



Psychological Health Factors of Women Labourers Working in Pune Railway Station Area, Pune, India

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Abstract

Women suffer high levels of physical, sexual and psychological abuse. Factors like poor nutrition, diseases, injuries and severe pain in body parts etc, can contribute to mental health issues and psychological distress. Low birth weight, miscarriage and prematurity, widespread problems in undernourished populations can be exacerbated by heavy and stressful work. Poor shelter, sanitation, inadequate water supply and rubbish disposal facilities create serious health risks to the poor. In this study the psychological health factors were analysed on the conditions of physical health, reproductive health, sexual and physical abuse and psycho-health which were a frequent emotional consequence of tension, panic and anxiety, as well as depression of the women labourers living in Pune railway station area.

Keyword: Psychological health, Women Labourers.

Introduction

Pune Junction railway station is the main railway head of Pune and it is well linked to the entire country by this station. There are large number of women labourers living roughly on the railway tracks side, on any spaces which offer some shelter such as under bridges or flyovers, or on the building site and mostly migrant's household were found working in different unorganized sections¹. Psychological health includes our emotional, mental and social well being. It effects how we think, feel and act as we cope with life. It also determines how we handle stress, relate to others and make choice². Psychological health is very important at every stage of life, from childhood and adolescence though adulthood. A woman is identified as a mother, a wife, a daughter-in-law or a daughter but never as an independent person. To be born as a woman means to inhabit, from early infancy to the last day of life, a psychological world that differs from the world of the man. Much of the exasperation and discrimination in woman's life stems from this fact³. The overall picture is one of greater disadvantage for women workers in general and those belonging to unorganized sector in particular. Women labourers working in the unorganized sector, has significantly associated between economic hardship and reports of psychological distress due to such issues as being the sole childrearing adult in a household, multiple roles, unequal power relations with men and a sense of powerlessness. The condition of women in the unorganized sector is deplorable especially in the health sector. Poverty acting through economic stressors such as unemployment and lack of affordable housing, is more likely to precede mental illnesses such as unemployment and lack of affordable housing, is more likely to precede mental illnesses such as depression and anxiety, thus making it an important risk factor for mental

illness⁴. Previous studies have revealed that hopelessness was a core experience, associated with poverty, limited educational and work prospects. Low birth weight and prematurity, widespread problems in undernourished populations can be exacerbated by heavy and stressful work and long working hours which are typical among women in such areas. A larger number of women labourers complain of frequent headaches, back pain, circulation disorders, fatigue and emotional and mental disorders. Unhygienic public toilets and latrines threaten the health of women, who are prone to reproductive tract infections caused by poor sanitation⁵.

Research Methodology

The design of the methodology for this study was executed in two stages. In the first stage, a pilot study was undertaken to pre-test the questionnaires, and second stage a survey was undertaken. The study used both quantitative and qualitative data. Primary and secondary sources of data were also used in this study. The sample size is selected from 80 respondents in Pune railway station area by using judgmental/purposive sampling method, among the women labourers living roughly on the railway tracks side, on any spaces which offer some shelter such as under bridges or flyovers, or on the building site. Mostly migrant's women labourers were found in this area.

Objectives: i. To study the psychological factors of physical health. ii. To analyze the psychological factors of reproductive issues. iii. To examine the psychological factors of sexual and physical abuse.

Hypothesis: i. Physical sickness may be the reasons of low dietary intake and lack of sanitation facilities (Toilet and Waste

disposal). ii. Painful menstrual cycle and premature menopause may likely cause psychological factors of health repercussion. iii. Sexual harassment and physical abuse are significantly associated with the psychological distressed.

Results and Discussion

Following are the results and discussion based on the objectives of the study referring from the sources of Primary and Secondary data:

Table-1
Age

Age	Frequency	Percent
15-20	12	15.0
21-25	23	28.8
26-30	17	21.3
31-35	10	12.5
35-40	10	12.5
41+	8	10.0
Total	80	100.0

The distribution of the respondents according to their age groups is that 29 percent were attaining 21 to 25 years, while 21 percent were 26 to 30 years, another 15 percent were in younger aged group of 15 to 20 years and below 12 percent were above 30 years.

Table-2
Marital Status

Marital Status	Frequency	Percent
Married	39	48.8
Unmarried	25	31.3
Separation	6	7.5
Widow	10	12.5
Total	80	100.0

It is found that 49 percent of the women working labourers were married and 31 percent were unmarried whereas widows and separation/divorce women's respondents were below 12 percent only.

Table-3
Education of the respondents

Education	Frequency	Percent
HSC	11	13.8
SSC	6	7.5
Illiterate	63	78.8
Total	80	100.0

An overwhelming majority of the women working labourers were found illiterate and remaining 21 percent were merely literate at high school and secondary school levels.

Table-4
Place of living

Shelter	Frequency	Percent
Slum	54	67.5
Work site	17	21.3
Streets	9	11.3
Total	80	100.0

It is observed from the above table that 67 percent of the women working labourers were living in a slum area, while 21 percent were living in a worksite area and only 11 percent were living anywhere in a street.

Physical Health Factors: Diseases, injuries and other severe pain in body parts often contribute to psychological health issues. Poor shelter, sanitation, inadequate water supply and rubbish disposal and heavy indoor air pollution create serious health risks to the poor⁶.

Physical labour: It is found that 100 percent of the respondents perform the labor for tasks essential to survival, such as domestic work of cooking, cleaning, washing, drawing water, collecting firewood, child caring and in several cases which causes psychological distress.

Table-5
Working Condition by their Working Hours

Working hours	Working condition			Total
	Light	Somehow Heavy	Heavy	
<8 hours	3	0	0	3
	3.7	0.0	0.0	3.7
8-9 hours	0	29	16	45
	0.0	36.2	20.0	56.2
10-11 hours	0	5	22	27
	0.0	6.2	27.5	33.7
12+ hours	0	0	5	5
	0.0	0.0	6.2	6.2
Total	3	34	43	80
	3.7	42.5	53.7	100.0

$\chi^2 = 99.389$ $df = 6$ $P = 0.000$

It is found that 54 percent of the women working labourers usually had heavy worked for around (27.5%) 8 to 9 hours a day and (20%) 10 to 11 hours a day. It is also found that 42 percent of the women working labourers had somehow heavy worked for around (36.2%) 8 to 9 hours daily and (6.2%) 10 to 11 hours daily.

Chi square test was applied and it indicates that there exists a significant among the two variables.

Table-6
Sickness by their Intake of Dietary

Sickness	Intake of dietary		Total
	Meals only	Meal and light breakfast	
Common flu/ seasonal diseases	61	1	62
	76.2%	1.2%	77.5%
Dreaded disease	14	4	18
	17.5%	5.0%	22.5%
Total	75	5	80
	93.8%	6.2%	100.0%

$X^2 = 10.112$ $df = 1$ $P = 0.001$

It is found that great majority of the women working labourers had normally common flu or seasonal sickness and (22%) dreaded diseases. This is the reasons of low dietary intake other than the two full meals a day. Chi square test was applied between the two variables and it proves to be significantly associated and this is one of the hypotheses of the study.

Table-7
Sanitation (Toilet) Facility

Toilet	Frequency	Percent
Private	7	8.8
Public	18	22.5
Open	55	68.8
Total	80	100.0

It is found that 69 percent of the women working labourers have no toilet facilities where they have used open defecation system and 22 percent of the respondents were using public toilet.

Table-8
Lack of Waste Disposal Facility

Waste disposal	Frequency	Percent
Yes	20	25.0
No	60	75.0
Total	80	100.0

It is revealed that 25 percent of the women working labourers have no waste disposal facility in their area, whereas 75 percent have waste disposal facility but has not properly maintained.

Table-9
Chi-Square Tests

Sickness by their Lack of Sanitation (Toilet) Facilities			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	.163 ^a	2	.922
Likelihood Ratio	.155	2	.925
Linear-by-Linear Association	.109	1	.741
N of Valid Cases	80		

2 cells (33.3%) have expected count less than 5. The minimum expected count is 1.58.

Chi square test was applied to prove the relationship between the variables of sickness and lack of sanitation and it indicates that there exists no significant. This is one the hypothesis of the study.

It implies that chi square test proved to be varying because lacks of toilet facility are not only the indicators of sickness.

Table-10
Chi-Square Tests

Sickness by their Lack of Waste Disposal Facility					
	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.860 ^a	1	.354		
Continuity Correction ^b	.382	1	.536		
Likelihood Ratio	.918	1	.338		
Fisher's Exact Test				.538	.275
Linear-by-Linear Association	.849	1	.357		
N of Valid Cases ^b	80				

1 cells (25.00%) have expected count less than 5. The minimum expected count is 4.50. Computed only for a 2X2 table

Chi square test was applied to prove the hypothesis of the study and it indicates that there exists no significant between the two variables.

It implies that chi square proved to be varying because lacks of waste disposal facility are not only the indicators of sickness.

Table-11
Digestive Problem

Digestive problem	Frequency	Percent
Swallow	4	5.0
Stomach ache	30	37.5
Nausea	10	12.5
Constipation	18	22.5
Diarrhea	7	8.8
N.A.	11	13.8
Total	80	100.0

The above table clearly illustrates the digestive problems of which they were having through imbalance diets were (37.5%) stomach ache, (22.5%) constipation, (12.5%) nausea, (8.8%) diarrhea and (5%) swallowing.

Reproductive Health Factors: Low birth weight and prematurity, widespread problems in undernourished populations can be exacerbated by heavy and stressful work and long working hours which are typical among women in such areas. The types of negative reproductive outcomes include effects on the menstrual ovulation and hormonal patterns, with consequences for the fertility of couples and fertility of women; and effects on the pregnancy outcome, such as the increased risk of miscarriage, premature birth, low birth weight, and congenital defects and disease in the offspring⁷.

Table-12

Menstrual cycle flow by their Painful menstrual cycles

Menstrual cycle flow	Painful menstrual cycles				Total
	Easy	Slightly pain	Painful	N.A.	
Regular	0	0	0	45	45
	.0%	.0%	.0%	56.2%	56.2%
Irregular	6	11	18	0	35
	7.5%	13.8%	22.5%	.0%	43.8%
Total	6	11	18	45	80
	7.5%	13.8%	22.5%	56.2%	100.0%

$\chi^2 = 80.000$ $df = 3$ $P = 0.000$

From the above table it is found that, out of 44 percent of the women working labourers had irregular menstrual cycles wherein, 22 percent experience painful menstrual cycles and 14 percent perceive slightly painful menstrual cycles.

Chi square test was applied and it indicates that there exists a strong significant among the two variables.

Table-13
Premature menopause Problems

Premature menopause reason	Premature menopause		Total
	Yes	N.A.	
Taking Drugs	8	0	8
	10.0%	.0%	10.0%
Chemicals exposure	8	0	8
	10.0%	.0%	10.0%
Stress/depression	7	0	7
	8.8%	.0%	8.8%
N.A.	0	57	57
	.0%	71.2%	71.2%
Total	23	57	80
	28.8%	71.2%	100.0%

$\chi^2 = 49.978$ $df = 3$ $P = 0.000$

It is found that 29 percent of the women working labourers experienced early menopause problems or premature menopause which may be perhaps, due to excessive drugs intake, chemicals exposure and stress/depression.

Chi square test was applied and it indicates that there exists a strong significant among the two variables.

Table-14
Working during Pregnancy

Work in Pregnancy	Frequency	Percent
Yes	60	75.0
No	20	25.0
Total	80	100.0

It is observed that large majority of the respondents were working during their pregnancy period.

Table-15
Delivery Problems

Delivery problems	Frequency	Percent
Under weight	29	36.3
Miscarriage	17	21.3
Premature deliveries	4	5.0
N.A	30	37.5
Total	80	100.0

Illustration of the above table depicts that most of the respondents have delivery problems of (36.3%) under weight, (21.3%) miscarriage and (5%) premature deliveries.

Table-16

Psychological Conditions on Reproductive Repercussion

Psychological Conditions	Frequency	Percent
Mood swings	61	76.3
Irritability	14	17.5
Anger	5	6.3
Total	80	100.0

It is stated from the above table that overwhelming majority of the women working labourers have often got mood swings during their reproductive repercussion and remaining average percentages got irritability and anger during their reproductive repercussion.

Table-17
Chi-Square Tests

Psychological condition during their painful menstrual cycle	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	6.183 ^a	6	.403
Likelihood Ratio	8.530	6	.202
Linear-by-Linear Association	1.633	1	.201
N of Valid Cases	80		

8 cells (66.07%) have expected count less than 05. The minimum expected count is .38.

Chi square test was applied to proved the hypothesis of the study and it indicates that there exists no significant between the psychological condition and their painful menstrual cycle.

Table-18
Chi-Square Tests

Psychological condition during their premature menopause	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	10.866 ^a	6	.093
Likelihood Ratio	10.170	6	.118
Linear-by-Linear Association	.297	1	.586
N of Valid Cases	80		

7 cells (58.03%) have expected count less than 05. The minimum expected count is .44.

Chi square test was applied to proved the hypothesis of the study and it indicates that there exists no significant between the two variables.

Sexual and Physical Abuse: Violent episodes such as battering and rape may leave women with Post-Traumatic Stress Disorder (PTSD). Also, undiagnosed head trauma from battering can cause depressive symptoms.

Table-19
Sexual Harassment

Sexual Harassment	Frequency	Percent
Yes	28	35.0
No	52	65.0
Total	80	100.0

Sexual harassment of the women working labourers have the evidence of the fact that 35 percent were sexually harassed, either in rap or sexually harassed by their workers.

Table-20
Domestic Violence

Domestic Violence	Frequency	Percent
Physical assault	17	21.3
Verbal assault	45	56.3
N.A	18	22.5
Total	80	100.0

It is reported that overwhelming majority of the women working labourers have domestic violence of (56.3%) verbal assault and (21.3%) physical assault.

Psychological Effects: Stress can involve a recent change or a daily pressure. Stress happens to everyone and can be motivating and productive or negative and destructive. Tension and anxiety, as well as depression, are frequent emotional consequences of psychological stress. Women are socialized to be the caretakers of others. More women than men work outside to meet their financial needs and continue to try to juggle traditional responsibilities after hours. Sociologists describe women as struggling to achieve the 'male standard' at work, while trying to be a wife, daughter-in-law and mother at home. Women are also less likely to be in as powerful positions as men to change their environment. Women find it harder to say no to others' requests and often feel guilty if they can't please everyone. As women progress through life's stages, hormonal balance associated with premenstrual, post-partum and menopausal changes can affect chemical vulnerability to stress and depression⁸.

Table-21
Psychological Effect

Psychological effect	Frequency	Percent
Anxiety	12	15.0
Depression	30	37.5
Panic	8	10.0
Tension	10	12.5
N.A	20	25.0
Total	80	100.0

It is revealed that great majority of the women working labourers got psychological suffering from (47.5%) depression, (15%) anxiety and (10%) panic.

Table-22
Chi-Square Tests

Psychological Effect by their Sexual Harassment			
	Value	df	Asymp. Sig.(2-sided)
Pearson Chi-Square	6.846 ^a	4	.144
Likelihood Ratio	6.970	4	.137
Linear-by-Linear Association	4.388	1	.036
N of Valid Cases	80		

3 cells (30.00%) have expected count less than 05. The minimum expected count is 2.50.

Chi square test was applied to prove the hypothesis of the study and it indicates that there exists no significant between the psychological effect and sexual harassment.

Table-23
Chi-Square Tests

Psychological Effect by their Domestic Violence			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	9.636 ^a	8	.292
Likelihood Ratio	13.431	8	.098
Linear-by-Linear Association	3.347	1	.067
N of Valid Cases	80		

9 cells (60.00%) have expected count less than 05. The minimum expected count is 1.70.

Chi square test was applied to prove the hypothesis of the study and it indicates that there exists no significant between the two variables.

Conclusion

Psychological health has a factor like; physical health, reproductive health, sexual and physical abuse, and

psychological which effects the psychological health conditions of the women working labourers. Seasonal or dreaded diseases, injuries and other severe pain in body parts etc, can often contribute to mental health issues and psychological distress. Poor shelter, sanitation, inadequate water supply and rubbish disposal facilities create serious health risks to the poor. Low birth weight, miscarriage and prematurity, widespread problems in undernourished populations can be exacerbated by heavy and stressful work and long working hours even in their pregnancy period which are typical among women in such areas. The types of negative reproductive outcomes include effects on the menstrual ovulation and hormonal patterns, with consequences for the fertility of couples and fertility of women; and effects on the pregnancy outcome, such as the increased risk of miscarriage, premature birth, low birth weight, and congenital defects and disease in the offspring causes psychological problems of mood swings, irritability and anger. Violent episodes such as battering, rap, sexual harass and domestic violence may leave women with Post-Traumatic Stress Disorder (PTSD). Also, undiagnosed head trauma from battering can cause depressive symptoms. Tension, panic and anxiety, as well as depression, can involve a recent change or a daily pressure and it is a frequent emotional consequences of psychological effects.

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