

**Occupational Health Hazards among Women Beedi Workers in Srivaikuntam
Taluk of Thoothukudi District**

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Abstract

Beedi companies in India employ more than 2.5 million workers. Of them about 90 per cent of workers are women and children. The previous studies found that more than 70 per cent of the beedi workers suffered from eye, gastrointestinal and nervous problems, respiratory problems, mostly throat burning and cough and astrological problems. From the study is it understood that the health hazards level is very high. Till this day the economic and health conditions of the beedi workers in Srivaikuntam taluk are very poor. It is in this context the present survey is undertaken. This study concluded that after continuous beedi works by the women and exposure to tobacco, the skin on the beedi workers fingertips begins to thin, and they are unable to roll beedis by the age of 45. They have to resort to begging as they know no other trade or occupation. , Hence to rehabilitate a million of people in Tamilnadu this is the right time to implement the policy framework as a effective control measure to enhance the welfare of the women beedi rollers.

Key Words: Beedi, Beedi Workers, Health Hazards and working Conditions.

Preamble

Beedi manufacturing provides employment to a significant proportion of the workforce, especially women, in India. Beedi manufacturing is one of the traditional, agro-forest based industries in India. It is highly labour intensive and, over the last three to four decades, it has turned into home-based industry, employing women in a predominant scale. The official estimates indicate that over 4.4 million workers are engaged in beedi manufacturing, out of which about two-thirds are women and one per cent children (GOI, 2000)., But the trade unions estimate that the figure would be close to 7 million and the percentage of women and children employed would be much higher than the official estimate. If those involved in the collection of tendu leaves, production of beedi tobacco and sale of beedies were also included, the number of workers engaged in this industry would be considerably high. In terms of employment, it occupies an important place in the country next only to agriculture, handloom and construction sectors. Over 90 per cent of beedi manufacturing takes place in the unorganized sector through sub-contracting system.

Beedi workers are exposed to several kinds of health disorders. Even the sitting posture of workers while rolling beedies for long hours is said to cause certain gynaecological disorders in women. Since most of the beedi manufacturing takes place in the homes of beedi workers, inhaling the tobacco smell is likely to affect the health of their family members as well. Even though children are not supposed to be formally employed in the beedi industry as per the existing legislation on child labour, their involvement, particularly which of girls, is commonly found in many activities such as rolling, packing and labeling of beedies. Since a majority of the beedi workers belong to the 'Below Poverty Line' (BPL) category, the prevailing practice of piece-rate work through sub-contracting system inadvertently encourages the use of child labour in beedi making. Naturally, this would increase the health concerns surrounding the beedi industry.

Beedi companies in India employ more than 2.5 million workers. Of them about 90 per cent of workers are women and children.

In Tamil Nadu, Thirunelveli and Vellore districts are important centers for beedi manufacturing. There are about 300 big beedi companies and 3,000 to 4,000 contractors with about 10,00,000 workers in these companies (Indian Express, 1992).

Statement of the Problem

Economic development of a country depends upon number of factors. Important among them are income, expenditure pattern working and health condition of the people. Low level of consumption is due to low level of income. Wages for beedi workers fluctuate from year to year and from season to season even within the year and consequently the fluctuating income make the socio-economic conditions of beedi workers' household unstable. The beedi workers get low wages. It is difficult to live on meager pay. Since they are paid low their standard of living and health condition are also very low. The aim of the government is to improve the health and standard of their living. Various steps are being taken to improve the standard of living. The previous studies found that more than 70 per cent of the beedi workers suffered from eye, gastrointestinal and nervous problems while more than 50 per cent of the respondents suffered from respiratory problems, mostly throat burning and cough. More than 75 per cent of the respondents faced astrological problems. From the study is it understood that the health hazards level is very high. Till this day the economic and health conditions of the beedi workers in Srivaikuntam taluk are very poor. It is in this context the present survey is undertaken.

Review of Literature

Burman (2018) in his article reveals that beedi making is a popular cottage industry in many parts of the country. One of the reasons for the beedi industry to flourish in West Bengal is the availability of cheap labour. Beedi workers are poor and mostly unorganized. They face innumerable problems such as poor working conditions, low wages, fraudulent actions by the contractors, health hazards, etc. Some of the main health problems are tuberculosis, skin problem, cancer, eye problem, bronchitis, asthma, etc. The paper tries to understand the nature of the beedi industry, the problems and the socio- economic condition of the beedi rollers in the Murshidabad district of West Bengal.

Mohd Shamim Ansari et al ., (2014 in their paper is to explore link between socio-economic positions of women working in unorganized sector with special reference to beedi rolling. In India Beedi making is an age old industry and one of the largest job providers for women in the unorganized sector. Women are having inherent advantage in this job in this job of beedi rolling due to deft fingers; yet significant gender bias exists.

The job is mainly done by weaker economic class in the country who don't have adequate education and skill to look for alternate job. The work of beedi rolling is preferred by the women because it can be carried from home along with domestic chores. Thus, they supplement family income along with managing the household jobs. However, in the recent year the trade is shrinking thus there is situation of underemployment.

Ashish et al., (2020) in their research paper reveals that Solapur city situated in the district of Solapur, is home to the largest number of bidi workers of Maharashtra. Women and children engaged in bidi rolling face abuse, financial domination and a varied range of occupational health concerns. The bidi workers thus emphasize the need for an alternative livelihood strategy. The research-based on the review of existing programs, policies, best practices and successful models (locally and globally) for developing an alternative livelihood, understand the magnitude of work satisfaction among bidi workers and their perspective on alternative livelihoods. The preliminary finding of the research indicates that bidi workers have the willingness to change their profession but they can only be accomplished if the right opportunities are provided. If there is a provision of training, 90% of the respondents are interested in making the shift to an alternative livelihood. In this context, it is anticipated that the recommendation towards developing alternative livelihood option other than bidi rolling will help tackle the deplorable condition of the workers.

Objectives of the Study

The study has been carried out with the objectives to assess and examine the following:

1. To study the working condition of beedi workers in Srivaikuntam taluk of Thoothukudi district.
2. To analyse the occupational health hazards of beedi workers.
3. To analyse the relationship between socio-economic variables and occupational health hazards in the study area.

Methodology

The study is based on primary data. Primary data were collected from the beedi workers. In Srivaikuntam taluk nearly 1,410 households are engaged in beedi making. A sample of 120 households that is 8.5 per cent of the total beedi making households is selected. The technique of stratified random sampling will be adopted for the study. A pre-tested questionnaire will be used to collect data from the respondents. The collected data will be edited in order to ensure that all the required information had been gathered and irrelevant information omitted. The data were collected from the beedi workers by way of direct personal interviews. This survey is a cross section survey. The data presented in the research paper relate to the year from January 2012 to March 2021. Srivaikundam taluk of Thoothukudi District was chosen for sample survey. This village is purposively selected as the universe for this study for one reason that is the taluk has a large number of beedi workers. For the purpose of analysis percentage and chi-square test was employed.

Result and Discussion

Women's labour is subject to exploitation at two levels. The first level of exploitation is by their husband / wife and the second level is by the employers, backwardness of the family. The males exploit their females for the survival of their families and the employers and others do so for their profit. The reasons for doing beedi works by women workers are presented in Table 1.

Table: 1 - Reasons for becoming a Beedi Worker

Reasons	No. of Respondents	Percentage
Forced by Husband / wife	48	40.00
After knowing the backwardness of the family	72	60.00
Total	120	100.00

Source: Field Survey

It is evident from the above table that of the total of 120 beedi workers, 40 per cent are compelled by their husband or wife to take up the beedi works. The remaining 60 per cent have taken up the beedi work after knowing by themselves of their family

backwardness. The table makes it clear that a majority of the women have taken up beedi works because poverty drives the parents to put their wife in the beedi works in order to supplement their family income. Besides, the household head resorts to employing their women in this work, as they find no other alternative to earn more money.

Length of Service

The service of the male and female workers in the beedi works is presented in Table 2.

Table: 2 - Experience of the Respondents in Beedi Making

Years	Male		Female		Total	
	No.	%	No.	%	No.	%
Upto 2 Years	12	40.00	36	40.00	48	40.00
2 - 4 Years	10	33.33	29	32.22	39	32.50
4 - 6 Years	6	20.00	20	22.22	26	21.67
6 - 8 Years	2	6.67	5	5.56	7	5.83
Total	30	100.00	90	100.00	120	100.00

Source: Field Survey

The above table reveals that 40 per cent of the respondents are in the service for upto two years, 32.50 per cent of the respondents are with 2 - 4 years of service; 21.67 per cent of the beedi workers have experience in the beedi works 4-6 years and the remaining 5.83 per cent of them are with more than eight years of service.

In the case of beedi making, the women are initially assisting their family members. In the majority of the cases, the women workers become full time beedi workers after completing their house work. Hence in the present study women workers with upto 2 years of experience are found to be largest.

Place of Work

Beedi workers make beedies at their homes or the homes of their neighbours and friends. The place of making beedies by the beedi workers is presented in Table 3.

Table: 3 - Place of Beedi Making by the Respondents

Place	No. of Respondents	Percentage
Home	72	60.00
Neighbourhood	38	31.67
Work Shed	10	8.33
Total	120	100.00

Source: Field Survey

It is evident from the above table that out of the total number of 120 beedi workers, 60 per cent of them make beedies at their homes and 31.67 per cent of them do it in their neighbourhood and remaining 8.33 per cent of the respondents do it in separate work shed.

Occupational Diseases

The beedi workers' burden of work causes various types of health problems especially back pain, burning and itching on eyes, headache etc. These diseases affect them physically and mentally. Respondents' views as to whether they are affected or not by such diseases are presented in the Table 4.

Table: 4 - Respondents View to Occupational Diseases

Occupational Diseases	No. of Respondents	Percentage
Affected	67	55.83
Not affected	53	44.17
Total	120	100.00

Source: Field Survey

It is clear from the above table that 55.83 per cent of workers are affected by occupational diseases like chronic bronchitis, frequent cold and cough, headache, back pain and body pain, fever, burning and itching on eyes. It is reported that 44.17 per cent of beedi workers are not affected by occupational diseases.

Types of Occupational Diseases

Occupational health hazards have been recently given more importance because of the increase in occupational diseases. The occupation itself causes a variety of health problems. The types of diseases affecting the beedi workers are listed in Table 5.

Table: 5 - Types of Occupational Diseases

Kinds of Diseases	No. of Respondents	Percentage
Chronic Bronchitis	38	31.67
Frequent Cold & Cough	31	25.83
Headache	43	35.83
Back pain & Body pain	55	45.83
Fever	17	14.17
Burning & Itching on eyes	48	40.00

Source: Field Survey

Note : Percentage to total no. of 120 samples enquired

It is evident from the table that 31.67 per cent of the beedi workers are affected by chronic bronchitis; 25.83 per cent of the workers are subjected to frequent cold and cough; 35.83 per cent of them are affected by headache; 45.83 per cent of them report that they have the problem of back pain and body pain; 14.17 per cent of the beedi workers are affected by fever and 40 per cent of the workers are affected by burning and itching on eyes.

It is clear from the above data that the beedi workers are affected by more than one disease at a particular time. It is observed that a great majority (45.83%) of the workers are

reported to have body and back pains. The reason is that they sit in a particular posture to work for hours together.

Relationship between Socio-Economic Factors and Occupational Health Hazards

In this section, an analysis is made about the occupational health hazards of the beedi workers. The various factors influence the occupational health hazards’ which is age, gender, religion, educational qualification, marital status, family size, tyoe of family experience, income and spouse employment are examined and the results are presented in the table 6.

H0” There is bo relationship between the socio-economic variables like age, gender, religion, educational qualification, marital status, family size, tyoe of family experience, income and spouse employment and occupational health hazards of the beedi workers.

Table: 6 – Relationship between Socio-Economic Factors and Occupational Health Hazards of Beedi Workers

Variables	F value	P - value	Results
Age	16.870	0.000	Significant
Gender	0.895	0.370	Not Significant
Religion	19.815	0.000	Significant
Educational Qualification	17.529	0.000	Significant
Marital Status	1.792	0.168	Not Significant
Family Size	6.496	0.002	Significant
Type of Family	5.707	0.004	Significant
Experience	0.957	0.385	Not Significant
Income	0.841	0.432	Not Significant
Spouse Employment	1.843	0.159	Not Significant

Source: Computed from Field Survey.

It is inferred from the table 6 reveals that the relationship between the 10 variables with occupational health hazards’ has been tested with the help of ANOVA test. The

ANOVA test reveals that the following socio-economic variables have significantly relationship with occupational health hazards of beedi workers in Srivaikuntam taluk of Thoothukudi district. They are age, religion, educational qualification, family size and type of family type. Further, it is identified that the following socio-economic variables do not have significant relationship with occupational health hazards. They are gender, marital status, experience, income and employment of spouse.

Therefore the hypothesis namely “There is no relationship between the socio-economic variables like age, religion, educational qualification, family size and type of family and occupational health hazards of the beedi workers” is disproved. At the same time the gender, marital status, experience, income and spouse employment are valid and accepted.

Suggestions

- The conditions of the beedi workers in this area are very poor, so the beedi workers feel that the government should interfere and fix fair wage rate.
- The government should provide adequate loan to the beedi workers through banks at low rate of interest.
- The government may provide job oriented training to the beedi workers. Small scale industries may be established. It may be useful to reduce the unemployment problems among the beedi workers.
- Most of the households have poor asset holding. In order to strengthen their assets position, the Government should start self-employment schemes.
- This study reveals that majority of the beedi workers are affected by the occupational health hazards. Therefore the government to implement the policy framework as an effective control measure to enhance the welfare of the women beedi rollers in the study area.

Conclusion

The occupation of beedi making is a boon to the people in Srivaikuntam taluk who were formerly agricultural work. The agricultural work has been almost low due to acute shortage of rainfall and technological changes. Even though beedi rolling is an alternative

employment opportunity to the women in the rural area they are able to earn a substandard income compare to other sectors. The women workers are treating this work as a part time job though they spare most of their valuable resources like time, effort and health. Considering the amount of time taken and also the nature of the work, the wages paid to them are very low and therefore it is suggested that the minimum wage rate should be increased. If fair wage system is enforced in the beedi industry the socio economic condition of the beedi workers will certainly improve. After continuous beedi works by the women and exposure to tobacco, the skin on the beedi workers fingertips begins to thin, and they are unable to roll beedis by the age of 45. They have to resort to begging as they know no other trade or occupation. , Hence to rehabilitate a million of people in Tamilnadu this is the right time to implement the policy framework as a effective control measure to enhance the welfare of the women beedi rollers.

It is recommended the labour department of the government should watch carefully the execution of welfare measures for the welfare of the beedi workers. The beedi companies should also come forward to get in touch with the beedi workers. This would help to know the real problems especially health hazards faced by the workers. Knowing the problems, the beedi companies could be able to mitigate the problems to a considerable extent.

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