CHAPTER VI

HEALTH PROBLEMS
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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. For instance, the beedi workers are affected by diseases like tuberculosis, chronic bronchitis, nutritional anaemia, back pain, head-ache and eye irritation. It is reported that children engaged in beediworks are often subject to respiratory infections.

Children are introduced in the beediworks at the age of 7 or 8. After acquiring the skill in the work, they have to work on an average of 10 hours per day. Long hours of working in a particular posture would certainly cause excessive fatigue. It has its adverse effect on the physical development and general health condition of the children. Work pressure makes them weak and also stunts their growth.

It was observed during field work that the age of many working children do not synchronize with their growth. For instance, one would estimate the age of a girl as 7 or 8 just by considering her physical appearance. But, her real age counts as 12 years. This stunted growth of the children is mainly due to malnutrition.
Malnutrition which is mainly responsible for anaemia, affects health, efficiency, earning capacity, intellectual attainment and overall fitness. A project report by G. Karunanithi discloses that since the children engaged in the beediworks have the problem of malnutrition, they are highly susceptible to the respiratory infections resulting in frequent cold and cough. The children suffering from these health problems, are often suspected to have the problem of chronic bronchitis. The present study supports this finding that three-fourths of the children surveyed are affected by respiratory infections because they get exposed to tobacco dust and tendu leaves for most of the time in a day. Tobacco is an irritant that causes irritation in the inner area of the nose and wind pipe and results in frequent cough.

In addition, the small houses that accommodate too many members, are poorly ventilated and unhygienically maintained. In the absence of free ventilation, they inhale the air polluted with tobacco dust. They are thus subject to respiratory infections. The dust also affects their eyes and causes irritation. Almost all the children complain of this problem.

Since the children sit to work for hours together in a particular posture they have back pain. This might even restrict their movements in the long run. The children who work for several hours a day, complain of head-ache. Exposure to tobacco dust makes them prone to chronic cough and tuberculosis. The ignorant parents do not take any effort to get their children treated in time. In this situation, organising medical camps and follow up are the immediate needs that can save them from such dangerous diseases.

Worm infestation though not reported by the children surveyed, is also one of the serious health problems affecting children mostly living in unhygienic surroundings. It affects the absorption of nutrients especially iron and aggravates the problem of malnutrition and anemia in the children. This results in arresting the growth of children and reducing their weight. Doctors feel that a large number of children engaged in beediworks are also affected by worm infestation due to the lack of personal hygiene and insanitary conditions prevailing in their residential areas.

Anaemia, mostly the disease of the poor, is widely prevalent among the beedi workers. A large majority of the households are affected by lung or respiratory diseases such as tuberculosis and bronchitis. A considerable number of them suffer from back pain and head-ache. Certain diseases affecting the
working children are listed here as reported by them and the parents. It is shown in the following table:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Types of diseases</th>
<th>No. of respondents</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Suffered</td>
<td>Not Suffered</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Suffered</td>
<td>Not Suffered</td>
</tr>
<tr>
<td>1.</td>
<td>Respiratory diseases</td>
<td></td>
<td>28 2 30</td>
<td>402 68 470</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(93.33) (6.67) (100)</td>
<td>(85.53) (14.47)</td>
</tr>
<tr>
<td>2.</td>
<td>Fever</td>
<td></td>
<td>1 29 30</td>
<td>66 404 470</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(3.33) (96.67) (100)</td>
<td>(14.04) (85.96)</td>
</tr>
<tr>
<td>3.</td>
<td>Head-ache</td>
<td></td>
<td>29 1 30</td>
<td>453 17 470</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(96.67) (3.33) (100)</td>
<td>(95.96) (4.04)</td>
</tr>
<tr>
<td>4.</td>
<td>Back pain and Body pain</td>
<td></td>
<td>29 1 30</td>
<td>451 19 470</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(96.67) (3.33) (100)</td>
<td>(95.96) (4.04)</td>
</tr>
<tr>
<td>5.</td>
<td>Eye irritation</td>
<td></td>
<td>28 2 30</td>
<td>416 54 470</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(93.33) (6.67) (100)</td>
<td>(88.50) (11.50)</td>
</tr>
<tr>
<td>6.</td>
<td>Skin disease</td>
<td></td>
<td>1 29 30</td>
<td>30 440 470</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(3.33) (96.67) (100)</td>
<td>(16.38) (93.62)</td>
</tr>
</tbody>
</table>
Figure 16 shows the percentage of respondents suffering from various diseases by sex. The chart indicates that boys and girls suffer from different types of conditions, with a notable difference in the prevalence of back pain and skin disease between the two genders.
A large majority of boys and girls are suffering from the respiratory diseases such as chronic bronchitis, primary complex and frequent cold and cough. However, there is no significant difference between the proportion of the boys and girls suffering from this health problem. The problems such as head-ache, back pain and body pain and eye irritation are other major health problems that affect a great majority of the boys and girls. But, the proportion of children suffering from fever and skin disease is rather insignificant.

It is evident from the analysis that, there is no significant relationship between the sex of the children on the one hand and the diseases on the other. It is obvious that respiratory infection is a common health problem among the children. The ailment of the child workers surveyed, varies from cough to acute tuberculosis. This shows that there is an association between the beediworks and respiratory problem to a notable extent. Therefore, there is an urgent need to organize a series of medical camps in areas where there is lot of child labour.

In a similar way, several epidemiological, experimental and clinical studies indicate a close association between malnutrition and tuberculosis. Clinical studies also point out such an association between severe protein energy malnutrition and tuberculosis in children. However, these observations identify
only the association between the two conditions and do not establish the casual relationship.

Some parents of the working children do suffer from chronic bronchitis and tuberculosis. This is due to their entry into the hazardous work at a tender age, long hours of work till mid-night and overcrowding in their houses. In the course of time, their children also get infected with tuberculosis. Since their parents do not bother about taking special efforts to get their children treated in time, organising medical camps and follow up is the immediate need to save them from such a dangerous disease.

A doctor in Melapalayam, was interviewed elaborately in order to know the health problems of beedi workers, especially the children. He says:

Malnutrition is the major cause of many of the health problems among the beedi workers, including children. Especially more women of child bearing age and children than men, are affected by the problem of nutritional anaemia. A large number of children engaged in beediworks are also affected by worm infestation due to the lack of personal hygiene and insanitary conditions prevailing in their residential areas. Thus, the decrease of their appetite due to worm infestation would arrest their growth. There are more incidents of TB cases from the beediworks than that of those from other categories of workers, especially working in such cottage industries. Asthma is another health problem among the beedi workers. The allergy caused by the tobacco dust is mainly responsible for this disease.
They work in dim light. Their place of work has no proper ventilation facility. As a result, the workers suffer from eye defects. Due to over strain women are frequently suffering from fever rather than men.

It is relevant here to refer to the statement of a mother who says:

For the last 32 years I have been doing the beediworks. I have 3 daughters and 2 sons. My husband is a sick man. Basically, we are agricultural workers. But, due to monsoon failure and economic crisis in our family, I shifted to this work. I commenced this work since I was 10 years old. I was making 1,000 beedis per day, for that I work from morning 8.00 a.m. to evening 7.00 p.m. At the age of 25 years, I had allergy problem. Doctor advised me to avoid this work. But, due to our family condition, I could not. At age of 32 I was severely affected by breathing problem. Then, I took treatment from government hospital. Still I undergo the treatment. At the age of 42 I was severely affected by chronic bronchitis. Also I am suffering from backpain and severe headache. Besides, doing the work in dim light in the nights, my eye sight is also affected. But, due to poverty I have to work. Now, I can roll 500 or 750 beedis per day with the help of my daughter. I realise that the beediworks is hazardous to health. I would be very happy if I get a job other than this work.

This clearly reveals that a series of health problems is caused by the beediworks.

A girl of 13 years engaged in the beediworks in a village explains her plight as follows:
In order to complete my prescribed target in a day, I have to strain for 9-10 hours. I have to sit in one position and concentrate on the beediwork. My thoughts revolve around beedi making. For the past six years I have been doing this work. Now, I am often affected by head ache. Daily I have to take many tablets for this ailment. Sitting in a particular position for hours together, my hip, back and whole body get pain. The allergy caused by tobacco dust is a big problem to me. It causes cough, wheezing and sneezing. I am a fatherless girl. My mother is aged and sick. Hence, I have to do this hazardous work for our survival.

FOOD

In regard to the diet of the children in rural areas, a majority of them take two meals per day. But, in urban areas, a majority of children take three meals per day. But, it does not mean that the food they consume is adequate and well balanced. This is shown in the following table:
### Table 33
**Respondents by number of meals take in a day, background and sex**

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Number of meals per day</th>
<th>No. of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Rural</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Boys</td>
</tr>
<tr>
<td>1.</td>
<td>Twice</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(28.57)</td>
</tr>
<tr>
<td>2.</td>
<td>Thrice</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(71.43)</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>14</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(100)</td>
</tr>
</tbody>
</table>

Relationship between background of child workers and number of meals in a day ($\chi^2 = 79.93$, df = 1, $P < 0.05$)

Relationship between sex of child workers and number of meals in a day ($\chi^2 = 4.74$, df = 1, $P < 0.05$)
RESPONDENTS BY GETTING FOOD IN A DAY AND BACKGROUND

Twice 55%

RURAL

Twice 11%

Thrice 89%

URBAN

Figure - IV
RESPONDENTS BY GETTING FOOD IN A DAY AND SEX

Figure - 18
In rural areas, a majority of boys take three meals per day, but a majority of girls take two meals per day. On the other hand, in urban areas, a great majority of boys and girls take three meals. It is clear that the rural girls forego one meal a day but they work to sustain the livelihood of their family. Thus, there is a discrimination against sex with regard to the provision of daily food. In other words, more boys than girls would get three meals per day. The significance in the relationship between the sex of the children and number of times in a day they get food is confirmed by a statistical test. The analysis reveals that more urban child workers take meals thrice in a day than their rural counterparts. This shows that there is a discrepancy between rural and urban children with respect to the provision of daily food. That is, there is a significant relationship between the rural and urban children with respect to number of times in a day they get food. This is proved by a statistical test.

Rice is the main food for both rural and urban beedi workers. In many rural and urban households, it is the only item of food for all the three times in a day. Usually, the side dish is vegetable curry or pickle or 'Chutney' (Native side dish). A majority of households prepare food in the evening. But, they prepare in excess, because the family member would take full meal in the evening and keep the remaining for the next day. A great majority of respondents in rural households take the previous day
meal in the morning and after-noon. Some adults forego break fast in the mornings by taking a cup of tea or coffee between 7.00 and 8.00 a.m. A majority of the rural workers go for tea or coffee between 12.30 and 1.30 p.m. But in urban areas, a large majority of the beedi workers and child workers take "idlis" (native eatable item) or any other tiffin called "nasta" mostly bought from outside. They prepare food in the fore-noon both for noon and night. Usually, they take tea or coffee between 3.30 to 5.00 p.m. But, above 90 per cent of them drink black tea or coffee.

Both in rural and urban areas, the beedi workers take a full meal only once a day. At other times they have half of what they normally eat. Usually, they cook ordinary rice (mostly ration rice) with cheap vegetables. Non-vegetarian food is tasted by the children once a month in rural areas. But, in urban areas, the children take non-vegetarian meal twice or thrice a month. Sometimes both in rural and urban areas, the parents provide non-vegetarian food to the children to encourage them to produce more number of beedis. In most of the households, parents fix the target per day and compel their children to achieve it. From this, one can clearly understand that parents exploit their children by giving them an incentive in terms of non-vegetarian food. Thus, the food system of the beedi workers including child workers reveals that they lack nutrition. And malnutrition is a common problem among the beedi workers; especially, a large number
of children are affected by this problem.

For instance, a 11 old year girl engaged in beedi- works in a village near Kadayam gave the following report:

My parents are basically farmers and absolutely unfamiliar to the beediworks. But, they put me to this work due to severe economic crisis in my family. It is not only hard but also painful to sit and do the work for hours together without a break. In addition, the work load is heavy. But, I can earn only Rs.20-23 per day. I have three younger sisters. My parents go to work wherever they find employment. They don't know beediworks. My sisters are at tender age. Our family income is very low. so, we take inadequate food just twice a day. I am working from 8 to 10 hours a day.

PHYSICAL ATMOSPHERE

In the areas surveyed, the children are always exposed to polluted atmosphere. One can see that in almost all the households, the ground is littered with the waste beedi leaves. In most of the households, the waste leaves are not cleaned regularly as the household members are busy with beedi making from dawn to dusk. They work, eat and sleep on the uncleaned floor. They do not realise the importance of personal hygiene or cleanliness as they are used to the unhealthy atmosphere in the work place. The other reason for being so is that the beedi workers including the children are busily engaged in their work from early morning to late evening.

The unclean physical atmosphere both inside and outside the house contributes much to the health problems of the beedi
workers, especially the children. It is understood that the children are more vulnerable to infectious diseases than the adult workers. Infection has an injurious effect on the growth and development of the children, especially when there is malnutrition. It may also have an adverse effect on mental development.

Housing condition in the areas surveyed is also not good. The houses are in a very poor condition. In urban areas, people are living in congested houses with several members under joint family system. In rural areas, a majority of the people live in huts. Any outsider would find it very difficult to approach the residential area of the beedi workers, especially during the rainy season. Such an insanitary condition is harmful to the health of the children. Therefore, implementing the scheme of group housing is an effective measure to prevent the beedi workers from getting infected diseases.

MEDICAL FACILITIES

The beedi workers go to various types of hospitals for treatment. A great majority of them prefer allopathic treatment, but choices differ with regard to the place of treatment. Some of them go to private allopathic hospitals, some others prefer to go to government hospitals and few people receive treatment from Beedi Workers' Welfare Fund Dispensary. In rural areas, the beedi workers go to various places for medical treatment. But, in urban areas, a large majority of them get treatment from local
dispensaries and few people go outside their living place.

In rural areas, on the whole, three-fourths of the households have medical treatment within their own village. But, very few households get medical treatment from outside their village. If it is taken for area wise analysis, in Keelapavoor Block, most of them get medical treatment from local private doctors. Very few people go to Beedi Workers' Welfare Fund Dispensary in Pavoorchathram. From their own villages, beedi workers have to cover a distance of 3 - 7 kms. for treatment. In Alangulam Block, a majority of them get medical treatment from the local doctors. Very few people go for Beedi Workers' Welfare Fund Dispensary situated in the town Alangulam. Some others cross a distance of 5 - 9 kms. for treatment. In Pappakudi Block, a majority of the beedi workers get medical treatment from the local Primary Health Centres and private clinics. Some of the workers go to Mukkudal for medical treatment given by Beedi Workers' Welfare Fund Dispensary. For that, they have to travel a distance of 3-5 kms. In Kadayam Block, some people get medical treatment from Kadayam Beedi Workers' Welfare Fund Dispensary and some from Mukkudal Beedi Workers' Welfare Fund Dispensary. A majority of the people in the block get treatment from local doctors, because they do not want to travel a distance of 3 - 7 kms. from their native villages.

In Tenkasi Block, a majority of the rural workers receive
treatment from their villages. In Tenkasi town, a majority of them go to Beedi Worker's Welfare Fund Dispensary, some of them go to private clinics and few prefer government hospitals for treatment.

In Melapalayam town, some beedi workers visit Beedi Workers' Welfare Fund Dispensary situated in the town itself. Some other go to private clinics and government hospital. Few of them visit Palayamkottai town for treatment. Beedi Workers' Welfare Fund Dispensary is located in the southern part of the town. So, only people from the southern part are willing to go there. There are a number of dispensaries and a few clinics within the town to cater to the needs of the people.

It is imperative that mention should be made of the Beedi Workers' Welfare Fund Dispensary. The government of India has established such dispensaries in places of high concentration of beedi works. They provide the medical service exclusively to the beedi workers and their family members. However, a majority of the beedi workers go to private clinics for treatment instead of approaching the Beedi Workers' Welfare Fund Dispensary. Perhaps it may be due to the overcrowding of patients in the dispensary both in the morning and in the evening. The beedi workers are very particular in completing the target of a day. So, they are not able to wait for a long time for treatment.
The dispensaries meant for the beedi workers need to be well-equipped in terms of providing them with adequate beds, surgical instruments, medicine and other things required for the patients. Unless they are provided adequately they will not be able to save thousands of workers from tuberculosis which is considered one of the most prevalent and diseases. Besides, equipping such dispensaries, the Community Health Workers should be oriented to the development needs of the working children. To meet the medical requirements of TB patients, the Melapalayam town and other villages in the study areas have also to be equipped by providing them with adequate infrastructural facilities through establishing adequate number of Beedi Workers' Welfare Fund Dispensaries.

For instance, a woman worker comments on Beedi Workers' Welfare Fund Dispensary as follows:

I have been doing the beedi work over 22 years, every day, I am rolling 1,000 beedis. For that, I have to strain from 7-9 hours besides my household work. At my 36 years of age, I was severely affected by backpain and at 41, I was affected by TB. Doctor advised me to take injections and tablets for a period of time. But, my village is 8 kms. away from Alangulam town. So, I was unable to visit Beedi Workers' Welfare Fund Dispensary. At the sametime, I was not able to pay for injections prescribed by a local doctor. So, I am severely affected by TB. It will be helpful to us if some one can arrange to establish a Beedi Workers' Welfare Fund Dispensary in our area so that it would save many workers from this disease.
For instance, a 14 year old child states as follows:

In Melapalayam town, a majority of the workers are affected by TB and chronic bronchitis. Some are affected by backpain. I have the problem of cough due to the allergy caused by tobacco dust. I am also suffering from back ache due to the nature of the work. Since, the Beedi Workers' Welfare Fund Dispensary in our town is always crowded, I have to stand in a queue for at least a couple of hours to take treatment. It is indeed intolerable. A majority of the beedi workers go to private clinics to get medical treatment. It will be helpful to us if the government starts another dispensary in this town with adequate number of doctors and medical staff.

Beedi Workers' Welfare Fund dispensary should opened its branches all over the areas where there is a concentration of the beedi works. They have to be established at least within a radius of 3 - 5 k.ms. These dispensaries need to be equipped in terms of providing them with adequate beds, surgical instruments, medicine and other things required for the treatment of the patients. Unless they are equipped well, they will not be able to save thousands of workers from respiratory diseases. The Community Health Workers should be oriented to the development needs of the working children. A T.B. sanatorium has to be established at Melapalayam and Mukkudal for providing better treatment to the T.B. patients. It has to be provided with adequate infrastructural facilities to meet the medical requirements of these patients. A series of health camps may have to be organised
workers are highly concentrated. Through these camps, an awareness can be created regarding respiratory diseases among the beedi workers. Door to door canvassing is an effective step to in helping the workers to resort to preventive measures. In addition to this, provision is to be made for the educational and recreational services of the working children at their work places and homes.