A PSYCHOLOGICAL STUDY OF BLUE COLLAR FEMALE WORKERS

GAMEELA SAMARASINGHE
&
CHANDRIKA ISMAIL

PUBLISHED BY WOMEN'S EDUCATION & RESERACH CENTRE (WERC)

A PSYCHOLOGICAL STUDY OF BLUE COLLAR FEMALE WORKERS

GAMEELA SAMARASINGHE
&
CHANDRIKA ISMAIL

PUBLISHED BY WOMEN'S EDUCATION & RESEARCH CENTRE (WERC)

First published, 2000

Typeset by B.A. Sunanda Seeli.

Contents

Acknowledgements

We are very grateful to the Women's Education and Research Centre (WERC) for having trusted us with this study and to NORAD for the funding.

We wish to express our appreciation to;

The Board of Investment and the Institute of Occupational Health and Safety for their assistance in obtaining employment figures,

....

Dilhara Pathirana for doing the desk research,

Tharanga de Silva for conducting the pilot study,

All women's organisations and NGOs for their assistance in locating hostels and boarding houses,

Field researchers for collecting the data,

Hostel and boarding house owners for allowing the field researchers to conduct the interviews, and particularly

The female workers who consented to participate in this study.

Gameela Samarasinghe and Chandrika Ismail

Foreword

This study titled the ***Psychological Study of Blue Collar Workers*** has very many hidden factors. No title or naming of a subject stands by itself. Neither is it innocent of its guilt. Often the causes and consequences of a phenomenon cannot be judged from the naming process. A detour or a probe here and there long and short have to be done to bring forth its various dimensions. Why a psychological study? Why of workers? Why of the women? In short why was WERC interested in the psychological aspect of the women workers. It is due to a realisation that the dynamics of capitalism and patriarchy have combined to produce a system exploitation and alienating to the women workers.

The role of the receiving state, the power relations of the countries that invest and the countries that receive in which capital has moved to increase its profit and how this whole system works on an ideology of patriarchy have interacting influence on each other. Sri Lanka needs foreign exchange and has abundance of cheap labour. Capital penetrates with the investors who make use of the cheap labour. But the labour available has a gendered status. Women are known in history and all cultures to be submissive, obedient and enduring of hardships, violence and exploitation. The state relaxes its labour rules and laws enabling the investors to reap maximum profits. It prevents unionisation, destroys the workers

bargaining powers. It permits working schedule with long hours of overtime. The women it would seem are also in alienating social conditions subjected to sexual harassment and sexual exploitation. The combination of all these factors have effectively created situations of trauma and psychological imbalance among the women workers.

Gameela Samarasinghe and Chandrika Ismail have jointly chartered the women's experiences and the resultant psychological distress. The State should re-look its strategies and the employers should provide worker friendly atmosphere to the women workers.

By publishing this study we are appealing with conviction to those who are in a position of power to improve the situation of the women working in the Free Trade Zone and Ratmalana Industrial areas. However, the state should in the final analysis take the full responsibility for the restructuring of the system by having consultations both with the victims and the ones who victimise them. The department of labour, the NGOs and the counseling centres working for the women should become the intermediance in the restructuring process. Working and living conditions, leave entitlement welfare facilities provision of healthy and wholesome environment should become the pre-conditions of such a restructuring.

Selvy Thiruchandran
Women's Education and Research Centre November 17, 1999

ABSTRACT

Women blue-collar workers in the Ratmalana and Free Trade Zone Industrial Areas seem to be a vulnerable group to stressors and their manifestations. It was to focus attention on the psychological reactions of these workers that this study was conceived. The underlying objective was two fold: (1) to provide insight into the potential stressful conditions and their psychological manifestations experienced by the women workers; and (2) to make suggestions on the course of action to help minimize and cope with their difficulties. Using a sample of 1000 female workers, the present study examined the psychological impact of employment and living circumstances of the women workers from Ratmalana, Katunayaka, Biyagama, Koggala, and Pallekalle. In relation to their employment, high work pressure exacerbated somatic and depressive symptom levels, with lack of autonomy and role ambiguity affecting them to a lesser extent. Apart from employment, their life circumstances – living away from home, living conditions, community living, disruption to work and being the main family income provider – were also found to precipitate various psychological reactions. The results also indicated that women workers in the Free Trade Zone areas experienced significantly higher somatic and depressive symptom levels than women workers in the Ratmalana industrial area. With regard to behavioural outcomes, the findings indicated higher levels of psychological distress among women who reported suicide intention and/or substance use. The implications of the study along with its limitations are discussed in the light of advancing supportive strategies and further research.

INTRODUCTION

Man is a thinking being; inner experience linked to interpersonal group experience – in other words, mental life – is what makes people's lives valuable. To be human is to think, feel, aspire, strive and achieve, and to be social. Promoting health therefore must not only be concerned with preserving the biological element of the human organism: it must also be concerned with enhancing mental life.

Social Dimensions of Mental Health, WHO, Geneva,1981.

Exploring psychological distress of women working in the Free Trade Zone and Ratmalana necessarily calls for the scrutiny of the working and living conditions of the women and an investigation of their psychological well-being. It is also necessary to examine whether, when working in the Zone, being female causes women to be more at risk for psychological disorders.

Since 1977 with the open economy policy, Sri Lanka has been marked by the expansion of the manufacturing industry and the establishment of Free Trade Zones. The garment industry which employs a majority of women as workers, has become most prominent. Whether such employment has enabled them to financially assist their families or not, other concerns with regards to women in particular have been associated with the growth of the industry becoming the largest foreign exchange earner for the country. Apart from having to live in often putrid conditions of overcrowded boarding houses and work long hours, women have often experienced terrible situations. It has been proclaimed that some are suffering from the consequences of these stressful situations (Sunday Observer, January 22nd 1995). The common articulation of this, whether by the media, researchers or activists from Women's Organisations, is that these workers are 'over-worked', suffer from 'rapid exhaustion', 'chest pains' (Wickremasinghe, 1990), 'headaches', 'colds', or 'limb aches' (Perera, 1995).

The way in which psychological sufferings of women working in the garment industry are touched upon, in terms of consequences of stressful working conditions or physical ailments, is problematic. It would be necessary to prescribe to a wide framework of psycho-social distress for the acknowledgement of the harm suffered by these women and for a better understanding of their situation. To advance

meaningfully towards these, it appears important to first examine the essential assumptions in the popular writings.

The descriptions of the suffering in terms of physical reactions to difficult work situations are inappropriate expressions of women's experiences, transforming them into a medical condition. Within Sri Lanka, and certainly in the context of the garment industry, difficult work conditions are often given meaning through prolonged suffering and its expression.

Stress and Psychological Distress

Although the definition of stress remains controversial, most research in the health field refers to stress as a response that arises when demands exceed the personal and social resources that an individual is able to mobilise (Avery & Baker, 1990). It is noted that almost any distressing event may produce different responses in two individuals, or even in the same individual on different occasions. The response to stress involves physiological adjustments (aches, pains high blood pressure etc.,), reduction in emotional well-being (anxiety, depression, guilt, loneliness etc.,), adjustment at the cognitive level (difficulty concentrating, making decisions, forgetfulness etc.,), and a range of behavioural responses (poor sleep, inactivity, substance use, suicide).

The environmental approaches to stress focus on the environmental conditions that promote stress (Avery & Baker,

1990). The work environment contributes to the physical and psychological well-being of workers (Cooper & Smith, 1985). In addition to the physical work conditions (loud noise, repetitive actions, toxic substances, temperature extremes etc.,), there are nonphysical work conditions (i.e. work overload, lack of autonomy, role ambiguity, and job involvement) that might affect physical health and psychological well-being of the workers. These nonphysical work conditions are frequently discussed under the general topic of job stressor and involvement and have all been associated with physical, psychological, and behavioural well-being (Spector, 1996). High work pressure and physical conditions under which blue-collar workers have to work, among other things, can be stressful in a work environment. Since blue-collar workers work a fixed schedule, are given a specific task to do and are told exactly how to do that task, they have little/no control over decisions involving their work (Fisher, 1985). The stress that arise through isolation, and the lack of recognition for using one's initiative may lead to difficulties in which they are able to cope with the demands of work and the challenges of life.

Stress can also arise from an individual's life outside work, family, community and quality of life etc. Everyday sources of stress can be both positive and negative (divorce or marriage, losing a job or promotion). When people are exposed to more than one of negative stressors simultaneously, an individual will find coping much more difficult.

Women Workers and Vulnerability

Working in garment factories in Sri Lanka could be considered potentially harmful psychologically to women workers. The findings presented in this report are from Ratmalana and the sub areas of Katunayake, Biyagama, Pallekelle and Kogalle in the Free Trade Zone, which have been sites of severe criticism by the media, human rights groups and women's non governmental organizations, having articulated the horrific working and living conditions they offer to their employees.

The long hours of work, with very short breaks for meals are well documented (The Women's Centre, 1993; The Sunday Times, 2nd October 1994; Wickremasinghe, 1990; Hettiarachchi, 1994), though they enable the increase of financial assistance brought to their families, augment the vulnerability of women. Many women, owing to the pressures of the quota system, are forced to work till late when public transport is not easily accessible, exposing them to harassment and abuse. Even within the workplace often they are victimized. They are not always informed about their leave and legal entitlements and so, much to their dismay, are severely penalized for absenteeism or late arrival. The unequal and meager employment opportunities available to them as women, as well as frequently being the main source of income to their families, often make the job in the FTZ and other garment factories all the more difficult, pressurizing them to continue working in spite of unpleasant conditions.

The changed status within the patriarchal Sinhala culture has no doubt caused hardship in their struggle to overcome adversity. Families, neighbors and host villages harshly censure these employees, who generally arrive from rural areas, and attempt to adjust to the status of working woman in a new and intimidating environment. When they go out to work, the community would accuse these women of carrying out secret affairs, allegations that seriously compromise their social status (Hettiarachchi, 1994). Stories about problems of pregnancy, illegal abortions, suicide, drugs and even alcoholism have also contributed towards alienating these women from society. Since it is a risk for them to speak about their difficulties at work, women frequently refer to exorbitant rents they have to pay for crowded and communal living conditions with little or no facility for personal hygiene. Whether in or outside the workplace, choosing to live without male 'protection' has often meant living with sexual harassment and the very real threat of rape. Women working in the Free Trade Zone and Ratmalana do not necessarily make a strong distinction between the experiences in their new work and living environments and the physical ailments they complain about. However, they are unable to consider that the stress resulting from the powerless situation they find themselves in and their physical complaints might be inextricably linked.

Powerlessness and Psychological Distress

Though it is not possible to explain in depth the specific psycho-social consequences of the difficult and often extreme

circumstances faced by these women, it is apparent that many women have experienced great distress. Some women speak of physical hardships, such as staying in a standing position throughout the day. Others speak of persisting fatigue, pain in the chest and knee joints aches. While these health hazards result in high turnover, firms also attempt to limit women's employment to the early stage of their adult life. This strategy ensures them of fresh labour capable of sustained, intensive work at low wages. The rapid exhaustion of women, often due to heat, noise and dust, and having to stand for long periods of time, also results in most of them leaving on their own accord after a period of three or four years (Wickremasinghe, 1990). It is revealed that laryngitis and dermatitis are common consequences of the unhealthy working conditions in the textile industry. Many women have also sought to contain their suffering by consulting preferably a private practitioner to the free medical service often available at the workplace. Although doctors insist that nothing is physically wrong with them, these may well be somatic expressions of their psychological states.

For women working for the garment industry, the lack of security of tenure and direct or indirect forms of control keep them from organising themselves to improve their situation. They experience and endure being controlled and molded into the well disciplined workforce required by these factories. Certainly, the access to an income gives the women the possibility for some degree of independence, gaining for instance, the ability to resist arranged marriage and opt for free choice marriage, but this

serves to describe only a portion of what in fact the women experience. These difficulties in establishing control over their own body, and an inability to be fully recognised as a member of society in their own right, might explain the somatic expressions of women's psychological states. For years, feminists have been concerned with female overrepresentation in psychiatric patient populations, arguing that women's position in society may be particularly conducive to madness and mental disorder.

Wage work may indeed liberate women from gender-subordination to some extent, and it is, as Nimalka Fernando, an activist, says a "good beginning towards what all of us women want - equality and emancipation in the fullest sense of the word" (Sunday Observer, 22nd January 1995). However, as developed further, 'improved psychological state' does not necessarily mean adjustment to expectations of what one thinks all women want or must have, but essentially the development of one's desires and potentials; the fulfillment of one's own felt needs."

Maria Root's work suggests that the notion of 'insidious trauma' could be useful to describe women's lives in uncertain and potentially harmful situation. She locates its effects in the acute self-awareness of women that "one's safety is very tentative" (Root, 1996). This is created by experiences that show that a fundamental, unchangeable aspect of one's identity (i.e. *being female, being of a particular ethnicity*) increases the risks of personal danger. In Sri Lanka's garment industries, this is manifested in a fear of being sexually harassed, raped, fear of losing a job, and so

on. Just as many women are acutely aware of being female and the personal risk this status entails, others are daily aware of their ethnic or social status and know that this status is unsafe. This awareness aids survival, and should be recognized as signaling a form of significant and legitimate psychological hardship.

A legitimizing view of psychological suffering implies a similar 'therapeutic' approach and also holds a moral imperative to alter the social and material realities that enabled the distress to be created. Perhaps in the truly desperate situations that women face when working in the Free Trade Zones, it is appropriate that the dominant 'adjustment' based therapies be abandoned. It may simply not be possible or proper to expect these women to adjust to 'normal' behaviour and emotions when the notion of normality itself is uncertain and present reality is unacceptable. Adjustment approaches to psychological distress can well be repressive, particularly for women, as they may support the acceptance of existing societal norms and the *status quo*, even if this involves women taking on subordinate roles. In Sri Lanka, many people working to 'counsel' women reinforce conservative cultural values by emphasising the importance of women's roles as mothers and wives, absolving men from the responsibility of nurturing and communicating with their children. Likewise, women are often encouraged to support their husbands emotionally, but seldom *vice versa*. Counsellors tend to also discourage clients from maintaining unconventional emotional and sexual relationships, to minimise social outrage at

this behaviour and very often out of personal moral conviction. Some humanitarian social workers even regularly arrange marriages for single women who have been sexually abused, since they perceive this to be a principal solution to the women's problems.

Such an approach will likely misunderstand the actual suffering of women, many of whom simply wish a release from their distressing experiences. However, it seems that some major change is necessary. For blue collar female workers, re-orienting the 'therapeutic' approach towards 'self-actualisation' may prove more appropriate and liberating. From this perspective, the criterion of 'improved psychological state' is not adjustment to expectations, but essentially the development of one's desires and potentials; the fulfillment of one's own felt needs. For some women, self-actualisation will necessitate a rejection of the traditional roles for women in society. Others will require the redefinition of those roles, and for some the traditional roles will provide the framework for self-actualisation. Self-actualisation may well also involve self-definition through reformulating personal ethnic and class identities. All this may actually mean a greater lack of adjustment to 'norms", pain and confusion in defining and living different roles, and increased risk of social disapproval and indeed personal harm (Smith & David, 1975). However, it is possible that developing an 'internal locus of control' may also assist women to transcend their psycho-social suffering. Perceptions of high personal or group control over life-events have been shown to be buffering factors against distress during

extreme situations (Joseph, Williams & Yule, 1997). However, the experiences of women too often erode their faith that they, their friends and neighbours, their gods or indeed the universal systems of retribution can exert any influence to improve their lives.[1]

Although it may appear ethically precarious to initiate potentially inflammatory 'therapy' within situations where a process of 'self-actualisation' may lead to a woman being in greater personal danger, it could be argued that to do otherwise is to deny the nature of suffering being experienced by women.

This brief review of the literature highlight several hardships faced by the female workers, which are detailed below.

- Owing to the pressures of the quota system the women are forced to work long hours in a standing position, with very short breaks for meals so that export orders can be completed.

- Most of the females are from rural areas and thus faced with living in crowded conditions among strangers and have no source of comfort.

- No accommodation is provided by most factories and as a rule the women have to find their own. This results in sharing

1. From 'Living in Conflict Zones, Past and Present: Women and Psychological Suffering', by Gameela Samarasinghe and Ananda Galappatti, paper presented at the Conference on 'Women in Conflict Zones', jointly organised by York University, Canada and the Social Scientists' Association, Sri Lanka, in Wattala, December 1998.

accommodation in overcrowded hostels or boarding homes with little or no facilities and personal hygiene.

- Leave is granted infrequently or not at all and the resulting absenteeism and late arrival are severely penalized.

- For many of the female workers their job is the main source of income for their families and they are compelled to work no matter how unpleasant the conditions may be.

- In most instances they are marginalised by the surrounding community and thus alienated.

- This vulnerable position of these alienated females have led them to developing attempted or completed suicide and substance use, among problems of pregnancy and illegal abortions.

It was to focus attention on the psychological reactions to these hardships that this study was conceived. The underlying objective was two fold: (1) to provide insight into the potential stressful conditions and their psychological manifestations experienced by the women workers; and (2) to make suggestions on the course of action to help minimize and cope with their difficulties.

METHODOLOGY

Sample

Respondents in this study were 1000 female blue collar workers in the Ratmalana and Free Trade Zone (Katunayake, Biyagama, Pallekalle, Koggala) industrial areas. The number of respondents from each area were identified on probability sampling to yield approximately equal representation of the population.

Table 1 Number of Respondents by Study Locations

Location	Total Female Workers (approximately)	Percentage (%)	Number of Respondents
Katunayaka	48,979	60.7	607
Biyagama	16,945	21.0	210
Koggala	4,115	5.1	51
Pallekele	1,775	2.2	22
Ratmalana	8,876	11.0	110
Total	80,691	100.0	1000

The Research Tool

The questionnaire contained items relating to general information (Schedule I), job stressor & involvement (Schedule II), psychological distress (Schedule III), and behavioural outcomes (Schedule IV) (refer Appendix I).

General information The structured interviewer-administered schedule (I) included items relating to demographic factors, present employment, living arrangements, community living, reasons for and consequences for employment, living conditions and life events.

Job stressors. Twenty items comprising of 3 scales (work pressure, lack of autonomy, and role ambiguity) were adapted from previously published measures of job stressors (Frone, Russell, & Cooper, 1995). Work pressure items (8) reflect the frequency with which individuals perceive high job-related demands resulting from heavy workloads and responsibilities. Lack of autonomy items (6) reflects the frequency with which individuals perceive constraints on their ability to function autonomously and influence important job parameters. Role ambiguity items (6) reflects the frequency of being confused or unclear about job-related goals and day-to-day tasks and expectations. Each item used a four-point frequency-based response scale (never-sometimes-very often-always). The 3 scales were each created by averaging the items, with high scores representing higher levels of the construct.

Job involvement Five items which assess job involvement were also adapted from Frone et al., (1995). Each item used a six-point agree/disagree response scale. Job involvement was assessed by averaging the five items, with high scores representing high levels of the construct.

Psychological distress The General Health Questionnaire (GHQ-28) includes 28 items that pertain to both somatic and emotional symptoms of distress. The GHQ-28 is a screening instrument devised for use with the general population. The GHQ-28 has been validated by linking scores on this screening approach with clinical ratings carried out by independent assessors and have been shown to have good psychometric properties. In addition to a total scale score, the GHQ-28 describes four specific sub-scales, each consisting of seven items. The four sub-scales are as follows:

The Somatic scale includes items relating to people's feelings of health and fatigue and provides a measure of bodily sensations, which often accompany emotional distress.
The Anxiety scale includes items relating to anxiety and sleeplessness.
The Social Dysfunction scale includes items relating to the extent to which a respondent is able to cope with the demands of work and the usual challenges of life.
The Depression scale includes items relating to depression and suicide.

For each item respondents were asked to indicate on a four-point (0-3) scale the extent to which the items described how they felt over the previous six weeks.

An additional item was included following the 28 items on the GHQ to assess active suicidal ideations ("Are you planning on ending your life"?). The respondents were asked to indicate "Yes", "No", or "Not decided".

Behavioural outcome Substance abuse was assessed by three items. The first item indicated the presence of substance use, followed by indication of the substance and the reason for use.

Since items on schedules II were adapted from a study conducted on a predominately western respondents, the items with culture-specific content were re-worded to fit the Sri Lankan context. The items were translated into Sinhalese, back-translated to English by translators (4) who had not seen the original English version, and checked by a bilingual speaker and principal research officers in order to resolve any discrepancies.

Procedure

Phase I : Site Selection

Approximate employment figures were obtained from the Board of Investment and the Institute of Occupational Health Safety, to ascertain the number of female workers for the systematic

random sampling of the population. Desk research was also carried out to identify location of hostels and other living arrangements of the female workers.

Phase II: Gender Awareness Workshop

Data for this study were collected by a team of 20 female field researchers during a period of four months. The field researches were sensitized to the issues faced by the workers and trained on administering the questionnaires and conducting interviews.

Pilot Study

A preliminary survey was carried out to confirm living arrangements and to ascertain working hours in order to schedule interviews. The draft questionnaire was formulated and reviewed by the two research officers. Ten independent respondents from Ratmalana and Katunayaka completed the questionnaire and was interviewed by a field supervisor.

Final Questionnaire Formulation

On the basis of the pilot study, some items were reformulated or deleted to ensure the research officers of its utility. The final questionnaire consisted of four schedules.

Phase III: Data Collection

The field researchers were allocated to visit one or more of the five areas. Each field researcher forwarded a letter explaining the project and obtained consent from the respondent and/or the boarding mistress to administer the questionnaires and interviews. This was in order to enable the prospective respondents to make a free and informed decision about whether or not to enter the study. Consent was also obtained for tape recording the interviews. If and when the respondent(s) disagreed or requested parts of the interview deleted, the field researchers obliged. On commencing the interviews, the respondents were assured privacy and confidentiality of all information obtained during the interviews. Following introduction, the structured interviewer-administered schedule (I) of the questionnaire was completed with information obtained from the respondents. The interviews were concluded with the self-administered schedules II, III, and IV of the questionnaire. On average, it took approximately 3 hours to complete the interviews. Once the interviews were completed the field researcher compiled a case study on each respondent.

Data Analysis

All data were entered into a spreadsheet format and then analyzed using SPSS for Windows (version 8) software package. Independent-sample *t*-test procedure was used to compare means for two groups of cases. Correlation analyses were used to explore the relationship between moderator variables and indicators of distress.

Research Question and Hypothesis

The research question What is the level of psychological distress that employment, relocation from home and community living has had on female blue collar workers in the FTZ and Ratmalana industrial areas?

The research hypothesis The psychological distress of the women workers are explained by the relation between the psychological distress measure (GHQ sub-scale scores) and their employment, circumstances and behavioural outcomes.

RESULTS

Sample Characteristics

The age range of the respondents was 16-49, with the mean age being 23.62 (SD = 4.6) years. Majority of the women were single (88%) and of Sinhalese ethnicity (98.1%). On average, the respondents had completed 11.06 (SD = 1.86) years of education and had been employed under the present job for the past 3 years, with a monthly income of RS. 4075.07 (SD = 1.54.71). Twenty four percent reported that their earnings were the main source of family income. The respondents indicated that they worked on average, 9.42 (SD = 3.57) hours/day, 6.01 (SD = .75) days/week. For 81.1% of the respondents the present job was their first job, with 92% of the female workers having to relocate from home for employment. Majority of the women reported that they were rarely in contact with their family. Type of work of the majority respondents were permanent'(75.7%), with 53.6% of the female workers employed as machine operators. Majority of the workers (77.5%) indicated that they had at least one day out-of-work (range of 0-3 days) which they dedicated for taking care of personal chores and/or relaxation, with no time for involvement in community activities (53.6%).

The main living arrangements were shared accommodation (89.2%), in boarding homes (76.9%) or hostels (11/7%), with a minority of women having their own accommodation (7.6%) or living with a relative (2.5%). Forty nine percent of the respondents indicated that they faced a lack of privacy mainly due to overcrowded living arrangements.

Approximately 25% of the women indicated that they had faced disruption to work due to problems that may have arised. Much of the women (53.5%) had experienced negative life events in and out of their work environment.

There were 74 women who were mothers with an average age of 30.01 years (SD = 5.94). It was evident that there were 15 single mothers in the sample. However, it is unclear whether they were in this position through divorce, widowed, separated or unmarried. Majority of the mothers indicated that their children were cared for by a family member(43) or spouse (14), and that they were often in contact (39) with their family. (Refer Annexure for a detail breakdown of the sample characteristics)

Table 2 indicates that a majority of women experience work pressure sometimes, with 42.9% experiencing work pressure very often. Approximately, 75% reported a lack of autonomy sometimes. However, majority of women very often experience role ambiguity. It is also clear that 36.9% of the women agreed that they were highly involved in their job, with 44.4% neither agreeing/disagreeing on job involvement.

Table 2 Percentages of responses to Indicators of Job Stressors and Job Involvement

Indicator variable	Never	Sometimes	Very often	Always
Job stressor				
Work pressure	2.5	52.7	42.9	1.9
Lack of autonomy	2.9	74.5	21.9	0.7
Role ambiguity	2.5	38.8	53.4	5.3

	Strongly disagree	Disagree	Neither agree/ disagree	Agree	Strongly agree
Job involvement	1.6	11.4	44.4	36.9	5.7

Table 3 Means, Standard Deviations and Percentages of Indicators of Psychological distress and Behavioural outcomes

Indicator variable	N	mean	SD	%
Psychological distress	999			
Somatic scale		9.13	5.15	
Anxiety scale		7.13	5.31	
Social Dysfunction scale		6.49	3.33	
Depression scale		3.90	4.32	
Behavioural outcome				
Suicide Intention	988			
Yes-active				3.1
Yes-not active				6.6
No				89.1
Alcohol/drug use	977			
Yes				3.7
No				93.7
Not applicable				0.3

Table 3 indicates the mean sub-scale scores and percentages of the behavioural outcomes measured. Clearly, mean somatic symptom levels appear highest followed by mean anxiety, social dysfunction and depression symptom levels. There were 9.8% of women reporting suicidal intention and 3.7% of alcohol/drug use.

Table 4 Means and Standard Deviations of indicators of psychological distress of women workers in the Ratmalana and FTZ industrial areas

Area		Somatic	Anxiety	Social Dysfunction	Depression
Ratmalan	mean	8.21	6.55	6.74	2.89
(n=110)	sd	4.68	5.03	3.07	3.85
FTZ	mean	9.25	7.20	6.46	4.02
(n=889)	sd	5.20	5.34	3.36	4.37

Clearly, women in the FTZ area appear to have higher somatic, anxiety and depression symptom levels than women in the Ratmalana industrial area. On the social dysfunction scale, women in the Ratmalana area have a marginally higher score than women in the FTZ area (Table 4).

Analysis

The previous observations and findings stated in the literature review directed the analysis of data obtained from the survey in several ways.

As presented in Table 5, there appears to be a significant difference in mean depression symptom level, with women who have relocated due to employment having higher scores than women who have not relocated.

Table 5 The relationship between relocation and indicators of psychological distress

		Mean Symptom Levels			
	N	Somatic	Anxiety	Social Dysfunction	Depression
Relocated					
yes	919	9.19	7.18	6.43	4.01
No	76	8.34	6.45	6.93	2.41
P*		NS	NS	NS	S

* Based on t-test, $\alpha = .01$
NS – not significant S – significant difference

Table 6 indicates that, women who reported having time out-of-work show significantly lower somatic and psychological symptom levels than women who do not have time out-of-work, except on the social dysfunction sub-scale. Furthermore, women who were involved in community activities have significantly less somatic symptoms than women who do not engage in community activities.

Table 6 Relationship between community living and indicators of psychological distress

		Mean Symptom Levels			
	N	Somatic	Anxiety	Social Dysfunction	Depression
Time out of-work					
yes	775	8.57	6.72	6.42	3.59
No	209	11.09	8.50	6.72	5.02
P*		S	S	NS	S
Involvement in community activity					
Yes	435	8.74	6.73	6.43	3.87
No	535	9.39	7.36	6.45	3.81
P**		S	NS	NS	NS

*Based on t-test, , $\alpha = .01$ **Based on t-test, , $\alpha = .05$

Table 7 presents a significant negative correlation between duration of time out-of-work and psychological symptom levels. Clearly, the decrease in time out-of-work indicates a trend of an increase in psychological symptom levels or vice versa.

Table 7 Correlation of duration of time out-of-work and indicators of psychological distress

	Somatic	Anxiety	Social Dysfunction	Depression
Duration of time out-of-work (days)	-.124*	-.058*	-.064**	-.104*

** Correlation is significant at the 0.01 level * Correlation is significant at the 0.05 level N=877

Table 8 presents a significantly higher depression symptom level for women sharing accommodation than women who do not share accommodation. Furthermore, women who reported experiencing lack of privacy appear to have significantly higher somatic and psychosocial symptom levels than women who did not report lack of privacy.

Table 8 Relationship between living conditions and indicators of psychological distress

		Mean Symptom Levels			
	N	Somatic	Anxiety	Social Dysfunction	Depression
Shared accommodation					
Yes	891	9.22	7.21	6.43	3.99
No	96	8.44	6.46	6.9	2.99
P*		NS	NS	NS	S
Lack of privacy					
Yes	489	10.04	7.79	6.78	4.5
No	497	8.23	6.45	6.17	3.28
P***		S	S	S	S

*Based on t-test, $\alpha = .01$ ** Based on t-test, $\alpha = .05$

As presented in Table 9, being the main family income earner has greater somatic and psychological impact. That is, women who reported their job as the main source of income for their family have higher somatic, anxiety and depression symptom levels than those who are not the main family income earners. The same is true of disruption to work. Women who had experienced disruption to work have higher symptom levels than women who had not experienced

disruption to work. This was accounted for by their somatic, anxiety and depression symptomalogy.

Table 9 Relationship between disruption to work and indicators of psychological distress

		Mean Symptom Levels			
	N	Somatic	Anxiety	Social Dysfunction	Depression
Main family income					
Yes	240	9.97	8.13	6.70	4.57
No	740	8.86	6.80	6.39	3.69
P*		S	S	NS	S
Disruption to work					
Yes	244	10.20	8.37	6.82	4.68
No	743	8.79	6.69	6.36	3.61
P*		S	S	S	S

* Based on t-test, a =.01

Table 10 Relationship between suicide intent, alcohol/drug use and indicators of psychological distress

		Mean Symptom Levels			
	N	Somatic	Anxiety	Social Dysfunction	Depression
Suicide intent					
Yes	97	12.99	12.33	8.32	11.66
No	890	8.70	6.54	6.30	3.05
P*		S	S	NS	S
Alcohol/drug use					
Yes	37	10.08	8.68	7.54	5.86
No	936	9.09	7.06	6.46	3.82
P*		NS	S	S	S

*Based on t-test, , $\alpha = .01$ **Based on t-test, , $\alpha = .05$

Women reporting suicide intention show greater somatic and psychosocial symptomalogy than those who do not have suicide intention. The same is true (except on the somatic sub-scale), of alcohol/drug use. Women reporting the use of alcohol/drugs show higher psychosocial symptom levels than those who do not use alcohol/drugs (Table 10).

Table 11 Correlation matrix of job stressor indicators, job involvement and indicators of psychological distress

	Somatic	Anxiety	Social Dysfunction	Depression
Work pressure	.125**	0.056	0.02	.087**
Lack of autonomy	-0.058	-0.002	-.106**	-0.011
Role ambiguity	-.066*	-.116*	-.099**	-.086**
Job involvement	.066*	.117**	-.089**	.113**

** Correlation is significant at the 0.01 level
* Correlation is significant at the 0.05 level
N=999

The correlation matrix (Table 11) indicates a significant positive relationship between work pressure and somatic and depression symptom levels. Lack of autonomy shows a significant negative relationship with the social dysfunction sub-scale. Role ambiguity show significant negative relationships to somatic and psy-

chosocial symptom levels. Job involvement shows a significant posi

tive relationship to somatic, anxiety and depression symptom levels, except on social dysfunction sub-scale where there is a significant negative relationship.

Table 12 Relationship between area and indicators of psychological distress

		Mean Symptom Levels			
	N	Somatic	Anxiety	Social Dysfunction	Depression
Area					
Ratmalana	110	8.21	6.55	6.75	2.89
FTZ	889	9.25	7.2	6.46	4.02
P	NS	S**	NS	NS	S*

*Based on t-test, , $\alpha = .01$
**Based on t-test, , $\alpha = .05$

Clearly, the women of the two areas differ on both somatic and depression symptom levels (Table 12). Women workers of the FTZ area appear to have higher mean somatic and depression symptom levels than women workers in the Ratmalana industrial area.

DISCUSSION

Overall, the results of the study demonstrate that workers report more somatic strain, greater psychosocial and behavioural reactions to stressors of employment and their life circumstances.

Much recognition has been placed to the link between exposure to too much stress and physical and psychosocial health problems (Avery & Baker, 1990). For example, the work environment makes constant demands on the individuals and may often give rise to stress reactions physically, psychologically or socially. The present results indicated that work pressure is related to psychological distress accounted for by somatic strain and signs of depression. This poor psychological well-being may be precipitated by nonstandard work schedules involving longer work shifts, night and weekend shifts which is apparent for these women workers. The women reported that they worked on average 9-12 hours six days a week, with alternate morning or evening shifts. Evidently, a prominent difficulty with long work days is fatigue, while night shift work leads to both sleep problems and digestive system problems which in turn may have physical (stomach distress, headaches)

and psychological (anxiety, depression) consequences (Spector, 1996). Furthermore, research on workload has found significant associations with psychological strains of anxiety, frustration, dissatisfaction, depression, exhaustion, and health symptoms (Avery & Baker, 1990). Thus, demanding work, shift work, excessive overtime, and having to meet deadlines may be contributing factors to the psychosomatic and depressive reactions reported by the women workers.

Contrary to previous suggestions (Fisher, 1985; Spector, 1996), it is interesting to note that the results indicate that on both lack of autonomy and role ambiguity, the women reported less signs of somatic and psychosocial ill health. It is possible that the women perceive their jobs as nothing more than a source of income and not a means of pursuing a career. Thus, they may be less affected or buffered from such sources of stress as lack of autonomy and role ambiguity than for individuals whose occupational roles are highly individualized with strong commitment, responsibilities and achievement oriented.

Job involvement was associated with an increase in somatic, anxiety and depression, and a decrease in social dysfunction symptom levels. In most cases the women perceived their involvement at work as part of their hope of earning enough money for a successful life, which may contribute to the somatic strain and tension resulting in reactions of anxiety. In addition, the frustration of ex-

pectations in most cases may explain the low mood and signs of depression experienced by the women workers. However, high job involvement may contribute to building a sense of self-esteem and confidence which in turn moderate coping abilities to work pressure and other challenges of life ((Avery & Baker, 1990). This may explain the low social dysfunction symptom levels.

It is asserted that it is impossible to separate a person's private life completely from his/her work life, and thus external life events will affect an individual's psychosocial well-being (Avery & Baker, 1990). In the present study, women who had relocated due to employment and share accommodation appear to have higher depression symptom levels. The study also indicated that due to the strict work regulations these women were rarely in contact with their families. Previous epidemiological studies suggest that one of the most prominent features regarding the women workers are their heavy concentration and restricted living conditions (Hettiarachchi, 1994). Poor living conditions, discrimination and alienation by their surrounding community may compound their feelings of loneliness and difficulties of adjustment to a new environment leading to the manifestation of symptoms of depression. The results further revealed that women who experienced a lack of privacy due to overcrowded living arrangements, reported higher levels of somatic and psychosocial symptoms. This may be a result of stress arising through interpersonal conflicts and tension among the women living in overcrowded conditions.

Although much of the women reported that they spent their out-of-work time on activities such as washing cloths, cooking etc., the lack of time out-of-work appear to manifest in higher symptom levels of somatic, anxiety and depression, while involvement in community activities leading to a lower somatic symptom level. This was further supported by examining the trend between duration of time out-of-work and psychological symptomalogy. The greater the number of days of time out-of-work, the lower the psychological symptom levels. Evidently, leisure/community activities may ameliorate depression and anxiety at work (Broadbent, 1982, in Cooper & Smith, 1985). According to the cognitive-behavioral model inactivity or avoidant behavior may lead to depression or anxiety, respectively (Figure 1) (Powell, 1992). Becoming more active is one way of breaking the vicious cycle by making the individual less tired, distracted from worries, aggravating a sense of control of ones life, and leaving one motivated and social.

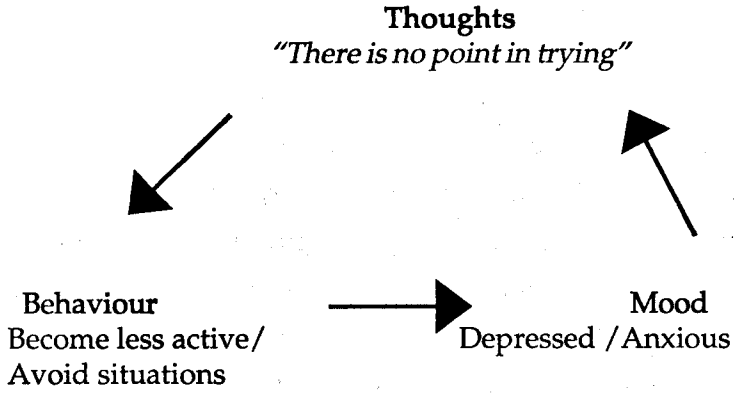

Figure 1 Vicious spiral of Depression & Anxiety

Interestingly, whether or not one had leisure time and was not involved in community activities did not affect their symptom level on the social dysfunction sub-scale. It is possible that the women had little or no choice in carrying out their personal and social day-to-day activities and decision making.

Most of the women reported that their reason for employment was financial difficulties at home. The greater need to send remittance back home and reliance on excessive overtime may explain the somatic and psychological symptom levels reported by the women who were the main family income earners. Similar symptom levels were reported by women who had experienced disruption to work. Clearly, the knowledge of the heavy penalties imposed on the women for absenteeism may explain their experience of high somatic and psychological symptom levels.

Most often increased somatic strain and psychosocial reactions may heighten feelings of powerlessness, lack of independence, and a sense of worthlessness. This may lead to maladaptive behaviors such as attempted or completed suicide and/or substance use (Avery & Baker, 1990). These maladaptive behaviors may often represent coping behaviors to relieve psychological reactions brought about by stressful life circumstances, over which the women have little or no control. Clearly, the present results showed that higher somatic and/or psychological symptom levels were indicated on the suicide intention and substance use study variables.

In general, women workers in the FTZ areas indicated higher somatic and depressive symptom levels than the women workers in the Ratmalana industrial area. Examining the data further reveal that women workers in the Biyagama area reporting the highest somatic and psychosocial symptom levels, with women in the Pallekalle area reporting the least. (refer Appendix II)

Together, it is suggested that the present study supports the proposition that employment, and their circumstances are potentially stressful, and can for certain individual's threaten the quality of their psychological well-being.

In closing, several limitations of the present study should be noted in the light of advancing future research. First, it should be noted that correlations do not mean that job stressors and involvement necessarily cause somatic strain and/or psychosocial reactions, although they may be contributing factors. Thus, although the causal relationship remains unclear, it is important to note that work pressures and involvement may have profound influences on these female workers psychosocial well-being.

Second, the negative findings on lack of autonomy and role ambiguity should be interpreted with caution, since in some cases respondents may not have answered questions truthfully. However, additional research will be necessary to confirm this assertion and why the lack of autonomy and role ambiguity effects have been elusive.

Third, the present data was based on a cross-sectional design in which the women workers were evaluated on one occasion for suggested stressors that lead to psychological distress. Thus, we cannot attribute cause to stressors since they demonstrate merely an association between the stressors and the outcome measure. A longitudinal study, in contrast to a cross-sectional one, can examining, for example, whether a variable has a potential causal influence on psychological distress. However, the present study opted to provide empirical evidence supporting the association between suggested stressors and psychological distress.

Fourth, the present data is based on self-reported measurements. Therefore, the magnitude of the relationships between the job stressors and involvement and outcomes might be inflated because of confounding influence of personality dispositions – locus of control – which was not assessed or controlled for in the present study. Locus of control refers to the perceived source of control – external or internal – over one's behaviour. The individual difference variable of locus of control has been found to confound psychological outcomes (Fisher, 1985).

Five, the psychological outcome measure – GHQ-28 – has not been standardised to the Sri Lankan setting. The total score represents a probability estimate of 'caseness'. Since the GHQ-28 has not been validated in the Sri Lankan context, it was assumed

that the instrument is probably not sensitive enough to be used as a case identifier, but is useful as a measure of psychological distress. Therefore, for the purpose of this study, only the sub-scale scores were obtained instead of the total score.

Six, on a statistical note, the correlation coefficients obtained by the data result in small R^2 figures. That is, the amount of outcome explained by a predictor variable is small (i.e. the amount of psychological distress explained by work pressure is small, leaving a greater percentage unexplained). However, most health-related outcomes are multi-determined and it is suggested that these outcomes may be caused by many predictors that are often correlated (Frone et al., 1995). This may reduce the total unique influence of any given predictor variable. That is, for example, apart from work overload, other predictors such as work experience, age, marital status or frequent abuse, and assaults from male workers and supervisors etc., may influence their psychological well-being.

Finally, far too little is known about the less than obvious sources of satisfaction possible from employment. It is important to give attention to the important types of protective factors that may buffer some of the women to utilize in preventive measures.

CASE STUDIES

An indepth study of 50 randomly selected female workers were conducted. The following are several difficulties and coping strategies experienced by the women workers in the Ratmalana and FTZ industrial areas.

- One of the most important problems faced by these women workers is work overload, with little or no time for breaks. A 20-year-old, single female from Kurunagala working as a checker reported:

  I work seven days per week, until around 9 p.m. I have been frequently experiencing headaches which has now become quite a problem. Because of this job I hardly get time to even have a bath. I am tired of this job. They always insist on the production. We hardly get any time to have a sip of water. If the target is not achieved, we are asked to punch the card at 7 p.m. to show that we are off work, but they make us work even until 9 p.m.

- In addition to work overload, negative work experiences such as abuse or insults from supervisors, lack of social interactions,

and accidents are common. As stated below:

I am disgusted with everything. The way our supervisors behave is a burden on me mentally. For example, when we break to use the toilet and get a few minutes late, they ask if we went to sleep.

Although the pay I receive from my job has eased my financial difficulties, I am no doing this job with any satisfaction. The pay we receive is not sufficient for all the long hours of work, standing in one position with little time to even speak to someone.

- However, a few women state that they experience job satisfaction. A 24 year old, single female, assembling computer parts, stated that the factory she works for is of good standard. They are provided with meals and safety equipment. Therefore, she is satisfied with regard to her job.

- Dissatisfaction with take-home pay and standard of living it actually makes possible appears to be detrimental to their psychological well-being. As stated below by most female workers:

  A 38 year old mother, working as a machine operator and earning Rs. 4000.00 per month, with two children who are cared for by her brother's family stated,

  It is very difficult to be satisfied with the pay that we

receive for all the work that we do and the exhaustion that we undergo.
It is too sad to talk about my living conditions.

- The majority of the women were working in the Ratmalana or FTZ areas due to family economic pressures. Collectively, it was clear that they found it unbearable to witness the economic burden imposed on their parents or family and seeking employment was the only solution. Holding a job not only eased a burden off their family, but has provided them with an additional source of self-esteem, financial independence, increased status within their family, and social contacts.

- Living away from home in overcrowded conditions may pose a threat to their physical and psychological well-being. As a 28 year-old, single female from Matara, working as a helper stated:

  I live with seven others in this room and sometimes I worry about my health. When I was at home I had a room for myself, so living like this has posed some difficulty for me.

- A part from the lack of basic living conditions, and amenities of life, exposure to dangerous environments, isolation from family poses a risk to their psychological well-being. As reported,

We are not safe walking on the road after work. There are people waiting to either harassed or mug us. Recently, a friend of mine was mugged on her way back to the boarding by a man who stole her chain.
Because of the loneliness I spend my time in sadness.

- Those whose families were very dependent on their earnings, felt that they must continue working even though they might dislike it. The threat of losing one's job and being pushed down into poverty is a very common fear for these women workers. As stated by a 25 year-old, single, machine operator from Kandy:

  We rarely get a chance to laugh or even turn. If the target is not achieved our overtime is deducted. Although the work is difficult, what to do? I need the money.

- Much of their out-of-work time is spent on taking care of personal chores, with little or no time for social interactions leading to social isolation from friends, families and community activities. As stated,

  As I return back after work, all I want to do is sleep and get some rest. I just can't think of doing anything else.

  When inquired about a recent sexual assault case, one female stated,

How can you expect me to know about someone else when I don't have time for myself?

- The lack of job challenge and promotions etc, many of these women dream of nothing so much as walking out on it all some day soon.

  My hope is to earn enough to buy some jewelry, leave the job and get married.

- Community discrimination of crude 'put-downs', sexual innuendoes and harassment may compound their problems of adjustment. These frequent and threatening uncontrollable life events may be even more potent stressor that lead to symptoms of psychological ill health. As reported by one female who was questioned about such events,

  I am too embarrassed to tell you about what we have to go through.

- In addition, feelings of lack of control over important things in life, and reduced hope that life will improve may lead to poor psychological well-being. A selected few may find it difficult to make necessary adjustments and attempt to resolve difficulties through substance use or even suicide. Following are some of the suicide intentions expressed,

  My future is very uncertain. I feel depressed about my job and life.

When I think of problems at home and at work I feel life giving up on life. It is very difficult to see the sadness my parents go through as well.

I am fed-up of life. I just can't think of a future. I feel very low mentally. I feel it is better to end my life.

However, increased peer relationships may help cope with their difficulties and isolation. As stated,

I have no contact with anyone in the near community. However, I have close relations with my friends.

These feelings and emotions typically experienced by the female workers may explain the linkages between various stressors faced by them and their psychological reactions.

❖ **Psychosomatic complaints**

In most cases a straightforward experience of strain was tiredness or fatigue due to overwork, lack of sleep which lead to difficulties in concentrating, feeling of dullness, stiffness in muscles, joints and aches and pains.

❖ **Anxiety**

This was reflected in that fear that there will not be enough money to make ends meet, and general worry about one's life.

Most often the feelings of tension that accompanies anxiety affected various areas of their life, leading to further tension and worry. For example they reported tendency to avoid people and social situations due to fear of discrimination, harassment and criticism.

❖ **Depression**

In most cases the women felt isolated from society and distant from their families. This may have given rise to their feelings of loneliness, hopelessness, frustration, lack of motivation, and personal inadequacies typical of symptoms of depression.

❖ **Social Dysfunction**

Excessive workload and long hours restricted social interactions and leisure activities with no time for rest. Much of their out-of-work time was spent on taking care of personal needs. It appears that in many cases, the fatigue, anxiety, and depression may have resulted in difficulties of coping with demands of work and challenges of life.

❖ **Suicidal Ideations and Substance Use**

A selected few did not see a way out of their stressful situations and felt entirely hopeless and helpless, and feelings of oneself as worthless leading to thoughts of life as not worth living. Clearly, the use of alcohol was attributed to reduce tension, cope with anger or sadness, socialize, build confidence, and relieve pain

of loneliness.

Although for most women workers the overall impact of potential stressors discussed is probably a negative one, for a selected few it may be the one way they can cope with their problems of unemployment and other hardships. On the other hand, as a buffer against the vulnerability, women may often have little choice and so accept their situation. Thus, the case studies, together with the present results, indicate that being a blue collar female worker and living under various stressful life circumstances is no emotional picnic.

RECOMMENDATIONS
SUPPORTIVE PROGRAMMES

From the preceding discussions, it is clear that employment and its circumstances on the women workers represent major sources of psychological distress. The government, employers, work organizations and health authorities need to recognize that these potential psychosocial health hazards do exists and that it is likely to increase rather than diminish if appropriate remedial and preventive action is not taken. Thus, while acknowledging the fact that conditions at work, employer relations, transport, meals and physical health hazards need considerable attention, the scope of this study was on the psychological experiences of female blue collar workers. Following are recommendations directed at improving and preserving the psychosocial environment of the female blue collar workers in the Ratmalana and FTZ areas.

Awareness Raising Programmes

- ❑ Sensitize the employers, public and health care workers on the issues faced by these women to reduce stigma and avoid labeling.

Training Programs

- ❑ Educate and train appropriate health care persons to identify and provide support and advice for a range of personal problems. In case of a chronic psychological case, persons should be informed of appropriate referral sources.

Provision Of Crisis Intervention Services

- ❑ Increase the number of counsellors within the industries around the FTZ and Ratmalana industrial areas. This will further reduce stigmatism (within the community) of women visiting counselling centers situated outside their place of work. It will also be necessary to ensure regular visits by a multidisciplinary team of professionals—medical officer, psychologist, psychiatrist, social workers.
- ❑ To ensure satisfactory standards of care, individuals seeking support need appropriate follow-up interventions, rather than being left to struggle on in a vulnerable state. This will require systematic assessment and monitoring, of individuals seeking care, by the social workers.

Providing Training And Education For The Female Workers

- ❑ Psychoeducation – educate the female workers to identify and recognize signs of psychological distress in themselves and others, so immediate intervention can take place.
- ❑ Forming Self-help Groups and Assertive Skills Training – self-help group participation has advantages in providing an individual to share experiences with others in similar situations,

ventilate thoughts and emotions, and learn coping strategies. Assertiveness training can improve their sense of identity, confidence and self-esteem, and facilitate coping strategies. These activities can be carried out within their place of work or the welfare centers.

Provision of Women's Welfare Centers

- Increase Community Activities and Social Support Networks – establishing social support networks, providing out-of-work time for leisure activities, enabling the maintenance of family contact etc., will have an ameliorating effect on their psychosocial well-being, by developing healthy and comfortable relationships with surrounding peers and community.

Suicide & Substance Abuse Prevention Programmes

- Raise awareness regarding, suicide and substance abuse, identification, and accessibility to crisis help service for persons to approach in times of need. Specialised training of persons to help and counsel coping techniques.

Enhancing Social Support Within The Organisation

Creating a supportive environment within the organisation is likely not only to reduce or buffer stress and improve psychosocial health but is also likely to improve organisational performance. The following recommendations are made

- Creating structural arrangements that foster social interaction among workers.
- Employment-based health promotion programmes dealing with the management of stress.
- Employee assistance programmes with a trained counsellor within the place of work.
- Improving social support within the work force by enhancing supportive skills of supervisors or managers to provide social support toward workers.

Although the immediate benefactors of supportive and preventive programs would be the female workers, the whole of the Sri Lankan community will benefit because these women are a part of society who will mother our next generation.

REFERENCES

Avery, G. & Baker, E. (1990) *Psychology at Work.* Prenticehall: New York.

Cooper, C.L. & Smith, M.J. (1985) *Job Stress and Blue Collar Work.* Wiley: New York.

Fisher, S. (1985) Control and Blue Collar Work. In C.L. Cooper & M.J. Smith (Eds.), *Job Stress and Blue Collar Work.* Wiley: New York.

Frone, M.R., Russell, M. & Cooper, M.L. (1995). Job stressors, involvement and employee health: a test of identity theory. *Journal of Occupational and Organisational Psychology, 68,* pp. 1-11.

Hettiarachchi, T. (1994). Female Labour Force at Katunayake Export Processing Zone: Social Impact of the Coping Behaviour Patterns. *Economic Review,* July.

Joseph, S., Williams R., & Yule W. (1997) *Understanding Post-traumatic Stress: A Psychosocial Perspective on PTSD and Treatment.* John Wiley & Sons Ltd.: New York.

Perera, Sakuntala, NGO Survey Reveals Paltry Living Conditions of FTZ Workers. *Options,* May 1995.

Powell, T. (1992) The Mental Health Handbook. Winslow Press: London.

Root, Maria P., (1996). Women of Colour and Traumatic Stress in "Domestic Captivity": Gender and Race as Disempowering Statuses, In Marsella, A.J., M.J. Friedman, E.T. Gerrity & R.M.Scurfield (Eds.), *Ethnocultural Aspects of Posttraumatic Stress Disorder.* American Psychological Association:USA.

Smith, Dorothy E. & Sara J. David. (1975). *Women Look at Psychiatry,* Press Gang Publishers.

Spector, P.E. (1996) Industrial *and Organizational Psychology.* Wiley: New York.

Sunday Observer, *Using the Law to Empower Women by Carol Aloysius,* 22nd January 1995.

The Sunday Times, *FTZ Girls: Dignity and Daily Bread by Mangalika de Silva,* 2nd October 1994.

The Women's Centre, Ja-Ela. (1993 March). *Health Survey of Women Workers in the Katunayake Free Trade Zone.*

World Health Organization. (1981) Social Dimensions of Mental Health. Geneva.

Wickremasinghe, K.I.(1990). The Effects of Internalization of Capital on Women and Employment. *Journal of Development Administration,* Vol 7,

Table 1 Means and standard Deviations of Continuous Study Variables

Variables	N	Mean	SD
Age	997	23.62	4.60
Level of Education	988	11.06	1.86
Commencement of Job(year)	984	1995.55	2.46
Monthly Income	983	4075.07	1054.71
Working Hours/Day	989	9.42	3.57
Working Day/Week	975	6.00	0.75

Table 2 Percentages of categorical data variables

	Marital Status (%)		Ethnicity (%)		Contact with family %		Type of Work %		Living Arrangements	
	Single	88	Sinhalese	98.1	Often	16.3	Permanent	75.7	Hostel	11.7
	Married	9.00	Tamil	1.4	Rarely	81.6	Temporary	22.7	Boarding Home	76.9
	Divorced	0.50	Muslim	0.1	No contact	1.1			Own	7.6
	Separated	1.1	—						Ralative	2.50
	Living together	0.4							Other	0.9
Missing data	10		3		10		16		4	

Table 3 Information on mothers

	Mother * (n)		Mother x Marital Status (n)		Mother x Locations (n)		Child care (n)		Mother x Contact with Family (n)	
	yes	74	Single	15	Ratmalana	16	Spouse	14	Often	39
	No	918	Married	51	Katunayaka	39	Family member	43	Rarely	35
			Divorced	3	Biyagama	16	Other	17	No contact	-
			Separated	5	Koggala	3				
			Living together	-	Pallekalle	-				
Missing data	8		10		8		2		16	

* On average, mothers were 30.01 years old and had at least one child.

Table 4 Responses to dichotomous study varibales

	Previous) Job (%		Leisure Time (%)		Involvement in Community Activities (%)		Lack of Privacy (%)		Shared Accommodation (%)	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	17.4	81.1	77.5	21.0	43.5	53.6	49.6	50.4	89.2	9.6
Missing data	15		15		29		13		12	

Mean duration of time -out-of-work + 1 day (SD=.72)
Mean numbers of persons sharing accommodation = 4.26(SD =2.64)
Mean number of days off work due to disrupations = 1.28(SD =4.09
Mean number of negative life events = .89 (SD=.99)(range 0.9)

Table 5 Means amd Standard Deviations of Psychological distress by area.

Area		Somatic	Anxiety	Social Dysfunction	Depression
Ratmalana	Mean	8.21	6.55	6.75	2.89
(n=110)	sd	4.68	5.03	3.07	3.85
Katunayaka	mean	9.14	6.99	6.47	3.95
(n=606)	sd	5.07	5.22	3.43	4.17
Biyagama	mean	10.00	8.32	6.60	4.96
(n=210)	sd	5.44	5.64	3.30	4.93
Pallekalle	mean	4.86	2.41	5.86	0.59
(n=22)	sd	3.96	3.25	2.21	1.71
Koggala	mean	9.33	7.10	5.94	2.49
(n+51)	sd	5.26	4.83	3.09	3.74

ISBN 955-9261-17-07

Printed by Karunaratne & Sons Ltd.