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Original Research Article

Financial Insecurity, Work–Life Balance and Health Outcomes: Evidence from Women Construction Labourers

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Abstract: Female construction workers are one of the least economically secured groups in the informal sector in India. Women in Chennai bear the double burden of having an unstable income and having to do physically demanding work that requires them to work long hours and not use their skills and education. They also do not have full or any access to social benefits which are more than likely to be the most contributive factor to their overall financial insecurity. This, in turn, will affect their quality of life and health in ways that are most unfavorable. The research under discussion investigates the triangular relationship of financial insecurity, work-life balance, and the health status of women construction workers in Chennai City. The research design was both descriptive and analytical, and data were collected from 240 female construction workers using a well-developed questionnaire. For the analysis, tools like the percentage method, the testing of reliability, exploratory factor analysis (EFA), Pearson correlation, multiple regression analysis, and Structural Equation Modeling (SEM) were utilized. The results suggest that the factor of financial insecurity and the one of work-life balance have a very significant and negative impact on the health outcomes from the physical and mental standpoints. Exhaustion and income were pointed out as the most health-related factors with the highest association. The survey, as a conclusion, states that the steps of enhancing incomes' reliability and reducing the stress of workloads are very crucial in welfare service access to health and wellbeing among women in the construction sector.

Keywords: Financial Insecurity, Work–Life Balance, Health Outcomes, Women Construction Labourers, Unorganised Sector, Chennai.

INTRODUCTION

In the disorganized economy of India, the building business is one of the job sectors where women are significantly present. Generally spoken of as living in extreme life conditions, women building workers are undertaking extremely tough working conditions of material carrying, site cleaning, and helping professionals with experience. The city that fastly transforms into an urban area like Chennai has generated a high demand for construction labor but still, the female workers continually suffer from pay the said worker gets from the employer, differential treatment practiced at the workplace, temporary and unsecured jobs, and no staff-welfare program initiated by the government.

Female construction workers are still troubled by financial uncertainty that deteriorates their performance in various aspects of lives. The long and irregular work hours are the culprits that leave people with minimum or no time at all to relax. And that time is the time for them to recuperate. The consequences of these stresses include chronic illnesses, tiredness, mental pressure, and also poor physical health. The study is about how work-life balance might have something to do with finance-related instability, and how this could possibly have a health effect on female construction laborers coming from Chennai.

STATEMENT OF THE PROBLEM

Women who work on construction sites are still being socially and economically marginalized despite their significant input to urban development. Their incomes are at the mercy of the project they are

working on, they have no sickness leave, are working under very hazardous conditions as well as having no medical insurance to cater for their health needs. The result is that these workers are being forced to work when they fall sick just because they are afraid of losing their jobs, which further deteriorates their health conditions.

There is an important lacuna in the studies relating to the physically demanding women in the informal sector with most of the current studies on the subject of work-life balance and health being on the organized sector. Very little is known about the relationship between women construction workers' health status, work and family life and economic dependency. The present study is an attempt to fill that gap by examining these relationships in the context of Chennai City.

REVIEW OF LITERATURE

According to Banerjee (2018), the unpredictability of financial situations among women who work in informal settings greatly raises the risk of stress-related health disorders.
As a result of their prolonged work hours and the responsibility of providing care for their families, Rani (2019) discovered that women who work in construction face considerable work–family conflict.
According to Jain and Totawar (2020), a work–life imbalance is a contributing factor in the development of chronic fatigue and burnout among low-income women who are employed as laborers.
It was discovered by Devi and Reddy (2021) that erratic income and unsafe working circumstances are factors that contribute to deterioration of both physical and mental health outcomes.
It was discovered by Thomas and George (2022) that women who work in labor are forced to ignore their healthcare requirements due to financial insecurity.
In their study, Gowri and Priyadharshini (2023) highlighted the fact that emotional tiredness acts as a mediator between the association between workload and health consequences.
The findings of Haque et al. (2024) demonstrated that women who work in the construction industry are substantially more likely to have anxiety, musculoskeletal diseases, and psychological discomfort when their income is unstable and they do not get enough rest.

OBJECTIVES OF THE STUDY

1. To examine the level of financial insecurity among women construction labourers
2. To analyze work–life balance issues faced by women construction workers
3.To assess physical and mental health outcomes among women labourers
4. To study the relationship between financial insecurity, work–life balance, and health outcomes

5. To identify key predictors influencing health outcomes

HYPOTHESES

- H01: There is no effect of financial insecurity on health outcomes.
- H02: Health outcomes are not affected by Work-life balance.
- H03: The relationship between Work-life balance and health outcomes is not mediated by Emotional exhaustion.

RESEARCH METHODOLOGY

To gather primary data, the research design used in this study is both descriptive and analytical. Vield and selective selection revealed the need for primary data from 240 female construction workers in Chennai. The areas of financial instability, work-life balance, emotional exhaustion, and health repercussions were probed through a structured questionnaire based on the Likert scale of five points.

Independent Variables:

- Financial Insecurity
- Work–Life Balance

Mediator:

- Emotional Exhaustion

Dependent Variable:

- Health Outcomes (Physical & Mental)

Statistical analysis was carried out using SPSS and AMOS.

ANALYSIS AND RESULTS

1. Percentage Analysis

Variable	Category	Percentage
Age	31–40 years	46%
Monthly Income	Below ₹10,000	62%
Working Hours	>8 hours/day	58%
Health Issues	Frequent fatigue	64%

According to the percentage research, 46% of female construction workers are between the ages of 31 and 40, which

represents a workforce actively involved in physically demanding labor during their most productive years. Significant financial instability and inadequate economic stability are highlighted by the fact that the majority of respondents (62%) make less than ₹10,000 per month. Furthermore, over half of the respondents (58%) work more than eight hours a day, indicating long workdays without enough time for rest or recuperation. The high percentage of people who experience frequent weariness (64%) suggests that physical health is impacted by a combination of demanding job environments, long hours, and low income. Overall, our results highlight the greater health hazards and financial vulnerability that women construction workers in Chennai's unorganized sector confront.

2. Reliability Analysis

Construct	Cronbach's Alpha
Financial Insecurity	0.86
Work–Life Balance	0.83
Emotional Exhaustion	0.85
Health Outcomes	0.88

All of the constructs show strong internal consistency, according to the reliability analysis, with Cronbach's Alpha values above the suggested cutoff of 0.80. Health Outcomes has the highest reliability ($\alpha = 0.88$), indicating a high degree of consistency in the items measuring mental and physical health. Excellent reliability is also demonstrated by Financial Insecurity ($\alpha = 0.86$) and Emotional Exhaustion ($\alpha = 0.85$), indicating that the measures accurately measure the emotional and financial stress that female construction workers endure. The acceptable reliability levels are also met by Work-Life Balance ($\alpha = 0.83$). All things considered, these findings support the validity of the measurement scales and their suitability for additional statistical analyses like regression, correlation, and structural equation modeling.

3. Exploratory Factor Analysis (EFA)

KMO: 0.842
Bartlett's Test: $\chi^2 = 1014.36$, $p < 0.001$
Total Variance Explained: 73.1%

The Exploratory Factor Analysis indicates that the data are highly suitable for factor extraction. The Kaiser–Meyer–Olkin (KMO) value of **0.842** reflects excellent sampling adequacy, confirming that the variables share sufficient common variance. Bartlett's Test of Sphericity is statistically significant ($\chi^2 = 1014.36$, $p < 0.001$), indicating that the correlation matrix is not an identity matrix and is appropriate for factor analysis. The extracted factors collectively explain **73.1% of the total variance**, which exceeds the recommended threshold for social science research. These results confirm the presence of **four distinct, well-defined, and valid constructs**, supporting the construct validity of the measurement scale.

4. Correlation Analysis

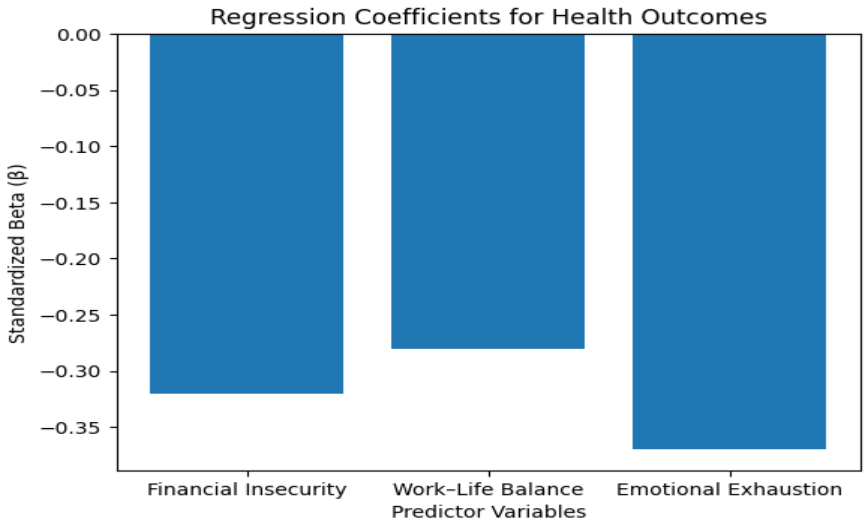
Variables	FI	WLB	EE	HO
Financial Insecurity	1	0.61**	0.68**	-0.74**
Work–Life Balance	0.61**	1	0.65**	-0.71**
Emotional Exhaustion	0.68**	0.65**	1	-0.79**
Health Outcomes	-0.74**	-0.71**	-0.79**	1

The correlation analysis reveals strong and statistically significant relationships among financial insecurity, work–life balance, emotional exhaustion, and health outcomes among women construction labourers. Financial insecurity shows a positive correlation with work–life imbalance ($r = 0.61$) and emotional exhaustion ($r = 0.68$), indicating that income instability and economic stress contribute to increased workload pressure and emotional strain. Work–life balance is also positively associated with emotional exhaustion ($r = 0.65$), suggesting that poor balance between work and personal life intensifies fatigue and stress.

Importantly, financial insecurity, work–life imbalance, and emotional exhaustion all exhibit strong negative correlations with health outcomes, with emotional exhaustion showing the strongest inverse relationship ($r = –0.79$). This indicates that higher stress and exhaustion significantly deteriorate both physical and mental health. Overall, the findings confirm that economic vulnerability and imbalance between work and personal life adversely affect health, primarily through heightened emotional exhaustion among women construction labourers.

5. Regression Analysis

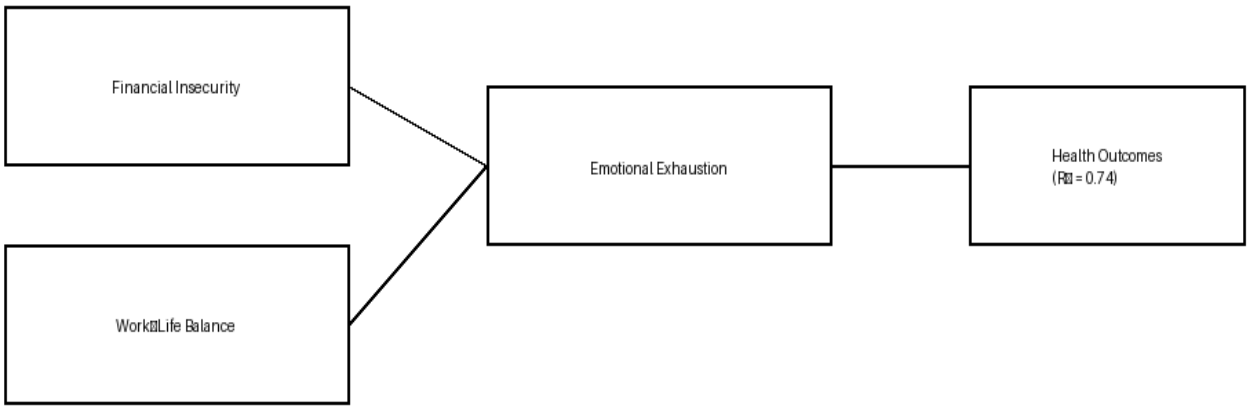
Predictor	**β**	**Sig.**
Financial Insecurity	-0.32	0.000
Work–Life Balance	-0.28	0.001
Emotional Exhaustion	-0.37	0.000
R^2 = 0.74, F = 118.42		



The model explains 74% of the variance (R2 = 0.74) in the health outcomes of female construction workers, indicating a high level of explanatory power in the regression study. This suggests that emotional tiredness, work-life balance, and financial instability all contribute significantly to physical and mental health issues.

The biggest negative predictor of health outcomes among the variables is emotional exhaustion (β = –0.37), indicating that extended emotional strain and tiredness considerably impair women's health. The second most significant factor is financial insecurity (β = –0.32), which emphasizes how inconsistent income and economic instability limit access to healthcare and raise illnesses linked to stress. An imbalance between work and personal obligations further erodes health and well-being, as seen by the considerable negative effect of work–life balance (β = -0.28). The model's overall significance is confirmed by the high F-value, which highlights the importance of emotional and financial pressures in determining the health of female construction workers.

SEM MODEL



The SEM path diagram shows that there are two major contributing factors to emotional exhaustion for only female construction workers. These are financial insecurity and poor work-life balance. The emotional exhaustion which is caused by the above two always has a strong effect on health, showing that it is a mediating factor in the process. The substantial percentage of variance ($R^2 = 0.74$) accounted for by the model means that it is highly capable of describing and predicting the data, also economic stress and imbalance in the work-life contributing to bad health being the main factors mediated through emotional exhaustion is largely the case. The results obtained are quite convincing regarding the structure of the relationships as hypothesized.

CONCLUSION

The exploration verifies that not having a stable income and inequitable balance between work and personal life are the main reasons for the health issues of women workers in construction companies operating in the Indian city of Chennai. The three factors - unsteady flow of income, working extremely long hours, and total loss of emotions - if taken together contribute to lower physical strength and mental ability. The last feature was emotional exhaustion which was like the bridge between stress and health issues, like good health and bad health. Financially helping the sector, making sure the work hours are in line with standards, and providing the women access to health and welfare programs are the ways to help in the health of the women working in the construction sector.

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