

**A REVIEW ON THE OCCUPATIONAL HEALTH AND SOCIAL SECURITY OF UNORGANIZED WORKERS IN THE CONSTRUCTION INDUSTRY**

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**ABSTRACT**

*Construction is one of the important industries employing a large number of people on its workforce. A wide range of activities are involved in it. Due to the advent of industrialization and recent developments, this industry is taking a pivotal role for construction of buildings, roads, bridges, and so forth. The workers engaged in this industry are victims of different occupational disorders and psychosocial stresses. In India, they belong to the organized and unorganized sectors. However, data in respect to occupational health and psychosocial stress are scanty in our country. It is true that a sizable number of the workforce is from the unorganized sectors — the working hours are more than the stipulated hours of work — the work place is not proper — the working conditions are non-congenial in most of the cases and involve risk factors. Their wages are also not adequate, making it difficult for them to run their families. The hazards include handling of different materials required for construction, and exposure to harsh environmental conditions like sun, rain, and so on. On account of this, in adverse conditions, it results in accidents and adverse health conditions cause psychosocial strain and the like. They are victims of headache, backache, joint pains, skin diseases, lung disorders like silicosis, other muscular skeletal disorders, and so on. The repetitive nature of the work causes boredom and the disproportionate earning compared to the requirements puts them under psychological stress and strain and other abnormal behavioral disorders. The Government of India has realized the importance of this industry and has promulgated an Act in 1996. The state governments are being asked to adhere to this, although only a few states have partially enforced it. In this article, attempts have been made to review some of the important available articles for giving a broad idea of the problem and for furtherance of research in this field.*

**KEYWORDS:** *Construction industry, Occupational Hazards, Occupational Health, Social Security.*

## 1. INTRODUCTION

Any industry contributes significantly to the development of a country. Agriculture, industry, and services are the three pillars of India's economy. Our economy relies heavily on the industry for revenue. The construction industry is classified as code 5 by the National Classification of Industries. Building construction employees are classified as code 7 and 9 in the National Classification of Occupations. Around 340 million people (approximately 92 percent) labour in the unorganized sector, with the construction industry accounting for nearly half of them. The output is typically used to measure a worker's performance. It is true that good health is necessary for optimal performance[1]. The Central and State governments in India have established numerous Acts and regulations to protect employees' perks and health. For the health and welfare of building and other construction employees, the Regulation of Employment and Conditions of Service Act, 1996, was enacted. The Factories Act of 1948 stipulates a maximum of eight hours of labour each day, although employees often work 10 - 12 hours. This has an impact on their health, and they are more prone to accidents as a result. Accidents occur at a greater rate in the construction sector than in the manufacturing industry. The building business is linked to a number of health risks[2]. Workers in the unorganized sector have relatively little social protection.



**Fig. 1 symbolizes a typical family**

### *Objectives:*

1. To raise awareness of the many health issues that employees in the construction sector face.
2. To be aware of the different statutes and regulations in place in the nation.
3. To determine the scope of the issues, as shown by research papers.

## 2. LITERATURE REVIEW

The review of literature is about some of the most significant publications over the past 30 years that have been referenced or reported in some major papers. The focus is on health risks, illnesses, social security, and psychological stress in this section. Several writers have taken

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social changes into account[3]. Human behavior in the social system is one of the most essential elements. Human behavior is influenced by social groupings, according to sociologists[4]. Occupation, according to Emile Durkheim, is an example of a social reality. It has an impact on how we act and how others react to us. From the standpoint of the functioning of the social system, too low a general level of health, too high a frequency of disease, is dysfunctional, according to Karl Marx. In the first case, this is because sickness makes it unable to fulfill social duties effectively[5]. Talcot Parson is a fictional character. The division of labor divides laborers into three categories: primary, secondary, and tertiary[6]. Cultivators are in the primary sector, miners and quarry workers are in the secondary area, and manufacturing and service industry workers are in the tertiary section.

Construction laborers work in the tertiary sector of the service industry. The firm laborers are split into two groups based on their working area: the big group and the small group[7]. Workers in large groups work for major corporations or multinational corporations. They construct multi-story skyscrapers, retail malls, and other structures. They're from the business world. Tiny groups of employees work in small structures such as houses or apartments. They're the employees who aren't well-organized[8]. Acts and regulations are followed by big corporations for the welfare of their employees. This is not the case with the tiny group of contractors that use small laborers. The Government of India has published several Acts and the State Government has established regulations to protect the advantages and health of the laborers[9]. No adult worker should be compelled or permitted to work in a factory for more than eight hours per day or forty hours per week, according to the Factories Act of 1948. The Buildings and Other Construction Workers (Regulation of Employment and Conditions of Service) Act, 1996, Act no. 27 of 1996 [19 August, 1996], was enacted by Parliament in 1994, and it regulated the employment and conditions of service of buildings and other construction workers, as well as other matters.

The review of literature refers to some of the most significant publications over the past 30 years that have been referenced or reported in certain key texts. The focus is on health risks, illnesses, social security, and psychological stress in this article. A number of writers have taken social reforms into account. Human behavior in the social system is an essential consideration. Human behavior is influenced by social groupings, according to sociologists[10]. A sociological reality, according to Emile Durkheim, is occupation. It has an impact on how we act as well as how others treat us. From the perspective of social system functioning, too low a general degree of health, and too high a frequency of sickness, is dysfunctional, according to Karl Marx[11]. This is because sickness makes it impossible to fulfill social duties effectively in the first place. Talcot Parson is a fictional character created by Talcot Parson. Primary, secondary, and tertiary laborers are divided into three categories according to the division of labor. The primary part is made up of cultivators, the secondary section is made up of miners and quarry workers, and the tertiary section is made up of workers in the manufacturing and service industries.

Construction laborers are employed in the tertiary sector of the service industry. The firm laborers are split into two groups based on their working environment: big group and small group. Workers in large groups work for multinational corporations (MNCs). Multi-story buildings, retail malls, and other structures are among their products. They work for a company. Workers in small groups operate on modest construction projects such as houses or apartments. It's the employees that aren't well-organized. Acts and regulations are followed by big businesses

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for the welfare of their employees. This is not the case, however, with the tiny group of small laborers' contractors. Many employees, in addition to having modest savings, have difficulty turning funds from various years into retirement earnings in subsequent years in various states of nature. We know from 401(k) research that many employees do not diversify appropriately and do not select a prudent long-term investment strategy. 5 Many employees' willingness to accept their companies' default allocation suggests that they lack a clear understanding of how to choose a portfolio. Others pay advisers up to 1% of their assets each year to assist them choose mutual funds outside of their employer-sponsored retirement plans (in what are called wrap accounts). Paying 1% more each year lowers the accumulation by approximately 20% at the conclusion of a 40-year career. 6 Even mutual funds that are quite identical have significantly varying yearly fees. While the average annual fee for mutual funds incorporating stocks is now 14.4% of assets (including a proration of front loading), some employees pay much more. A charge of the typical amount deducts approximately 25% from what would be available at retirement if there were no cost. As a result, many employees find it more difficult to save for retirement than they could, or than an idealized theory suggests they should. To be clear, I am not advocating for a ban on these market possibilities, but more regulation would be beneficial. Rather, I'm arguing that Social Security experts should be reasonable. The individuals who are subordinate to section 2(1)(n) and the provisions of that section, which is to say, any individual who is utilised in the construction, maintenance, repair, or demolition of, (a) any building that is designed to be, is, or has been more than one story in height above the ground or twelve feet or more from the ground level to the apex," according to the Workmen's Compensation Act of 1923. Everywhere, psychological violence was rampant, with verbal abuse at the top, followed by bullying and mobbing. Brundtland stated that health had been severely harmed, with 1.6 million individuals killed and countless more injured as a result of violence, revealing the various faces of interpersonal, communal, and self-directed violence, as well as the contexts in which it happened. The incidence of absenteeism rose as a result of a lack of assistance at work. A rise in absenteeism was linked to abusive supervision.

### 3. DISCUSSION

It is found that in big companies or MNC company's safety guidelines are maintained for the benefit of the workers. No such guidelines are followed or safety measures taken while working at heights for unorganized workers. These are causes for fatal accidents. On account of this, in adverse conditions, it results in accidents and adverse health conditions cause psychosocial strain and the like. They are victims of headache, backache, joint pains, skin diseases, lung disorders like silicosis, other muscular skeletal disorders, and so on. The repetitive nature of the work causes boredom and the disproportionate earning compared to the requirements puts them under psychological stress and strain and other abnormal behavioral disorders. The nature of work leads to fatigue. Monotonous work, work intensity, and duration of mental work, are some factors that require special attention. The workers even face anxiety when there is no work. The exposure to different environmental conditions like noise, light, and heat may be responsible for health impairment. Postural changes like bending forward or standing may cause backache, low back pain, and neck pain and so on. It is also associated with weight bearing.

#### 4. CONCLUSION

In India, as the workers are mostly illiterate, it is desirable to impart health education to them, to apprise them of the ill effects of work and the remedial measures. Awareness programs and local group discussions are essential for improving the health status of these working communities. As a result of their exposure to work, employees may develop a variety of occupational illnesses. They are uneducated and unconcerned about various preventative measures. Silicosis, lead toxicity, illnesses of the joints and bones, carbon monoxide and benzene poisoning, skin problems, and other occupational ailments in construction workers need special care. While the buildings are being coated, the employees are exposed to lead. The female construction workers, as Baruah identified were getting opportunities, and suggested training and certification for providing skilled women with quality employment opportunities

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