

Women Workers in Unorganized Sector in the LPG Context- Sanitation and Gender Concerns

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ABSTRACT:

Globalization has opened up enormous opportunities to particular section of population where the professionally educated women are able to get employment opportunities in the LPG context in India. In fact, gender disparities less prevail in IT sector in terms of recruitment, wage fixation etc. Women are preferred in certain sector, say in Education where the women teachers in self financing institutions are hired for relatively lower wage. There is an informalization of formal sector, where the hourly basis, contract, temporary teachers are being appointed. Similarly the informal sector, huge labour force is being engaged in which women are increasingly participating where the issues of safety, sanitation as part of decent working conditions are missing. Female work participation rate has been declining for nearly three decades where the education among the women is on the increase. It is a paradox. The declining employment is more in formal sector which have been explained by the withdrawal of middle class women from labour market and voluntarily due to underpaid. It is evidenced that the participation in education is not explaining the decline in employment. In this context, provision of basic sanitation integrated with menstrual hygiene needs would be required for more participation of women. Women in informal sector such as construction work, domestic work, street vending, retail shops and private sectors remain absent or withdraw from work due to poor or lack of sanitation facilities. The SDG 5 and SDG 6 are connected where ensuring gender equality (SDG5) are connected with provision of sanitation and clean water (SDG6) and decent work and economic growth (SDG8). The globalization has been focusing on homogenization of culture where the products from abroad are preferred by the consumers, the production and labour relations have been changed, resulting in contractualization, casualization, marketization, territorialization of labour market with no direct relationship between

employer and employees. The LPG policies have no scope for workers organizing or form union to demand for provision of basic needs, minimum wage, wage hike, regularization of work etc. In this context, this present study has been conducted to understand the sanitation needs and issues for women at work places and the key issues are being highlighted and presented.

Key words: Sanitation, gender, Menstrual Hygiene Management, Sustainable Development

I. INTRODUCTION:

Women continue to constitute the major labour force in the informal sector at the global, national and local levels. Women's labour is not valued equally like men for the reasons that they are women. Added to this is that the women's labour is undervalued as it is not much skilled and do not command equal wage. Women's work in the labour market is always seen in relation with gender roles particularly the reproductive role. Hence the capitalist market does not recruit a woman with the equal focus and recognition as a man, and as such takes allowances in fixing the wage which is often lower to men's wage. More so, is the gender division of labour where the women's work is often cut off from the men's work and the system justifies for the relatively lower wage. In India, approximately 50% of the population is women and they comprise one third of the labor force.[7],[8] According to the 2001 Census, the work participation rate for women was 25.63% in 2001, which is an improvement from 22.27% in 1991 and 19.67% in 1981. Only 7% of India's labor force is in the organized sector; 93% is in unorganized, informal sector, and 96% of women workers are in the unorganized sector. (Sankanar and Madhav (2011))

There is general tendency that women do not work for late hours, women cannot be assigned with tasks which are to be worked overtime, women cannot perform hard jobs, involving machines and as such in majority of the factory or

company system, only a marginalized kind of labour intensive, manual labour demanding and low wage commanding work are being assigned. Moreover except a few percentage, women are hugely involved in unorganized sector, where they do not have any social security coverage, but have the flexibility to attend work whenever needed. Such distortions lead to temporary and casual labourers rather than permanent work. It is further associated with provision of poor working conditions including time, wage, facilities, social security including sanitation facilities. Women's contribution to labour market and to the household cannot be neglected. There are certain kind of work be it agriculture, or construction or domestic help or factories say match industries, lock or garment making corporate, etc which can only etc performed by women alone and hence the capitalists depend only on women. However, with mechanization, such work are also done by machines and least is being available to women. This is particularly true in farming. With recurrent drought, women continued to lose their work in agriculture and hence migrate to neighbourhood towns in search of work.

Feature of Unorganized sector Workers:

Unorganized sector is characterized with lack of provision for social security and safety, irregular work, casual wages, which are distributed into working in a factory, or home based or self employed work. Unorganized sector or informal labour constitutes around 93% of total work force in India. The subsistence wage coupled with irregular work often push the vulnerable population to remain in persisting poverty, which further push to face livelihood challenges, indebtedness. It is further fuelled with discrimination of wages or division of work, for women, children, of different regions, caste, and of migrant laborers. In 2012, the world labour force constituted 3.3 billion people, of which approximately 40% comprised females (1.32 billion) and female participation rates varied from a low of 16% in Jordan to close to 90% in Tanzania.(ILO,2012). In developing countries, including India, major part of the workforce is involved in informal sector. Informal sector is important not only from an economic point of view but also in sustaining the livelihood and well-being of the overwhelming majority of Indian population. (Naik, 2009) . Moreover the workers in unorganized sector who are employed as wage labourers in majority of the occupations be it construction work, working in small enterprises , mills, match factors, brick klin, garment, beedi

work, domestic work, etc where gender division of labour further adds to the relatively lower wage being drawn by women. Women's work is devalued just because it is associated as women's work or when the same work is being delivered by a man commands higher wage than a woman. Work is connected to the women's reproductive role in the labour market where the capitalist mode of production always fixes a relatively lower wage for women taking into consideration the anticipated absenteeism or discontinuance of the women workers for the demands of social reproduction roles.

The capitalist system sustains by recruiting such workers who will not demand for wage hike, do not form union, not collectively represent to demand for decent work, working conditions, wages, facilities including basic sanitation facilities. The social reproductive role of women hugely subsidizes the capitalist and help in enhancing the profit, as the men are facilitated to go to work regularly without delay and contribute to increased productivity. In case women deny the social reproductive role, men may not be regular as it would be additional burden at the home front, which might have implications on their regularity, contribution to productivity, completion and delivery of the orders etc and eventually would affect the profitability of the enterprises. So capitalism will always be alert and vigilance enough to safeguard the men's labour expecting the dual burden of women to continue, disregarding the facilities required for women to continuously engage in labour market be it crèche or flexi hours or part time work or basic sanitation and hygiene facilities including menstrual hygiene and menopausal needs. Absence of such basic facilities make the women labour force suffer in silence, or discontinue from work force, remain as casual labourers to exit at any point, and as such the women's labour has been preferred by the capitalist system where the provisions of permanency, social security, facilities etc need not have to be concerned with. As Marx right pointed out, there is always a 'reserve army of labour' irrespective of gender, and more so for women, given their priority, social expectation that the women have to confine to private space and household work. Hence the women in general do not stay long in the labour market particularly in the unorganized sector. These women are concentrated in the lower-income segments, working in survival activities or as casual wage workers or home-workers.(Sankaran and Madhav, 2011). So women in unorganized sector remain largely as casual and

temporary labourers and as a such devoid of social security and failed to raise their voice out for the provisions of basic facilities including basic sanitation. There is a preparedness among the women that it is the duty of the workers to adapt to whatever sanitation facilities being provided. When it is not provided, the women use the public toilets or learn to control the natural physical demand. It is least concerned with the kind of health issues that such approaches towards sanitation needs. Worst is the respect to provision of menstrual hygiene needs which is considered as private issue both by employees and employers and women maintain a culture of silence over the same and as such does not occur as an issue to be considered in the State Policies till recent times. Thanks to the Central and State Governments, the Swacha Bharat Mission and provision for the menstrual hygiene needs in the sanitation, health, drinking water policies.

Sanitation as an Issue for Sustenance of Women in Labour Market:

Across the world, 2.4 billion people do not have access to proper sanitation, including toilets and latrines, with nearly one billion people left to defecate in the open. While everyone needs access to proper sanitation to be healthy, for girls and women this is also an issue of safety and equal participation in society. Research highlighting the effect poor sanitation has on women's health, safety and equality is nascent, and some issues, including sanitation in workplaces, remain uninvestigated (World Economic Forum 2015)

The sanitation facilities at the work places has been either absent or if present, ill maintained. Lack of privacy, cleanliness, hygiene etc is the major issues. Women during their menstrual cycle face grave challenges. Women have been the victims of poor or non -availability of toilets at work places or home where the women use the toilets open or access to distantly placed toilets which are quite prone to unsafe conditions, as they control their nature's call till it get dark. Non availability of toilet at home non only force the women to wait till it get darkened, but also prone to physical unsafe and in extreme conditions resulted in rape issues also. It will be still a challenge during monsoon time, sick, elderly, women with menstrual or menopausal period, dysentery, stomach issues, etc. It will have implications on women work participation rates, income, quality of life etc. It is also equally an environmental question in the larger interest as it is quite unhygienic and unhealthy to continue with open defecation.

In school, girls drop out occurs due to poor sanitation. UNICEF reports that 50 percent of the primary schools do not have toilets in developing countries. Those schools have the facilities are not able to maintain is the other major challenge. Same is true with work places. The work places in the private and government offices which are dealing with customers and clients either do not provide toilets or provide exclusive toilets for customers which appear good in the early hours of the day, but as times moves on, it normally starts stinking or not maintained with cleanliness which might be attributed to lack of human power employed, as the entire office in three to four storied or complexes might have only one person or the offices do not provide adequate cleaning materials. A growing body of evidence indicates that many girls and female teachers are uncomfortable in school environments during their monthly menstruation. If toilets do exist, they might not have locks or be separate from the boys' toilets. They might not be clean, or have means for disposal of used sanitary materials. Water, if available on school grounds, may be located at some distance from the toilets, making it difficult to discreetly wash blood off hands or clothing. During menstruation, girls face issues of lack of clean toilets to change napkin. If available, they are located in distant places, without much water and these issues make them to leave the school during emergencies or remain on leave. Research studies investigating the sanitation as part of decent working conditions have not been done much. (World Economic Forum 2015).

Economics of Sanitation:

Economics of sanitation and absence of toilet cannot be measured concretely but still it can be assessed that there will be a loss in terms of absence to work, low productivity, health loss leading further to economic loss, etc which all have serious implications on the overall economy. The World Bank calculates that poor sanitation costs India US\$53.8 billion per year thanks to increased disease, as well as "losses in education, productivity, time and tourism." So economic reasons are to be considered as the vicious cycle of lack of access to property sanitation leads to economic loss, health loss, and psychological stress which all have economic costs which need to be addressed first and sanitation needs are to be prioritized in order to achieve the SDGs. There are equally social factors and social taboos which also contribute to lack of provision of sanitation facilities. Women face the culture of silence in

terms of non-speaking out their sanitation and menstrual hygiene needs due to the social taboos associated. The cultural silencing leads to imposition of social exclusion and myths and taboos surrounding the sanitation and gender concerns. Hence there must equally be focus on eliminating the social taboos, while focusing on the scientific aspect of menstruation process and break the culture of silence. It has political implications, as the capital market can continue to discriminate offering positions which are still considered as domains of men showing the reproductive and menstrual needs of women attributing to physical weakness during menstruation and the low or loss of productivity. Moreover, the menstrual hygiene (MH) needs are neglected as it is women's needs and does not occur to male dominated policy makers to integrate the same into the total sanitation. The Nirmal Puraskar Awards are given for cent percent open defecation free villages and providing toilet access to all. However, no say or inclusion about the menstrual hygiene needs as one cannot afford to have a policy disregarding the handling of menstrual hygiene waste say pads, cloths or others and hence the policy without considering the needs of women cannot be a complete one. The politics of neglecting the women specific needs is also connected to religious beliefs, where social exclusion is still practiced to not to visit temples, not to mix with others in the family and touch the specific trees, plants etc... for which there is no scientific evidence. Women who were contacted at the work places opined that they feel sorry when they get the menstrual cycle during auspicious or festive days as they cannot participate in such functions. In certain cases, they get psychologically affected due to such exclusion though menstrual cycle occurs as per its scientific cycle, go to the extent of feeling that it is a penalty and punishment that god has given to them by making menstruation to occur in the festive time. So religion never taught that menstruation is a scientific and physiological process but something, dirty and women are treated as untouchable. With all these impositions, the menstrual hygiene needs at home front is still continuing as a social taboo and just get extended at work places.

Sanitation, Gender and Culture

There is a strong association between sanitation, culture and gender. Men are culturally sanctioned to use the open and it is not considered as unhygiene and accepted by the society. It takes place at the city, in the presence of the people without any shame but with the given unwritten

cultural norms, women cannot do so, whatever the emergency is. Women may use open space for sanitation needs in the hidden places or in the rural areas in the absence of persons mobility which has been the tradition. Hence till now there are rural households who do not have access to toilets and continue to have open defecation though India has declared recently in 2019 that India is open defecation free nation. Culture also plays a major role in encouraging the unscientific practices in handling menstrual hygiene needs among women where the women and girls are taught to follow stigma and myths associated with menstruation rather than explaining the scientific aspects of it. Hence for a long the menstrual hygiene needs were not spoken open and hence do not get reflected in any policy though there has been some initiatives at present through National Rural Health Mission and also by Government of Tamil Nadu in terms of provision of free sanitary napkins to the rural girls, prison and maternal women, and provision of incinerators in government schools. Thanks to such sensitivity which could happen with the lobbying of women's organizations and also as an effort to address the school girl's absenteeism and drop outs. However, there are still several social and cultural issues in treating the Menstrual Hygiene Needs as part of total sanitation. It affects the women's participation in labour market which needs to be least considered. There is a need to consider by the State to advocate for provision of adequate sanitation facilities integrated with Menstrual hygiene Needs at work places by the Employers as it has been provided in Schools to address the school drop outs. It has to consider the intersection of the economic, socio-cultural, psychological and political factors must be taken into account while devising policies and intervention on sanitation policy integrating menstrual hygiene needs. The vulnerable condition of women reflected in form of girl child labour, trafficking of women, single mother, distress migration, hunger death and various forms of physical violence against women has been increasing in the State. The State Government needs to come forward to democratize the protective measures and development process to reach the most productive section of society and their contribution to the growth of the State economy has to be recognized by State action to develop their condition in building a dignified life.(Manas Jena, 2014)

Kalpana devi1 & U.V.Kiran (2013), found that the women workers working conditions are not easy within the industry as they have to face

several adverse situations such like sexual harassment, wages discriminations injuries and deceases are the major factors due to which women's even though works hard, but lag behinds the men and remains unskilled even after hardship a lot of years..Stem action has to be taken against all those who harasses the employees. The status of the women only can be improved when major transition in the society occurs and that can be achieved by mind set transition

Manju (2017) observed that the women workers condition is highly unpredictable and have constraints related to their work such as insecurity, wagediscrimination, absence of medical and accidental care, lack of continuity etc. this is due to their seasonal intermittent nature of work, low level irregular patterns of earning and employment, absence of employer-employee relationship and weak administrative structure. It is also clear that self awareness and education are the magic wands which will fuel the revolution

From the foregoing discussion about the nature of sanitation facilities at work places, it has considerably informed that the there are social, economic, cultural and political factors which are governing the gender needs on sanitation and hygiene. In order to analyze the work place sanitation needs with the gender focus specifically focusing on sanitation with an inclusion of menstrual hygiene needs, a research was undertaken to find out the provisions of adequate sanitation needs for women at work places. The objectives of the study is as follows:

Objectives:

The broad objective of the study was to make a firsthand field assessment of accessibility to toilets for working women in five major occupational categories covering both informal and formal sectors such as construction workers, street vendors, domestic workers, retail shop workers and office workers (clerical staff in both private and govt. offices) in Tiruchirapalli Corporation with the following specific objectives

- (i) To find out the access to sanitation facilities (both toilet and MHM facilities) at workplace
- (ii) To analyze the knowledge, attitude and practice with regard to MHM.and
- (iii) To understand the relationship between access to sanitation facilities as part of decent working conditions and its implications on work participation of women in labour market

II. METHODOLOGY:

The study was conducted in Tiruchirapalli Corporation region in 2019. In order to understand the sanitation facilities available for women at work places, a preliminary survey were conducted the areas where women are working. It has covered both formal and informal sector. Based on the survey, it was found that women are largely engaged in construction work, retails shops, small enterprises, street vending, domestic work, private offices and government Departments and other such areas. Since majority of the women workers are engaged in unorganized sector, it was attempted to approach office of the Commissioner of Labour Welfare formally. In addition the Association working for the welfare of the workers had also been approached. In the former category, it was not possible to get the required data in time though several attempts have been made to gather the registered women workers with the welfare board from difference categories. Hence the latter categories were approached including Association for Unorganized sector workers, Street Vendors Association, Working Women Forum, Manual Workers Union, Construction Workers Union, Trade Unions etc in Tiruchirapalli. In addition, NGOs, individuals, who could help in locating the sample working women particularly domestic work, had also been approached. It was learnt that it is not so easy to access to the women workers in organized sectors. The major challenge was from the formal sector too say retail sector, private and government offices. The private sector employers were non-co-operative and blindly declined to provide any details. The retail sector too had the same issue. An attempt to mobilize the women in private on holidays or non-working hours had yielded some fruits and managed to collect data from whoever were able to participate. In fact the private offices and retail sector, web site information were located and then the respective offices and shops were approached. It did not help at all and hence, sources known to the research team had to be approached and located the required number of samples throw snow ball method where the one identified was asked to suggest their friends or associates working in other offices and somewhat managed to arrive at the sample. But it was focus group discussion where the participants are to be brought to a particular location to provide data, but it could not happen at all for the private office women workers though several attempts had been made to gather the minimum number required for Focus group discussion. So collecting data through the scientific method originally planned

had to be given up and distortions had to be allowed to accommodate the flexibility and get the required data. Moreover, it is entirely a qualitative study and hence could be managed to complete with available number. It would have been a huge challenge, if the research has been a quantitative. Hence the sample expected could not be covered, despite that fact that a minimum monetary compensation had been made taking into consideration their work days loss, though it was for a maximum of one hour duration, the participants were present to provide the data. The sampling has been fixed for each category age wise and region wise and work category wise which is presented below

Sampling:

The study used stratified random sampling where the list collected from different sources including respective Associations, NGOs, individuals, offices, etc. The list of workers were stratified into domestic workers, construction

workers, street vendors, retail shop workers, private and government office women employees 40 each in the age category of 18 to 25, 26-35, 36-44, 45-54 from four regions in Tiruchirapalli city Corporation namely Tiruverambur, Srirangam, Cantonment and KK Nagar. This apart, special categories of working women had also been invited 10 in numbers from women with disability, pregnant women, women in menopause, women who removed uterus etc. 10 Key Informants and 10 other for Indepth Interviews were also chosen.

The study was planned to collect qualitative data using Focus Group Discussion, indepth interviews (IDI), and Key Informants Interviews (KII) in addition to the minimum quantitative data on socio demographic variables. Though it was attempted to cover the 40 sample women from each category to conduct age wise The study covered working women in five major occupations. The overall sample is given in the following table:

S. No.	Category	DC Method / Tool	Sample		
			Proposed	Finalised	Actual
1	Construction Workers	FGD	40	40	35
2	Domestic Workers	FGD	40	40	39
3	Street Vendors	FGD	40	40	23
4	Retail Workers	FGD	40	40	26
5	Private Office Clerical Staff	FGD	30	35	13
6	Govt. Office Clerical Staff	Interview	10	10	10
7	Differently Abled Workers	Interview	10	10	10
8	Key Informants - Employers	Interview	5	5	4
9	Key Informants - Stakeholders	Interview	5	5	3
Total			220	225	163

III. ANALYSIS AND DISCUSSION:

As the study involved getting the cooperation of the Trichy Corporation, obtaining ethical clearance for the study from the University's Institutional Ethics Committee and subsequently the support of Corporation for the study took over two months of the study execution time.

The study was short-term and exploratory in nature. Yet, much care was taken to ensure representativeness and objectivity, so that the findings could be generalized for the target population, namely, women workers in the five occupations in Trichy city. For instance, the construction workers sample was identified from different regions through the various assembling points in the city. Also, efforts were made to enroll

the respondents in the four age categories wherever available.

The tools (FGD guides or interview guides as applicable) for each category of respondents were prepared in great detail by the core study team and sent to IIHS team for review and comments for revision. Many revisions were carried out by the study team based on IIHS expectations till each tool was finalised before administering for data collection in the field.

For the FGDs the respondents were collected at different feasible locations. The interviews were conducted at the workplaces / offices of the respondents. Assembling the groups of respondents in particular places at specific times was a tough challenge for the field investigators.

Adequate training was imparted to the field investigators by both IIHS team and core study team through workshops and mock sessions for conducting the workplace observations, FGDs and interviews.

As observed in the ongoing research on Sanitation for women at work places integrating menstrual hygiene needs by the Department of Women's Studies, Bharathidasan University, there are different categories of work in which the working conditions are associated with decent provisions for basic facilities, moderate or absence of any facility. Construction work is one where the facilities are almost absent in individual constructions or private contractors adopted construction, where more women work but providing basic sanitation need is not the priority. It cannot be denied that provision of decent working conditions in terms of basic sanitation and hygiene facilities will enhance the productivity, reduce absenteeism and promote employment. The socio cultural norms which often silence the women must be given up at the work places to motivate more women to join labour force. Trade unions must include the women's voices for collective bargaining at the labour market. However, the neoliberal policies and economic reforms and restructuring introduced in India in the name of Liberalization, privatization and globalization have opened up the economy, facilitating technological and capital intensive production, pushing the labour intensive technologies in major corporate companies. Only the lowly paid, marginalized work which do not require much skill or dexterity are being assigned to women workers, which are characterized with monotony, low wage command, lack of protection for workers. With increasing unfair sex ratio, women suffer from gender based discrimination, patriarchy, male dominance in socio-cultural life, illiteracy, resourcelessness and unemployment problem.

IV. FINDINGS:

- a. Availability of and accessibility to toilets at workplace is a non-negotiable need of women workers irrespective of the occupational category.
- b. Given the cultural, social and physiological factors, the toilet needs of women workers are more critical when compared to men.
- c. In general, the existing toilet facility for women workers at or near their workplaces is far from adequacy and accessibility even by minimum standards.
- d. The respondents have sufficient knowledge on menstruation to manage their needs. They have acquired this knowledge from their mothers, elder sisters and friends/relatives. The youngest group (18-25 yrs) had this imparted through schooling. However, insufficient sanitation facility for MHM needs at work places make them very uncomfortable to the extent of taking leave on loss of income, particularly in the informal sector.
- e. Younger groups (18-45) have nil to partial information on menopause and associated problems. Providing the required scientific awareness to these groups would help them to understand the problems associated with menopause and manage them well in future when it happens to them.
- f. The common problems associated with menstruation are abdominal pain, hip pain, body pain, back pain, leg pain, head ache, physical exhaustion and inability to concentrate on work, white discharge, irritability and bad temper.
- g. Managing such pains is mostly done by traditional home therapies. In extreme pain cases, doctor consultation is sought.
- h. Social discrimination and exclusion during menstruation prevail even in workplaces as a cultural continuity over scientific reality and factual knowledge. Wherever possible, women workers do not reveal their menstruation condition fearing such embarrassments.
- i. Social distancing, avoiding physical contacts, staying away from sacred spaces and auspicious events, followed during menses seems to be an extension of home imposed socialization practices. Education and changed life styles have impacted these practices but are still practiced as much as possible by individual households.
- j. One to three days of permitted leave during severe pain days of menstruation would be a women friendly gender sensitive gesture. Giving less straining and less stressful tasks, time allowance for rest, private space for changing pad, space for convalescing etc. are some organisational measures needed.
- k. Sanitary pads and cloth are the most preferred choices used during menstruation. Pad is preferred for their convenience and secure feeling. Cloth is preferred for being inexpensive, washable, reusable and healthy. Menstrual cups are mostly unheard of and seldom tried.
- l. Women's needs of sanitation at workplaces including MHM should be met by the employer. In case of small employers who

cannot afford to provide such facility individually, group facility could be provided on shared basis.

- m. In addition to providing adequate toilet facility, maintaining them in clean and usable condition has to be ensured by the employer with users' participation.
- n. An issue that needs to be addressed is proper disposal of used sanitary pad or cloth. Awareness and training on safe disposal, reusability and periodic changing of absorbents are some aspects that need urgent attention for improving both personal and public health.

I. Category-Wise Specific Findings and Recommendations

Construction Workers

- a. Most vulnerable group among the work categories in terms availability and accessibility to even basic toilet facility at workplace.
- b. The distances travelled from home to assembly points and again from there to worksites, long waiting time at the assembly points, uncertainty in getting recruited for a day's work, non-availability of safe and private spaces for their sanitation needs at both the waiting (i.e. assembly) points and worksites, long workdays in such conditions make their plight most demanding.
- c. Almost all of them are married, above 26 years of age, and have taken up this occupation to run their families.
- d. Only those who endure the tough working conditions sustain in this occupation and therefore it seems they are used to workplace hardships such as lack of basic toilet facility. They are either forced to use the unsafe and privacy-less open spaces for their natural calls or choose to avoid answering such calls thereby spoiling their health irreversibly.

Domestic Workers

- e. They have access to toilets either at the houses they work or in nearby places. Toilet facility at workplace is generally not an issue for this category. In houses having a separate toilet for outsiders, they usually allow the domestic workers to use the toilet. Otherwise, in most cases they don't expect the facility at the workplace and mostly feel embarrassed to ask for using the toilet.
- f. Moreover, the duration of work in a day is very limited ranging between one to a few hours. This makes them less vulnerable to the

hardship associated with lack of adequate toilet facility at work place.

- g. During menstruation, some are given leave (with or without pay) and most are restricted from certain works and spaces. This symbolizes social stigma associated with "periods" as impure or dirty condition.
- h. Domestic work being carried out in a private space of the employer, the understanding of discrimination is negotiated between the worker and her employer, with the latter having more say over the matters related to menstruation. Self and social exclusion is still a common pattern.
- i. Joining and staying in domestic work with a particular household is a choice of the worker and similarly taking and keeping someone as domestic help is a choice of the house owner.
- j. However, long tenure of work in particular household creates a cordial bond of loyalty between the domestic worker and her employer. In such cases, the worker becomes one among the members of the household.

Street Vendors

The Street vendors are the worst affected category where the toilet facilities meant for street vendors do not found their presence. Men use the open wherever they found. But women are to look for public toilets or the neighbourhood big shops where it may not be permitted often, but the street vending women persuade the shops and use the toilet. In certain areas, the women do not have toilet access at all in their neighbourhood say near subramaniapuram, Anna stadium etc, where the street vending women either use open if possible and have privacy or control till the evening. There are couple of street vendors who starts their business at nine in the morning and continue till seven in the evening and failed to use the toilets as there is no access. Some of them reported that they face severe menstrual pain and take pills to subside without taking leave for the fear of losing the business. The Street Vending women use in emergency time, the commercial complexes in the neighbourhood. One of the participants in street vending had urinary infection continuously for two years due to infrequent urination and controlling the same for want of toilets, time etc. She also had uterus infection and when advised to remove uterus she did not accept for the belief that if it is removed artificially without leaving the natural process to complete it may bring complications, eye blondeness etc. They have expressed the need for

toilets in their neighbourhood and they do not mind making payment for the same.

So among the street vendors, the access to toilet is non available . They use only commercial complexes or public toilets in some cases. In certain regions like Ponmalai, Subramaniapuram, there is literally no access to toilet, and the women continue to control even when they feel like using toilet. Some of the participants did face the issue of urinary infection and other complications. To not to miss the business, even if the women feel like using toilet, they avoid using it. In fact, some of them held that they have mentally prepared to remain not using the toilet till the business hours. In case they travel for a long distance, women refrain from using the toilet and similarly they make up their mind and hence the sanitation and hygiene became a non- issue which at the cost of personal preparedness to bear any emergency.

Retail Workers

Some of the women commute to work close by shop from their residence and hence sanitation is not an issue. Moreover the work place has toilets with all facilities except menstrual hygiene facilities but the women workers do not disclose to the owners for such facilities. During menstruation in the early days, the women used to stay outside, but not now. They felt that days are changing and hence it is not possible to follow such traditions. It was held that they do not share such facts with even to their husbands and where is the question of sharing it with men at work place. Moreover, the women take leave during menstrual cycle days for two days and some of them take pills and attend the office as they are widows and if they take leave, the wage will be deducted. They held that the toilets must be women friendly to accommodate the needs of the Women during menstruation where sanitary napkin may be provided. The men at work places generally understands and accommodate when the women workers express their illness but at home, men and boys do not understand and hence women continue to bear the burden of household work. They expressed that awareness is to be given to men and boys than women and girls. So as far as women workers in the age group of 36-45, it is understood that sanitation facilities are available at work places though the women do not use them but only visit home as majority in this age group of the sample do reside in their neighbourhood but there is an economic loss for the workers as some of them take leave as loss of pay. Men and boys are to be created awareness at the household level. It is high

time that the men in the respective households must be sensitized on the sanitation and menstrual hygiene needs, the pain that the women face, the nature of sharing, concerns to be shown during such time etc which will partly help the women to feel comfortable and continue to work. In a couple of cases, the women held that when they asked for permission for emergency to attend their periods, they were scolded and abused without understanding the need. In such time, the women severely felt embraced and got hurt but still they could not reveal the reason for the culture of silence maintained over the menstruation. In several cases, the men do understand if the women reveal the reasons but cultural barriers still prevent them to not to openly discuss or share about menstruation and hence the facilities also go unattended. In extreme cases, the women take leave rather than asking for provision of MHM facilities. Moreover, it is understood that the widowed women who do not have any economic support are forced to adjust and attend work during menstruation though the others could afford to remain on leave. Considering such vulnerability, the work places must provide all possible facilities for the menstruating women to have rests and may be assigned with less demanding tasks etc. Recently government of Kerala has issued an order that all the private and retail shops must provide chairs for the workers to sit and continue their work. During menstruation the women will find it difficult to stand for a long as there is bleeding and the whole metabolism will be different. Hence the retail shops where women workers are employed need to be offered with chairs and sit and work.

Private Office Staff

It is mixed for private office staff where some of the institutions could provide clean sanitation facilities as it was reported that they have sufficient toilet facility at their workplaces. Either Indian or western or both types are available and hence accessibility is also not an issue. Toilet is nearby and accessible at any time. They feel at home and the toilets are neatly maintained and water is sufficiently available. But there are certain offices where they are function in commercial complexes where the toilet worker ratio is low and common for both men and women where the women often refrain from using the toilets as the men have their smoke their and ill maintain. Some women have withdrawn for want of water, no clean toilet. Since the bargaining power of women workers is poor, and if they demand, other set of workers are available to hire out, it often remains

an non priority for employers to provide sanitation and clean sanitation. It is difficult to increase the work participation of women in such a context of poor sanitation and none of them sample work places have integrated the sanitation with menstrual hygiene needs.

V. CONCLUSION:

The LPG polices in India have paid dividends but it has class and gender implications. The gain has been reaped more by capitalists and upper class where it was possible to sustain with the competitiveness. Same is true with labour force, the survival of the fittest and adapting to labour market challenges. The basic facilities as a matter of right could not be claimed. There is an absence of work place for the unorganized sector women where they face poor working conditions which drive them off and withdraw subsequently or shift to work which is paying low but ensure decent working conditions. With the work participation of women, economic development is not possible and cannot ensure social and gender justice. Based on this study it is underlined that sanitation needs must be part of the decent working conditions and special needs of women must be incorporated. There is a need for Gender sensitive administration to understand the special needs of women which can come when the State make it mandate to provide sanitation as part of work place facilities. Incorporating MH needs will be a Gender Mainstreaming Initiative which will help in achieving the SDG 5, 6, and 8 and thereby enhancing economic growth.

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