facilities the choice of health care provider is limited for the respondents. The following table gives an account of the healthcare choices that the respondent has availed to get the treatment.

Table 7.8: Distribution of respondents based on their choice of health care provider
(Percentage in Parentheses)

Sl.No	Choice of Health Care Provider	District			Total N = 300
		Cachar n =100	Hilakandi n = 100	Karimganj n = 100	
1	Pharmacy	10 (10.00)	17 (17.00)	19 (19.00)	46 (15.33)
2	Doctor	1 (1.00)	1 (1.00)	4 (4.00)	6 (2.00)
3	No Treatment	5 (5.00)	20 (20.00)	62 (62.00)	87 (29.00)
4	None	84 (84.00)	62 (62.00)	15 (15.00)	161 (53.67)

Source: Primary Data

Discussion with the respondents revealed that a large number of them avoid consulting the doctors as they feel it is expensive and not affordable. 15.33 per cent of the respondents take medicines from the medicine shops. Only 2 per cent of the respondents told that they have consulted the doctor. The respondents are mostly hailing from the rural areas. It was shared by the respondents that in extreme situations only they consult the doctor. The discussion with the respondents have brought out the information that in and around their residence there is no private practitioner, it is also noted that the government hospitals timing and procedures of availing healthcare services are reported to be not feasible for the respondents if they approach to the government hospital they have to leave a days' work or spend money on transportation and on medicine. The private practitioners' consultation fee of Rs. 100 per visit equals to their two days wages which they have to spend on treatment. Thus poor state of affordability could not allow the women to avail treatment facilities.

Muraleedharan (1993) had rightly pointed out reasoning of the non-availing medical treatment from the available government institutions. He elaborated the reasoning that, traveling a long distance to make use of health care facility will affect the actual use of it, for it involves loss of time effort and money. Another reason was

that they need to travel a long distance to reach health care facilities. It has a direct bearing on the extent to which women will make use it.

Health Care Expenditure

**Table 7.9: Distribution of respondents based on the health care expenditure incurred
(Percentage in Parentheses)**

Sl.No	Health Care Expenditure	District			Total N = 300
		Cachar N =100	Hilakandi n = 100	Karimganj n = 100	
1	Up to 500	6 (6.00)	14 (14.00)	19 (19.00)	39 (13.00)
2	501 to 1000	4 (4.00)	1 (1.00)	2 (2.00)	7 (2.33)
3	1001 to 1500	1 (1.00)	1 (1.00)	0 (0.00)	2 (0.67)
4	2001 & above	0 (0.00)	1 (1.00)	1 (1.00)	2 (0.67)
5	None	89 (89.00)	83 (83.00)	78 (78.00)	250 (83.33)

Source: Primary Data

The details about the health care expenditure incurred by the respondents towards their treatment reveals that 13 per cent of the respondents spent up to Rs. 500. Another 2.33 per cent spent an amount ranging from Rs. 5001 to Rs.1000. Only two per cent of the respondents spent an amount ranging from Rs. 1001 to Rs.1500. Remaining two per cent of the respondents spent above Rs. 2000 towards their treatment. With the lack of gainful source of income they have to borrow money either from the relatives or the money lenders for the treatment.

Agency of Spending

**Table 7.10: Distribution of respondents by the agency of spending
(Percentage in Parentheses)**

Sl.No	Agency of Spending	District			Total N = 300
		Cachar n =100	Hilakandi n = 100	Karimganj n = 100	
1	Respondent herself	9 (9.00)	17 (17.00)	25 (25.00)	51 (17.00)
2	Respondent's family members	1 (1.00)	1 (1.00)	2 (2.00)	4 (1.33)
3	Brick Kiln Owner	2 (2.00)	0 (0.00)	3 (3.00)	5 (1.67)
4	None	88 (88.00)	82 (82.00)	70 (70.00)	240 (80.00)

Source: Primary Data

In maximum cases the healthcare expenditure is bore by the respondents themselves. 17 percent of the respondent spent money on their own. In very negligible cases the expenses are bore by the brick kiln owner partially i.e. in case of 5 per cent of the respondents, the health expenditure was bore by the owner.

Perceived Mental Health

Mental health is an important element in the general well being of women workers in the unorganised sector. Physical insecurity and anxiety, often leads to psychological ill-health. Besides, a feeling of helplessness and vulnerability paralyses women workers still further.

Mental health is not mere absence of mental illness. Good mental health is the ability to respond to the varied experiences of life with flexibility and absence of purpose. Recently mental health has been defined as 'a state of balance between the individual and the surrounding world, a state of harmony between one self and others. A

coexistence between the realities of the self and that of other people and that of the environment,..’ (cited in Park: 1998; 13)

The psychologists have mentioned the following characteristics as attributes of a mentally healthy person.

1. A mentally healthy person is free from internal conflicts; he is not at ‘war’ with himself.
2. He is well adjusted, i.e. he is able to get along well with others. He accepts criticism and is not easily upset.
3. He searches for identity.
4. He has strong sense of self esteem.
5. He knows himself: his needs, problems and goals (this is known as self-actualization)
6. He has good self-control-balances rationality and emotionality.
7. He faces problems and tries to solve them intelligently, i.e. coping with stress and anxiety (Park : 1998:13)

**Table 7.11: Distribution of respondents by their perceived health status
(Percentage in Parentheses)**

Sl.No	Perceived Health Status	District			Total N = 300
		Cachar n =100	Hilakandi n = 100	Karimganj n = 100	
1	Good	4 (4.00)	13 (13.00)	16 (16.00)	33 (11.00)
2	Still I am not well	10 (10.00)	26 (26.00)	56 (56.00)	92 (30.67)
3	Improved to some extent	1 (1.00)	1 (1.00)	6 (6.00)	8 (2.67)
4	None	85 (85.00)	60 (60.00)	22 (22.00)	167 (55.67)

Source: Primary Data

From the above it is clear that due to their avoiding habit of taking treatment more than 30 per cent of the respondents are still suffering from illness. Observation shows that during illness also the workers found working in brick kilns. This shows the urgency of their work. This is also an indication that due to their physical ill health they are also prone for mental illness. (See table 7.13)

Women in brick kiln work is involved in tedious work. Their hardship may affect the mental health of the women brick kiln labourers. The following text deals with the perception of the respondents with regards to adjustment at home, feelings and emotions with reference to household work and work place.

**Table 7.12: Perceived Mental Health
(Percentage in Parentheses)**

Sl.No	Problem	District			Total N = 300
		Cachar n =100	Hilakandi n = 100	Karimganj n = 100	
I	Mental Exhaustion				
	Strongly Disagree	28 (28.00)	11 (11.00)	23 (23.00)	62 (20.67)
	Disagree	19 (19.00)	32 (32.00)	27 (27.00)	78 (26.00)
	Agree	32 (32.00)	35 (35.00)	34 (34.00)	101 (33.67)
	Strongly Agree	21 (21.00)	22 (22.00)	16 (16.00)	59 (19.67)
II	Irritation				
	Strongly Disagree	39 (39.00)	26 (26.00)	40 (40.00)	105 (35.00)
	Disagree	41 (41.00)	46 (46.00)	51 (51.00)	138 (46.00)
	Agree	18 (18.00)	20 (20.00)	7 (7.00)	45 (15.00)
	Strongly Agree	2 (2.00)	8 (8.00)	2 (2.00)	12 (4.00)

Sl.No	Problem	District			Total N = 300
		Cachar n =100	Hilakandi n = 100	Karimganj n = 100	
III	Irritation with Children				
	Strongly Disagree	40 (40.00)	31 (31.00)	31 (31.00)	102 (34.00)
	Disagree	48 (48.00)	51 (51.00)	64 (64.00)	163 (54.33)
	Agree	10 (10.00)	15 (15.00)	4 (4.00)	29 (9.67)
	Strongly Agree	2 (2.00)	3 (3.00)	1 (1.00)	6 (2.00)

IV	Family Conflict				
	Strongly Disagree	48 (48.00)	32 (32.00)	25 (25.00)	105 (35.00)
	Disagree	47 (47.00)	61 (61.00)	55 (55.00)	163 (54.33)
	Agree	4 (4.00)	7 (7.00)	19 (19.00)	30 (10.00)
	Strongly Agree	1 (1.00)	0 (0.00)	1 (1.00)	2 (0.67)

V	Loss of Control				
	Strongly Disagree	50 (50.00)	32 (32.00)	26 (26.00)	108 (36.00)
	Disagree	23 (23.00)	61 (61.00)	58 (58.00)	142 (47.33)
	Agree	21 (21.00)	7 (7.00)	15 (15.00)	43 (14.33)
	Strongly Agree	6 (6.00)	0 (0.00)	1 (1.00)	7 (2.33)

VII	Mental Imbalance				
	Strongly Disagree	83 (83.00)	58 (58.00)	32 (32.00)	173 (57.67)
	Disagree	2 (2.00)	0 (0.00)	1 (1.00)	3 (1.00)
	Agree	1 (1.00)	2 (2.00)	11 (11.00)	14 (4.67)
	Strongly Agree	14 (14.00)	40 (40.00)	56 (56.00)	110 (36.67)

Source: Primary Data

Due to strenuous nature of work, women developed some problems relating their mental health in terms of adjustment at household. Above 19.67 per cent of the

respondents are strongly agree with the statement that they get mentally exhausted. 33.67 per cent of the respondents are simply agreed that they get mental exhaustion. However, 20.67 per cent of the respondents have strongly disagreed and 26 per cent have simply disagreed that they get mental exhaustion. Around half of the women work force experience the mental exhaustion due to the exhaustive nature of work.

Discussion with the respondents also revealed that around 19 per cent of the respondents agreed with the fact that they get irritation in day to day life and expressed that it is because of the nature of work they engage. 35 per cent of the respondents experienced that they get irritation while performing their duty of childcare. Around 32 per cent of the respondents confessed to that because of heavy work and heavy burden of household work they are more prone to family conflicts.

Around fifty per cent of the respondents feel loss of control and leads to family conflicts because of reactive tendency when somebody comments on her she can't control and react to them. The problem of mental imbalance is experienced by 37.34 per cent of the respondents.

Even with the exhaustive nature of work, majority of the respondents gave negative responses shows that most of the women workers could not express their problems. They have become so socialised to their life situations that difficult situations are not seen as problems.

Given the strenuous nature of work with no commensurate wage rates, the uncertainty, and appalling working conditions coupled with childcare burden makes the women the worst sufferers. For the women workers in the brick kiln industry the present occupational profile, the division of labour and the working conditions, all add to their deteriorating health. This in turn takes a toll on their health and working capacity and productivity.

Observation shows that a minority of the respondents (i.e. moulders) felt that their work is heavy in comparison to their wages. The World Health Organisation (1980) had suggested possible solutions to problems of working women that included better sharing of domestic responsibilities between men and women, and the development or strengthening of childcare facilities near the working place or home.

Measures should be taken to prevent domestic violence, which is always left within the purview of private matters and there is no sense of a social responsibility by the community. The migrated women who come to work far away from their home and from people they are familiar with feel isolated. The kiln owners need to take initiative to ensure the availability of and accessibility to health facilities at the work site. The provision of a crèche facility at the site. Sometimes even women who go to work at a brick kiln site from their home have to take their young with them as there is nobody else to look after them at home.

Relationship between work and perceived mental health:

The focus of the study is to understand the relationship between the composition i.e. working conditions, living conditions and the impact on the perceived health of the respondents. The characters of the respondents were age, education, size of the family, land ownership, annual income, work satisfaction on the one hand and advance, debt on the other hand. The score of respondents' household burden and perceived health, were the core variables. Karl Pearson's product moment correlation coefficients were used to understand the significance of relationship between the variables. (refer Table 7.13).

Among the compositional characteristic viz., age, education, size of family, land ownership, age and education, size of the family and education, work experience and education, work experience and land ownership, as well as age and land ownership, age and work experience had significant relationship. The former was negative while the latter was positive as expected.

The correlation coefficient between **Land ownership** and **Work experience** (-0.15) was negative and significant at 1 percent level. The land holding pattern also suggests that the landlessness is the main significant factor makes them compelled to work in the brick kilns.

The correlation coefficient between **age** and **mental exhaustion** (0.42**) was positive and significant at 1 percent level.

The correlation coefficient between **Work experience** and **mental exhaustion** (0.27**) was positive and significant at 1 percent level. The trend seen is that a

majority of the respondents have up to 5 to 9 years of experience. Beyond that the percentage of respondents becomes insignificant. Probably this is do with the age factor. Majority of the workers have joined the industry at the age of 20 years, and after putting in more number of years their physical strength and stamina declines in the process. These two are the prime requirements in the brick kiln industry. Hence with increasing age, there is increase in mental exhaustion.

With the increase of work burden both at work place and household has direct bearing on the perceived mental health. Household burden and mental exhaustion, irritation and family conflicts are related to each other.

The correlation coefficient between **household burden** and **mental exhaustion** (0.17**) was positive and significant at 1 percent level.

The correlation coefficient between **household burden** and **irritation** (0.29**) was positive and significant at 1 percent level.

The correlation coefficient between **household burden** and **irritation with children** (0.25*) was positive and significant at 5 percent level.

The correlation coefficient between **Irritation with Children** and **family conflict** (0.53**) was positive and significant at 1 percent level.

The correlation coefficient between **head load** and **loss of control** (0.20**) was positive and significant at 1 percent level.

The correlation coefficient between **Burden Household** and **loss of control** (0.47**) was positive and significant at 1 percent level.

The correlation coefficient between **Burden Household** and **mental imbalance** (0.27**) was positive and significant at 1 percent level.

Table 7.13: Relationship among Working and Living Conditions and Perceived Mental Health: Zero Order Correlation Matrix

Variable Code	Variable	Profile										Working Conditions					Living Conditions					Household Burden					Mental Health Perception				
		V01	V02	V03	V04	V05	V06	V07	V08	V09	V10	V11	V12	V13	V14	V15	V16	V17	V18	V19	V20	V21									
V01	Age	1	-0.21**	0.08	0.11*	0.09**	-0.02	0.01	0.04	0.15**	0.00	-0.04	0.04	-0.04	0.15**	0.42**	0.33**	0.21**	0.20**	0.13*	0.22**										
V02	Education	-0.21**	1.00	-0.12**	-0.07	-0.18**	-0.09	0.07	-0.20**	-0.20**	0.02	0.00	0.07	-0.02	-0.04	-0.16**	-0.16**	-0.07	-0.14*	-0.10	-0.07										
V03	Size of Family	0.08	-0.12*	1.00	0.00	0.10	-0.08	-0.12*	0.07	0.02	0.02	-0.06	0.24**	0.02	0.06	-0.01	0.04	0.10	-0.09	-0.13*	-0.06										
V04	Land ownership	0.11*	-0.07	0.00	1.00	-0.15**	-0.03	-0.01	-0.24**	0.00	0.17**	0.11*	0.08	0.04	0.02	0.00	-0.10	-0.03	0.05	-0.08	0.16**										
V05	Work Experience	0.60**	-0.18**	0.10	-0.15**	1.00	0.13*	-0.04	-0.19**	0.07	-0.04	-0.19**	-0.10	-0.08	0.02	0.27**	0.23**	0.17**	-0.01	-0.11	-0.01										
V06	Duration of work	-0.02	-0.09	0.17**	-0.21**	0.13*	1.00	-0.12*	-0.09	0.02	-0.01	-0.16**	0.01	0.13*	-0.23**	-0.03	-0.17**	-0.14*	-0.18**	-0.09	-0.19**										
V07	Working Hours	0.01	-0.06	-0.06	-0.03	-0.04	-0.12*	1.00	0.03	-0.20**	-0.07	0.48**	0.20**	0.07	-0.01	-0.01	0.05	-0.02	0.04	-0.02	0.06										
V08	Rest Hours	0.04	-0.13*	-0.03	-0.01	-0.19**	-0.09	0.03	1.00	0.31**	0.01	0.16**	0.09	0.23**	0.08	0.05	-0.11	0.06	0.08	0.17**	0.05										
V09	Head Load	0.16**	0.07	-0.12*	-0.24**	0.07	-0.20**	0.31**	1.00	0.15**	-0.37**	-0.26**	-0.19**	0.04	-0.03	0.19**	0.09	0.08	0.01	0.20**	-0.12*										
V10	Work Satisfaction	0.05	-0.20**	0.02	0.00	0.08	-0.01	-0.07	0.01	0.15**	1.00	0.04	-0.08	-0.04	0.20**	0.04	0.11*	0.06	0.26**	0.15**	0.23*										
V11	Advances	0.00	0.02	0.02	0.17**	-0.04	-0.03	0.48**	0.01	-0.37**	-0.01	0.57**	0.29**	0.02	-0.04	-0.05	-0.09	0.08	0.06	0.15**	0.24**										
V12	Weekly income	-0.04	0.00	-0.06	0.11*	-0.19**	-0.16**	0.40**	0.16**	-0.26**	0.04	0.57**	1.00	0.44**	-0.03	0.00	-0.08	0.08	0.21**	0.05	0.36**										
V13	Family Income	0.04	0.07	0.24**	0.08	-0.10	0.01	0.20**	0.09	-0.19**	-0.08	0.29**	0.44**	1.00	0.06	-0.10	-0.09	-0.03	0.18**	0.03	0.36**										
V14	Debt	-0.04	-0.02	0.02	0.04	-0.08	0.13*	0.07	0.23**	0.04	-0.04	0.02	0.03	-0.02	1.00	0.06	-0.09	-0.09	-0.13*	-0.14**	-0.14*										
V15	Burden Household	0.15**	-0.04	0.06	0.02	0.02	-0.23**	-0.01	0.08	-0.03	0.20**	-0.04	-0.03	0.06	-0.06	1.00	0.29**	0.25**	0.35**	0.47**	0.27**										
V16	Mental Exhaustion	0.42**	-0.16**	-0.01	0.00	0.27**	-0.03	-0.01	0.05	0.19**	0.04	0.00	-0.10	0.06	0.17**	1.00	0.40**	0.41**	0.28**	0.30**	0.12*										
V17	Irritation	0.33**	-0.16**	0.04	-0.10	0.23**	-0.17**	0.05	-0.11	0.09	0.11*	-0.09	-0.08	-0.09	0.17**	0.40**	1.00	0.52**	0.45**	0.46**	0.21**										
V18	Irritation with Children	0.21**	-0.07	0.10	-0.03	0.17**	-0.02	0.06	0.08	0.08	0.06	0.08	-0.03	-0.09	0.25**	0.41**	0.52**	1.00	0.53**	0.48**	0.19**										
V19	Family Conflict	0.20**	-0.14*	-0.09	0.05	-0.01	-0.18**	0.04	0.08	0.01	0.26**	0.06	0.21**	-0.13*	0.35**	0.26**	0.45**	0.53**	1.00	0.66**	0.55**										
V20	Loss of Control	0.13*	-0.10	-0.13*	-0.08	-0.11	-0.09	-0.02	0.17**	0.20**	0.15**	-0.10	0.05	0.03	0.47**	0.30**	0.46**	0.48**	0.66**	1.00	0.34**										
V21	Mental imbalance	0.22**	-0.07	-0.06	0.16**	-0.01	-0.19**	0.06	0.05	-0.12*	0.23**	0.36**	0.36**	-0.14*	0.27**	0.12*	0.21**	0.19**	0.55**	0.34**	1.00										

** P<0.01

Source: Computed

*P<0.05

REFERENCES

- Ekelof, Eva (1991): Working women: Health at risk, *Working Environment*, 26-27.
- Kaila, H.L. (1993): "Stress of the working women", *Everyman's Science*, Vol. 28, No. 3, pp. 90-94.
- Khan, Saba (1993): "Health hazards faced by women working in the industrial sector", *Perspective Social Work*, Vol. 7, No. 1, pp. 22-25.
- Muraleedharan. V.R. (1993): "When is access to health are equal some public policy issues," *Economic and Political Weekly*, Vol. 28, No 25, June 19.
- Park, K. (1998): *Preventive and Social Medicine 15th*, M/S Bandarsidas Bhanot Publisher, Jabalpur.
- Task Force on Health (1988): *Occupational health issues of women in the unorganised sector*. New Delhi: National Commission on Self-employed Women and Women in the Informal Sector.
- Sapru, R.K. (1989): *Women and Development*, Ashish Publishing House, New Delhi.
- Sareen, I.B., V.W. Tilak and A.L. Sharma (1997): "Women and occupational health", *Indian Journal of Industrial Medicine*, Vol. 43, No. 2, pp. 90-96.
- World Health Organisation (1980). *Health aspects of wellbeing in working places*. Copenhagen: Regional office for Europe.