Introduction

Health of population is defined by the economic, social and political forces that shape their lives and work. According to Doyal (1995), “Health is a complexity located in the social, economic and political realities of life. Research into complex phenomena such as health in the social sciences requires that concepts and methods from a variety of disciplines including history, sociology, psychology, economics, anthropology and cultural studies need to be combined with traditional clinical and epidemiological approach”.¹

This study attempts to look at how the larger changes in economic policy have a bearing on the organisation of production and production relations in a particular industry i.e., textile industry. In addition, the implications of such change for workers in general and women in particular have been studied.

The industrialisation process in India began with the formation of National Planning Commission and continues through successive five-year plans. The path of industrial development adopted by India since independence, while following the approach of mixed economy gave impetus to the growth of small industries to provide employment to many. The unorganised sector forms the bulk of these small industries, and it persists with lower level of technological inputs in to production and decentralisation process. “The process of development as envisaged in the five-year plans till the 1970s, was based on the strategy of import substitution. However, from 1970s onwards there has been a growing realisation of the limitation of this model in terms of employment generation and growth in national income. Export oriented growth strategy was thought of the panacea for the slow growth of the Indian economy. This resulted in large-scale policy changes in the 1980s and 1990s, creating room for export-orientated industrialisation” (Neetha, 2001).²

With the implementation the New Economic Policies Package in the 1990s and Structural Adjustment Programmes in the 1980s, greater emphasis was laid on
globalisation and liberalisation of the economy. The export oriented growth strategy brought about as a part of the liberalisation policy, had significant impacts on the organisation of production and labour market segmentation. The promise that was held out by the Government was that liberalisation would enhance India’s competitiveness, trigger a boom in exports and foreign investments and raise the rate of growth of output and employment. Such a process would lead to substantial improvement in the quality of life of the people including the poorest (Neetha, 2001; Swaminathan, 1999; Sen, 2001).

The process of increasing interaction of domestic economies with the world economy termed as ‘globalisation’ has increased inter-dependence among national economies. It is in fact, well documented that this process of global integration of the Indian economy has transformed the very logic of production and there is a growing trend towards contracting and sub-contracting of work and use of irregular and flexible labour (Swaminathan, 1999). The growing informalisation of labour force due to large scale sub-contracting of work has been a major outcome of this phenomenon (Neetha, 2001). This has led to the intensification of the process of feminisation and casualisation of labour force which has been reported as a global trend (ILO, 1995). Even in India, the changes in the patterns of employment have been observed from the eighties to the nineties. “The key results of the National Sample Surveys- 55th round over 1999-2000 reveal a sharp decline in the rate of employment generation across both rural and urban areas, and there has been a continuation of the earlier process of casualisation of labour” (Ghosh, 2001).

In the light of macro level indicators provided by the broader secondary data sources such as NSSO and Census, terms such as Casualisation, Informalisation, Feminisation and Marginalisation have attracted much attention in labour market research studies. The growth especially of informal sector has been pointed out and discussed in the development discourse, with special focus on the deteriorating quality of employment and decreasing social security measures. However, the picture in detail could only be available through micro-level field studies focussing on specific sectors and industries. (Babu, 2001)
At another level, liberalisation policies have also resulted in reduced public expenditure on health and increased privatisation of health care. This kind of a trend has an adverse impact on vulnerable sections of the population, which has been well documented for several Latin American, African and Asian countries. While attempts are being made to study the sex specific changes in key indicators such as Infant Mortality Rate, Maternal Mortality Rate and Life Expectancy, they rarely address the reasons for the changes in health status in terms of changes in the pattern of employment, wages and working conditions and access to health care.

Hence it was decided to study the factors influencing the health of women workers in the weaving industry, which largely comes under the purview of the unorganised sector. This particular industry is chosen mainly because 1) it is a traditional industry and has essentially become an export based one in recent years. 2) the increasing informalisation and sub-contracting of processes as a result of the haphazard growth of a large number of small companies have been observed in this sector. 3) production process in this industry is very labour intensive and it employs the largest workforce, next to agriculture. More importantly, women have long played a significant role in this sector. 4) traditional and modern methods of production (handloom and powerloom) co-exist in this sector. In fact, with the advent of powerloom handloom is facing a threat.

This thesis is divided into seven chapters. The First Chapter of this study deals with the macro level picture. Section one of this chapter attempts to review the patterns of employment, the workforce in the organised and unorganised sectors with special reference to female employment. A review of various theories on the characteristics of labour market and the position of women in the labour market is presented in section two. The major changes in labour market due to policy shifts at national level i.e., the Structural Adjustment and its implications for the labour market are reviewed in the third section. Finally, the fourth section of this chapter reviews the available studies on various industries that largely come under the unorganised sector. The characteristics of these industries, the conditions of work and conditions of life, perceptions of workers about the influence of their
employment status on their lives, their changed roles and increased burden of workload, linkages between work, health and lives of workers are some of the issues examined in this section.

Chapter Two presents an overview of the textile industry in India and policy changes that have occurred in the industry especially over the last two decades. Section one of this chapter deals with the importance of textile industry in India's industrial development, its contribution to the national economy and its structure. The handloom sector in particular is given special focus with respect to its size, workforce employed, geographical spread of the industry. In addition, Tamil Nadu's significance as a major textile producer and its contribution to the nation is also reviewed.

Chapter Three presents the Methodology of this study. Chapter Four analyses the weaving industry of Karur and the structural changes it has undergone over the years especially since 1980s. Secondly, the implications this has created on the large section of population especially workers are analysed. Chapter Five and Chapter Six make an analysis of field survey data. While chapter five analyses the socio-economic and living conditions of workers, chapter six attempts to analyse the conditions of work, reported morbidity, the linkages between the conditions of work and reported morbidity in the perception of workers, the health seeking behaviour and utilisation pattern of health care services. Finally Chapter Seven discusses the major findings of the study in the light of the of other studies and concludes.
ENDNOTES


