

**Occupational Health Problems of Construction Workers in Valley of Kashmir**

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Abstract

Occupational risks have been classed as the tenth leading cause of morbidity and mortality and occupational skin diseases are important problem in the construction industries.

Aims

The aim of this study is to understand the occupational health problems of construction workers engaged at large construction site in Kashmir.

Materials and Methods

The cross-sectional study was conducted at a large scale construction site of a cement factory on outskirts of Srinagar. All workers (N = 200) were enrolled as study subjects. Data was collected by the team consisting of investigators, doctors and social worker using a pre tested validated structured proforma.

Results

Among 200 workers only 28.0% used protective measure and 70% had suffered with at least one form of disease. Among them different diseases were found in following percentages i.e. respiratory problems (45.7%), musculo skeletal problems (32.8%), dermatitis (78.6%), burn/scald (6.6%) and accidental injury (28.6%)

Conclusions

Measures are needed to improve the work environment of construction workers by ensuring availability of protective

gears, sanitation facilities at the sites along with an accessible, accountable occupational health services.

Key words

Building and construction workers, occupational health, skin problems, work related injury

Introduction

The construction industry is one of the world's major industries. It is an essential contributor to the process of development. Being an unorganized sector the workforce is at risk of developing safety and health related hazards at work.¹

Construction workers in both are at a greater risk of developing certain health disorders and sickness than workers in many other industries. They are exposed to multiple physical, chemical and biological agents, which make them vulnerable to various health problems that include - injuries, respiratory problems, dermatitis, musculo-skeletal disorders and gastro-intestinal diseases. The work is hard physical labor, often under difficult conditions like adverse weather conditions and the nature of work, hours of work, low pay, poor living conditions with lack of basic amenities and separation from family, lack of job security and lack of access to occupational health services make the situation worse. Due to ergonomic issues they are also vulnerable to degenerative disorders. Apart from this, in most of construction projects the workers employed are unorganized in nature

and often not guided by the legislations made for the health and welfare of the workers and hence are not eligible for free or subsidized care.²

In the era of globalization construction is a fast growing industry and very little research has been done on the occupational health, hazards and psychosocial problems of these workers especially in Kashmir. In this context to understand the health problems of construction workers and advocate public health policy measures, this study was conducted.

Objectives

1. To study health problems of construction workers at a large construction site.
2. To suggest measures for improvement of health of these workers.

Material and Method

A cross sectional study was conducted at a large construction site in Srinagar in May 2014. All the 200 construction workers working at the site in were selected. After a complete physical examination, data were recorded in a pre-designed structured questionnaire, providing a detailed job condition, personal and past medical history and the length of employment in the current job position. The duration of exposure was calculated as years in occupation. In addition, the subjects were asked about their personal work habits, use of protective equipments and the type of personal protective equipment used. All collected data were checked and rechecked for omissions, inconsistencies and improbabilities. Data analysis were performed by Statistical Package for Social Science (SPSS), version-17. Prevalence, percentage, mean and median were calculated.

Results

A total of two hundred workers were studied during the research period.

Table 1: Age wise distribution (n=200).

| Age | Frequency | Percentage |
|-------|-----------|------------|
| <18 | 20 | 10 |
| 18-45 | 136 | 68 |
| >45 | 44 | 22 |

Table 2: Duration of work (Year/s) (n=200).

| Duration | Frequency | Percentage |
|----------|-----------|------------|
| <1 | 18 | 9 |
| 1-4 | 138 | 69 |
| >5 | 44 | 22 |

Table 3: Protective measures (n=200).

| Protective measures (Boot, Gloves, Apron/jacket, Goggles ,helmets and Sufficient water) | Frequency | Percentage |
|---|-----------|------------|
| Available or used | 56 | 28 |
| Not Available or Not used | 144 | 72 |

Table 4: Prevalence of diseases among construction workers (n=200).

| Disease | Frequency | Percentage |
|---------|-----------|------------|
| Yes | 140 | 70 |
| No | 60 | 30 |

Table 5: Distribution of skin diseases among construction workers (n=140).

| Disease | Frequency | Percentage |
|----------------------------|-----------|------------|
| Work place injuries | 40 | 28.6 |
| Respiratory problems | 64 | 45.7 |
| Occupational skin diseases | 110 | 78.6 |

| | | |
|---------------------------|----|------|
| Musculoskeletal disorders | 46 | 32.8 |
| Others | 44 | 31.4 |

Discussion

Rapid urbanization and industrialization have imposed a huge load of construction works worldwide, which creates different social, cultural and health impact. The construction workers are exposed to multiple risks at working and living places, they are exposed to physical, chemical, biological, ergonomic hazards and environmental and psycho social risks.

In the current study among two hundred construction workers 70% of them have at least one form of disease. Out of all skin diseases, were the most commonest (78.6%) followed by respiratory problems (45.7%) and musculoskeletal disorders (32.8%) .

Out of all skin diseases, 48 (40%) patients were suffering from contact dermatitis, among which was irritant contact dermatitis (ICD) 26.7% and 13.3% allergic contact dermatitis (ACD). Other skin diseases were acne, seborrheic dermatitis, burn/scald accidental injury, scabies, fungal infection and palmoplantar keratoderma. The findings are consistent with the study conducted by Masqoor et al¹ and Sarwar et al⁵.

In the current study only 28.0% workers had opportunity to use any form protective measure. The prolonged exposure to construction materials for years without almost no protective measures may be cause of this high rate of contact dermatitis. The construction workers are a group of less skilled workers who start the occupation without previous training; this situation facilitates the emergence of occupational dermatitis. More over in this study almost all workers are belong to low socio-economics class, they have limited excess to healthcare, lack of sufficient health education. All these factors produce a cumulative affect to their health which can be

prevented by providing improved work place, protective means, health education, adequate health services and improving professional skills.⁵

Conclusion

Measures are needed to improve the work environment of construction workers by ensuring availability of protective gears, good living conditions and sanitation facilities at the sites along with an accessible, accountable occupational health services. A system of health recording and routine surveillance among workers should be implemented. Local medical schools and occupational health institutes should be encouraged to study the health of construction workers in comparison with appropriate baseline control populations due to the significant deficiency of epidemiological data in this fast growing sector.

Limitations

1. The study was a cross-sectional study temporality, causation of the health outcomes were not proved and the actual incidence could not be recorded.
2. Those workers with severe morbidity may leave the job and due to the “healthy worker effect” the results may be an under reporting.

References

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