

CHAPTER I

INTRODUCTION

Occupational health is comprised of measures for protecting the workers against any health hazards arising out of their work or conditions under which it is carried on. It should aim at the promotion and maintenance of the highest degree of physical, mental and social well-being of the workers (ILO, 1983). It is the basis of efficiency of workers and lies at the very foundation of industry. Occupational health is of special importance from the point of view of a worker's life as an average adult spends 1/3rd of her/his life at some occupation (Purdom, 1980). People are industry's major resource and an industry whose policies recognise the importance of human sustenance, conservation of manpower energy and prevention of personnel breakdown will obviously pull out ahead of less considerate ones (McClean and Taylor, 1958).

Proper promotion of industrial health results in reduction in labour turnover, reduction in absenteeism, reduction in incidence of disease, lengthened span of working hours, improved morale and increased productivity. In the present era of sophisticated technology and scientific advancement when the parameter of industrial development is determined in terms of advancement in production, the need and importance of industrial health care can hardly be overlooked. There can be no production without people and when we think of people we must think of the occupational health. Industry is not just a mass of materials,

machines and buildings but also includes a group of productive people. Ours is primarily a labour oriented production process and therefore, any industrial management in the country can hardly afford to ignore the maintaining of good health of its working force (Wasan and Puri, 1979).

Occupational Health in Indian Industries

Inspite of so many potential benefits of maintaining occupational health, this aspect in many of the Indian industries is far from being satisfactory (Singh, 1970; Tiwari, 1978; Sharma, 1984). Many of the Indian workers work in deplorable, dirty, sullen and unhealthy work conditions and are extremely exposed to severe occupational hazards. In the absence of desirable working conditions, the worker does not feel comfortable and becomes sluggish. Employers find it difficult to assess the extent of discomfort due to unhealthy work conditions except in extreme cases. Employers grossly neglect the human aspect of work environment.

It has been known that an individual's occupation influences her/his health. The deleterious effects of occupational ill health are in the form of injuries, poisoning, diseases, distress and disabilities. The occupational ill effects in the form of injuries have been recorded since the earliest days of history. There were approximately 2100,000 disabling work injuries in U.S. in 1982, out of which 12,300 were fatal and 70,000 resulted in some permanent impairment. The time lost due to work injuries was estimated to be 80 million days and the total cost was \$32,500

million. There was a work related death every 42 minutes and a work related injury every 15 seconds. The annual world total of occupational accidents is as high as 110 million (Chhokar, 1987). The situation in the developing countries is particularly alarming. In India every year 100,000 workers had work related accidents and more than ten times had disabling injuries (Dhara, 1990).

Industrial workers are also handicapped by industrial illnesses and diseases apart from accidents. Respiratory diseases are more prevalent in most of the occupations. Byssinosis is a disabling lung disease caused by the inhalation of cotton dust. It has been estimated that nearly 1/5th (or even more) of all cotton textile workers are victims of this disease. Other diseases related to different occupations are pneumoconiosis and asbestosis in miners and silicosis in ceramic workers. These diseases may kill the worker in less than one year or take as much as 10 years to manifest itself depending on the susceptibility of the individual worker and the intensity of exposure. Such occupational illnesses are ever present hazards and become amenable to discovery only when situations tend to develop acute symptoms. Beside these diseases, workers also suffer from heat exhaustion, heat strokes, mental stress, postural defects and bodyaches (Saxena, 1980; Francis, 1992; Vimal, 1992; Occupational Health and Safety Centre, 1995).

People work to earn their living and it is not acceptable that they should be subjected to an added risk of dangerous work environment. It is said that environment creates a man and if we

improve the environment, we improve the man. So, occupational environment must not harm but should contribute to human health and welfare. People have the right to work in a congenial atmosphere in the cleanest possible air. In a country as populous as ours, there can be the danger of the tendency to discount the value of human life. It's loss in accidents or through the slow and agonising process of an occupational disease may not stir the community as much as it would be in countries with chronic labour shortages, though to the near ones it is a tragic occurrence. Relief gets organized after the event has taken place but the prevention is side tracked (ILO, 1962).

Occupational Health and Output

Occupational Health of the worker is a vital asset to the industry as well to the nation. If he is kept fit physically, mentally and emotionally, he is sure to give the best output. Output results from the capacity of worker to do more or less work in a given amount of time, which in turn is a direct function of industrial health (Wasan and Puri, 1979).

But the value and practice of everyday maintenance of occupational health has not yet reached a high rate of appreciation. That is why, the productivity of an Indian worker is less than that of a worker in other countries. Bhagoliwal (1976) reported that a weaver in India looked after only 2 looms on an average while in the West it was 4 to 6 looms. The reason for this superficial efficiency of Indian workers was that they were subject to numerous handicaps of occupational health

hazards. Indian workers have been condemned as lazy and inefficient. It is axiomatic that a high standard of efficiency can be expected only from persons who are physically fit and free from mental worries. It has been confirmed that there is nothing wrong with Indian labour and given identical conditions of work, it could perhaps prove more efficient than its counterpart in other countries (Mamoria and Doshi, 1968). Their occupational health disorders interfere with their job performance and lower their output. If the quality of work life is improved, it would result in increased output, higher turnover, improved quality of products, better labour management relations, greater job satisfaction, greater control over one's own job, sense of self accomplishment and fewer health problems (Mathur, 1989).

But unfortunately, the concern about industrial health is not grave in many of the Indian industries. We keep talking of the need to raise the productivity. How can we expect 8 hours of hard physical work from people suffering from occupational health problems ? We talk about labour productivity but never about poor management of our factories. Our efforts, time and money to ward off the consequences of industrial hazards are very less. If we want our country to progress, we must improve the lot of industrial workers. The promotion of human dignity and fostering of work environment should be of prime importance (Sarma, 1986).

Occupational Health Problems of Women Workers

Women have become an integral part of manpower resources as new industrial organisations have opened new opportunities for

women. They take up different jobs to eke out their livelihood and majority of them (90 per cent) depend upon unorganised industrial sector (Venkatacharam, 1994). This is due to the fact that absorptive capacity of organised sector is very low. Moreover 89 per cent of the female work force in India is illiterate, they are unable to fulfil the qualification of required level of education, technical knowledge and skill to go in for the organised sector.

Unorganised sector is defined as that set of economic activities characterized by relative ease of entry, reliance on indigenous resources, small scale of operations, labour intensive operations, reliance on skills acquired outside the formal educational system and unregulated competitive market (ILO, 1983). The unorganised labour is economically the weakest and socially most handicapped section of society. Although these jobs offer no attraction and require a great deal of physical ordeal, large number of women continue to search for these jobs for their livelihood over the years only to taste disrespect, slavery and ill health.

Against the significant participation of women workers in the unorganised sector, the situation in this sector is riddled with health hazards. Lack of skill, heavy physical work of different types, long hours of work with limited payment, lack of comprehensive legislation, deprivation of minimum wages and lack of minimum facilities at work place are some of the characteristics of their employment. Their work environment is

often designed to suit machines and they are treated as appendages to machines.

The environment of their work place is chaotically occupied, unsystematically developed and generally neglected area which is overcrowded and overpopulated with its unrepaired and neglected structures. The area has insufficient arrangements and inadequate amenities necessary for maintenance of physical and social health. Creches at work sites and accident compensation are unheard of. Many women continue to work upto eighth or ninth month of pregnancy. The heavy manual labour performed by women, the shocking working conditions and poor quality of health services take a heavy toll of health of women (Misra, 1991; Francis 1992).

Besides these unfavourable physical work conditions, there is another problem i.e., sex discrimination at work place. There is a tendency to give women less than equal access to means of production, training, adequate protection and to job security. Jobs that earn well and are considered prestigious are heavily dominated by men. Women workers are concentrated in small number of sectors in which they generally hold relatively unskilled posts. They are frequently subject to time pressures. Men work between 40 and 75 hours a week, women's workload is always heavier by upto 21 hours. They are paid on the basis of piece rated work. Work involving payment according to results accounts for 40 per cent of the total working time of women and 17 per cent of that of men. They are given repetitious work which is more tiring. More than half of the workers in assembly line work

(which involves repetitious work) are women, whereas men make only 30 per cent of this type of work (Seguret, 1983; Asia and Pacific Development Centre, 1988).

In India, there is a great discrepancy between the idealised concept of women and the real life situation in which they find themselves. While women in India face many of their disabilities like women in the developed countries, but their experience of discrimination is more extensive because of sex segregated character of society and the traditional value system. Despite the solemn dignity accorded to women in our constitution, this sad plight still prevails. Women still pursue their work for simple survival in the context of segmented and discriminatory labour markets. Many of them are sole earners in the family and this very dependence on their wages makes them more vulnerable to accept miserably low wages and appalling work conditions (D'Souza, 1975; Amsden, 1990; Raju, 1993).

These work conditions render women more liable to insidious attacks of diseases. Women suffer from occupational injuries, diseases, mental tensions and strains. Not only is the health of workers at work influenced by the conditions under which they work but their productive efficiency is also adversely affected by unsatisfactory occupational environment conditions. Their reduced efficiency lowers their work output. The monetary returns from the amount of time and energy they put into their work are far less than what they deserve and need to support themselves and their families. They are incapable of making both ends meet

even at low levels of living. But employers are mostly concerned with maximising profit. Occupational health and safety along with other welfare benefits do not interest them and are largely ignored.

Household Development

Development in the national context involves processes of change leading ultimately to society's welfare reflected in the enhanced quality of life of its members. It's main goal is to bring improvement, happiness and greater fulfilment in the life of the poorest and disadvantaged section of society. The basic objective of household development is to create an enabling environment for the family members to enjoy long, healthy and creative lives, better nutrition and health services, greater access to knowledge, more secured livelihood, better household conditions, satisfying leisure hours and a sense of participating in the economic, cultural and political activities of their society. It is concerned with more of good things in life and ability to attain goals easily. It's main aim is to wipe out poverty from poor families (Adiseshiah, 1970).

A poor family has a high probability of staying poorer. Low incomes carry with them the high risks of illness, limitations of mobility, limited access to education, information and training. The cruel legacy of poverty is handed down from generation to generation. It is perfectly natural and understandable that these people should wish to develop. They too have the desire to maintain a certain minimum level of living.

For poor households, survival is the main goal. They need the earnings of all of their family members especially that of women. Men's earnings are not sufficient, therefore women's earnings are more crucial for them. In poor households, women's capacity to work and earn is often the only resource to call upon for survival. Women consistently contribute more income to household expenditure than men because they spend less than men for personal use. Increases in men's income may not benefit the family as much as increases in women's income. Women workers' income contributes to the well-being of their families. It can be said that bliss, prosperity, welfare and well-being of the family depend upon women workers' economic contribution (Debnath, 1992).

Women workers who can contribute more money (due to better output at work place) to their families can enlarge their family's choices, enhance socio-economic welfare and average individual's scope for self fulfilment. They can create a better environment for the family to develop the full potential of its members and to have a reasonable chance of leading productive and creative lives in accord with their needs and interests. They can look forward to better housing conditions, better nutrition, facilitate literacy and education to children, afford some comforts through possession of durable goods, thus improving the quality of life of the household.

India is a country poised for rapid growth and development. But this growth and development will not help much in achieving socio-economic excellence at the national level if it is not

reflected in the living standards of each family, particularly the vast poor masses working in unorganised sector. If the living conditions of the family units in the country are better, if the family is progressive, if family units have better social and economic status, then the country will develop more rapidly.

Rationale for the Study

Women and occupational health problems have remained an ignored and unexplored territory till only recently when the subject became important as an item of social interest. In the past, most of the occupational surveys have been conducted in male intensive occupations. Generally, whenever one talks about a worker, he has only a male worker in mind. Whenever one undertakes any activity for the protection of worker's interest, it is the male only. The problems of women workers are not touched upon explicitly. Traditional perception of work hazards overlook many problems which women experience, particularly the poor women workers who work in most unfavourable work environment. Few earlier studies on women workers concentrated on their life styles, socio-economic conditions and were concerned mainly with middle class women or women of white collared section of society which constitute only a marginal section of working women. In this sector, the degree of economic as well as physical exploitation is less due to women's higher level of literacy, social and legal awareness.

Women in unorganised sector are subject to various forms of unfavourable work conditions and occupational health problems.

The occupational health conditions of this sector are inhuman and costs in terms of human sufferings are enormous. Workers are subject to various forms of oppressions. Despite hard work, their work at work place is underestimated and undervalued. Their status as workers is being challenged. Their health and well-being are endangered. They are forced to suffer deprivation and are not allowed to open their mouths. There is non-recognition and tactical silence regarding their problems. They are the worst hit and exclusively vulnerable to exploitation. Workers can not revolt as the employers provide the daily bread for their survival. Nothing more is expected from the employers and workers want to put themselves on the job at all costs. Due to lack of power at the work place, their occupational health problems are overlooked and their seriousness is downgraded. As these workers are ignored and invisible to policy makers, planners, researchers and public at large, it is hardly surprising that their occupational health problems are much less understood and neglected.

For poor households, women's earnings are essential for their survival. If they suffer from health problems, the reduction in their working capacity would affect their wages earned and may hinder the development of their households. This calls for actual appraisal, deeper understanding and objective analysis of the complexities, intricacies and magnitude of occupational health problems faced by women workers.

There is a need for reliable and factual information relating to occupational health problems on the basis of which

the labour department or other enforcement agencies can make a strong case for the introduction of ameliorative or protective measures for women workers. There is a need to make the employers understand not to side track the issue of occupational health problems and the necessity to curb them. Many industrialists in India are still unaware of the potentials of maintaining industrial health. They look at it still as alleviative or only a welfare measure. Worker's health is left to chance and feeble attempts are made to counteract worker's health problems which many times cause irreparable damage to their health.

Review of available evidence on analytical and empirical work on occupational health problems, output and household development confirms a lack of indepth quantitative and qualitative data. Hence there is a great need for indepth empirical investigation to provide answers to questions such as : what is the occupational profile of women workers ? What is the extent of suitability of occupational environment to women workers ? Are the women workers aware about the sources of their problems ? What is the impact of occupational environment on their health and output ? What are the employers' view points about the work conditions provided to workers ? Do earnings of women workers help in development of their households ? If so, how ?

The present study was planned to obtain answers to these questions about problems, output and household development of women workers in rural and urban handloom industries. After

agriculture, handloom is by far the largest economic activity in the unorganised sector in the country. This industry is estimated to be engaging seven to eight million full time and part time persons and more than half of them are females (Labour bureau, 1989). As in other economic activities in the unorganised sector, the discrimination, exploitation of women workers are blatant in the handloom industry and the occupational health of female workers is unsatisfactory.

Statement of the Problem

The present study is an attempt to assess the impact of occupational health problems on output and household development of women workers in rural and urban handloom industries of Panipat district. Since three-fourths of the total industrial units in Haryana state are located in Panipat district alone, hence the study was planned to be conducted in this district only. It is expected that findings of the study will throw light on actual work conditions and occupational health problems of women workers. The information collected will deepen and sharpen our understanding of work place health problems. The study will provide information to policy makers, researchers of women studies and welfare departments to take suitable measures and devise comprehensive strategy to help the workers. It is an attempt to unveil the untold story of women workers. It will bring a ray of hope in the lives of underprivileged women to ameliorate their conditions and will strengthen their future struggle.

From the family resource management specialist's point of view, this study will help in identifying the constraints of poor women workers which they face outside the family. The study will show how these constraints influence the earning capacity and contribution of women workers towards their family well-being and development. The information collected will provide database which will fill up the lacunae in research work on women and development.

Objectives of the Study

The specific objectives drawn to give direction to the investigation were :

1. To study the demographic and socio-economic characteristics of women workers and their households.
2. To study the occupational profile of women workers.
3. To assess the suitability of occupational environment to women workers in terms of (i) work factors (ii) work place factors (iii) organisational factors.
4. To analyse the extent of awareness of women workers about sources of occupational health problems.
5. To assess the impact of occupational environment on women workers in terms of their occupational health problems.
6. To find out employers' view points about facilities provided to workers and improvements they want to make.

7. To ascertain the impact of occupational health problems on the output of women workers as perceived by them.
8. To ascertain the impact of women workers' earnings on their household development.

Assumption of the Study

The study is based on the following assumption :

1. Many occupational health problems exist in handloom industries.

Hypotheses of the Study

1. Occupational health problems of women workers will be the function of occupational environment.
2. The location of industry will cause variation in (i) occupational environment (ii) frequency of occurrence of occupational health problems of women workers (iii) awareness level of women workers about sources of occupational health problems.
3. There will be an association between awareness level of women workers about sources of occupational health problems and (i) age of women workers (ii) education of women workers.
4. Number of occupational health problems of women workers will be associated with the duration of employment and age of women workers.

5. There will be an association between occupational environment and women workers' output.
6. There will be a variation in the income earned and household development of rural and urban women workers.
7. There will be an interrelationship between frequency of occurrence of occupational health problems, workers' output and household development of women workers.

Delimitations of the Study

1. The study was carried out in handloom industries in Panipat district.
2. The study was limited to a sample of 252 women workers.