CHAPTER VII

SUMMARY OF FINDINGS, SUGGESTIONS AND CONCLUSION
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7.1 INTRODUCTION

Health has been identified and accepted as an important factor in human development that ensures social sector development. The workforces employed in the factories have to face several difficulties at the work place. Several issues related to health, job stress, and injuries at work place are the major concern of the research among researchers. With this background, the present study was undertaken with the following objectives:

1. To study the socio-economic profile of the sample respondents working in fireworks factories in Sivakasi;
2. To estimate the wage payment of the sample respondents working in fireworks factories in Sivakasi;
3. To analyse the working environment of the sample respondents in the work area of the fireworks factories in Sivakasi;
4. To identify the welfare measures of the sample respondents from the employers to the workers;
5. To assess the impact of health hazards of the sample respondents in the study area;
6. To explore the expenditure pattern of the respondents in the study area and
7. To offer policy suggestions for the fireworks effluents and provide guidelines to improve their health status in the working environment.

334 fireworks workers were selected and covered in three different types of factories. Among them 201 fireworks workers are from Type A factory, 54 from Type B factory and 79 from Type C factory.

7.2 MAJOR FINDINGS

7.2.1 Socio-economic Conditions

The analysis of age-wise distribution of sample respondents revealed that 43.41 per cent of workers belong to the age group of 26 – 35 years followed by 34.13 per cent of workers of the age group of 36 – 45 years. This indicates that 77.54 per cent of workers fall in the age group of 26 to 45 years in all the three categories of sample factories.

It is evident from the caste-wise examination that overwhelming majority of women workers come from backward, most backward and scheduled caste. Altogether they comprised of 321 workers in the sample factories. The scheduled tribes and forward community workers, however, represented in a least number i.e., only 13 workers. The affiliation to particular religion of the worker depicted that 71.55 per cent are affiliated to Hindu religion and 24.85 per cent are with Christian religion. Only 3.59 per cent of factory workers are attached with Islam religion.

The analysis of marital status revealed that 60.77 per cent are married, 20.35 per cent are unmarried. The category of widow and separated comes around only
18.85 per cent of workers. It shows that women have to give financial support to their family while married or unmarried.

The educational status of the fireworks workers confirms that 40.35 per cent are educated and rests are uneducated. Primary school education dominates the fireworks workers category which account for 32.93 per cent. Due to poverty, 59.65 per cent of workers are illiterate in the study area.

The analysis of housing characteristics showed that only 86 sample workers possess own house and remaining workers are leading their life in rented houses. It is also noticed that the nature of houses of sample workers comes under the category of Thatched, Tiled, Concrete and other houses. Concrete houses are used for accommodation by 184 workers. In fact, the basic facility of electrification in single room is occupied by 157 workers alone. The attached bathroom/latrine facility in their house is found only with 110 sample workers.

With regard to age, gender and marital status of family members of sample workers, the data revealed that 1359 members are found with 334 sample workers family. These 1359 members are the total family members excluding the 334 sample workers in which 1087 are non-earners and only 272 are earners in their families which consists of aged members, children and men who does not earn money. It is found that 151 workers have below 4 members in their family. It is found that nuclear type of family forms 74.25 per cent of fireworks women workers in the study area.
Among the sample workers, 215 workers belong to company labour and 119 belongs to contract labour in their respective factories. 64.67 per cent of sample workers prefer to get their wage on weekly-basis. 61.97 per cent of workers receive their wage according to the piece-rates for the work by them every day.

The actual income pattern of the workers reflects that the category of Rs. 2001 to 4000 and Rs. 4001 to 6000 (per month) is earned by 55.22 per cent and 43.28 per cent of workers respectively. 40.79 per cent of workers are earning Rs. 6001 to 8000 per month. 201 workers receive bonus twice in a year in their respective factory. 191 workers are not satisfied with their wages which they actually receive at present. The reason is, that the wage paid is low. 309 workers have wage deduction in their factories under various circumstances.

Among the various sources of income generated by sample workers the income earned through family members and poultry are found to be first and second additional source of income sector respectively.

The expenditure pattern shows that the food expenditure is ranked as number one followed by education, house rent, clothing and fuel. The expenditure on medical expenses occupies the seventh rank (last) by the sample workers in the study area.

The saving position of the workers indicated that 94.31 per cent are savers and 5.68 per cent are non-savers, which indicates that women prefer to save in order to forecast for the future expenses. Chit fund is preferred by 146 workers to save their
money. The major reason for savings is to meet out their children’s marriage expenses.

It is found that out of 334 sample workers 243 get trapped in indebtedness. The main source of debt is from the employer which accounts for 38.27 per cent. The loan amount is mostly to meet out routine family expenses. 294 workers repay their advances or loans by way of deducting from their wages.

7.2.2 Employment and working Condition

The work nature of fireworks factories has been classified under 3 types of factories such as Type A, Type B and Type C. In this, the following eleven categories are nature of work in it. They are Bottom and Mud Fixing, Chemical Mixing, Tissue Pasting, Chemical Filling, Fuse Fixing, Charam Wearthing, Jute Winding in Atom Bomb, Pocket Making, Chakkaram Winding, Tube Making and Tip Chemical Filling.

Among the 334 sample workers 201 workers belong to Type A factory, 52 workers belong to Type B factory and Type C factory occupies 79 workers. 215 workers are working on the basis of company labour and 119 of them are contract labour.

To get better wages 48.20 per cent of women workers have joined this unit in which they presently work. With the relatives help 28.44 per cent of workers joined this factory in which they are currently working. 228 workers are permanent worker in the study area.
In type A factory 21.89 per cent of workers have the nature of work as chemical filling. In type B factory 59.25 per cent of workers have the nature of work as Charam wearing. In type C factory 56.96 per cent of workers owes Jute Winding to Atom Bombs.

The study portrays that 200 workers have previous work experience in various factories. 78 workers changed one unit in their service. 28 workers changed four units in their length of service. The main reason to change the working unit is short distance from their residence which accounts for 30.50 per cent. 174 workers have 9-11 months work experience in their last year working period. 72.15 per cent of workers work 4 to 6 hours per day in their respective factories. 275 workers are provided with overtime facility from their employer to get extra income.

As for as the distance from residence to workplace is concerned. Below 3 kms distance from their residence and workplace occupies 45.80 per cent. 70.35 per cent of sample workers use staff bus offered by the employer. 129 sample workers felt that, their supervisor behavior is good to them. 90.71 per cent of workers assured that there is no risk in their work environment.

Travelling Allowance, Holiday Facility, Labour Officer Visit, Safety Measures, First Aid Box and Doctor’s Visit to the unit are the fringe benefit that has been provided by the employer to the sample workers.

The employer also provide some welfare measures to the sample respondents such as, Medical Facility, ESI Facility, Basic Facilities in the work environment, and
Maternity Benefits, There is no discrimination in wage, Crèche Facility and Insurance Coverage in the study area.

7.2.3 Health Problems of Sample Women Workers

97.30 per cent of sample workers suffered often by general health problems such as Continuous Cough/Dry Cough, Back Pain, Low/High Blood Pressure and Neck/Shoulder Pain. 44.61 per cent of sample workers affected by back pain. Respiratory problems such as Asthma, Sinus, Eosinophilia and Head Ache also affect the sample workers. 44.61 per cent of workers suffered by sinus. There are some types of skin diseases which affect the sample respondents. Most of them suffered by itching in their skin which accounts to 44.61 per cent.

325 workers prefer private treatment to cure their illness. There are four types of private treatment opted by the sample workers. They are Allopathic, Homeopathy, Ayurveda/Siddha and Self-Medication. 47.38 per cent of sample workers prefer to cure their illness by self-medication, because, they do not want to spent more money on medication. Per month the maximum amount spent for their medical expenses is just Rs.100 which accounts 47.07 per cent. 54.46 per cent of women workers prefer to take one time treatment for their illness in a month. They want instant relief at the same time they did not like to have more number of visits to the doctor.

Out of the total sample workers 163 of them take their medicines regularly. In that, 39.26 per cent of workers felt that there is very good improvement in their health status after intake of regular medication. Willingness to take lifelong treatment
specifies that 44.78 per cent of sample workers are not willing to spend too much of money on medicines for maintaining their health status in a long period due to various circumstances.

7.2.3 An Analysis of Health Status of Fireworks Women Workers

Chi-square test analysis shows that the relationship between type of work and general health problems. It is insignificant. But the sample workers are affected by some of general health problems. It also correlates the relationship between type of work and respiratory problems. It is also insignificant. Calculated value is less than the table value. In multiple health problems, 43.56 per cent of sample workers affected by back pain as well as sinus problems.

Chi-square test analysis shows the relationship between type of work and skin diseases. It is clearly observed that, there is no association between type of work and skin diseases.

Chi-square test shows that, educational status does imply an impact on the preference of private treatment opted by the sample workers. Majority of the sample workers are illiterate. So they are not aware of the health conscious aspect. So they prefer to cure their illness by resorting to self-medication.

It is observed from the Chi-square result, there is no association between types of private treatment opted by the sample respondents and their improvement status in their health.
There are various reasons for non-adherence of proper medication by the sample respondents. 40.12 per cent of sample workers are not aware on taking medicines regularly to maintain healthy life.

The result clearly explains that, there is association between educational status and willingness to take lifelong medication. Under various circumstances, women workers are not willing to take lifelong medication. The main reason is not willing to spent too much of money on medication.

In the overtime work there is no association between with their general health problems in the study area. But they work under the polluted environment.

Chi-square test estimates the relationship between type of private treatment and reason for the choice of particular private treatment. Self-medication treatment is preferred by most of the sample respondents due to instant relief from their illness.

In the fireworks factories there are many chemicals used for their production process. But phosphorous is used more in all type of work undertaken by the sample respondents in the study area. Also the chemical creates some skin diseases in the form of itching in the skin by the use of copper in the production process.

Likert Five Point Rating scaling analysis shows the preference of private treatments opted by the sample workers. The allopathic treatment is preferred for the reasons like affordability, instant relief, and availability of easy accession. The respective scale values are 415, 406, 397 and 374 respectively.
In the Homeopathy treatment the reasons are no side effect, long run survival, non-invasive and cost effectiveness. Their respective scales are 212, 202, 198 and 186.

For the preference of Ayurveda/Siddha treatment, the factors which influences are holistic approach, cost effectiveness, no side effect and cures chronic diseases. Their scale values are 74, 67, 65 and 64.

The Self-Medication treatment is preferred by majority of the sample respondents. The main factors which influence them are convenience, economy, no consultation fee and short duration. Their respective scale values are 681, 625, 571 and 564.

Degradation of health in work environment is strongly agreed by some factors such as constant posture, chemical usage, improper ventilation, impure air and monotonous work. Their scale values are 1256, 1226, 1222 and 899.

In all the categories of factories, overtime work is provided to 275 workers. There are some difficulties in overtime work faced by the sample respondents. The factors are without break at work, constant posture, impure air, more chemical usage and inadequate workspace. The following are the scales such as 1060, 1056, 1033 and 898.

There are some reasons agreed by the sample respondents to non-adherence of proper medication. The following are the factors, such as, poverty, no knowledge of
long-run survival benefit, priority to family members, not aware of health conscious, least importance to health and anxiety. Their scale values are 634, 591, 521, 492 and 357 respectively.

The technique of Analysis of Variance (ANOVA) was used to study and know whether there is a relationship between the chemicals used and respiratory problems and to know whether there is a relationship between chemicals used and skin disease to the sample respondents. It is found that chemical usage in the production process creates respiratory problems among the sample workers. But chemical usage in the production process does not create any skin diseases to the sample workers.

7.3 SUGGESTIONS

1. The timings of dispensaries and hospitals should be fixed in a way which would be convenient to working women who cannot forgo their income for medical care.

2. Necessary medicines should be adequately stocked and the hospitals and PHC’s should be operated in such a way as to keep the number of visits of the women to the minimum necessary, if they are to avail of the treatment. Otherwise, they get discouraged and cannot continue, because of the competing demands on their time as they carry multiple responsibilities.

3. There should be some awareness program for the factory women workers to maintain their health for long-run survival benefit.
4. Government should provide free health camps for the working women at their factories to check their health status consistently.

5. The fireworks women workers are poorly nourished, illness complicates this condition further. As food is a significant component for effective recovery, factories should provide free nutritious food to poor women most of whom are on daily wages.

6. Doctors, who are the only source of help for the majority of women, should be taken seriously, as a vital source of rural health care.

7. The National Commission for labour recommends that the community may be motivated to construct and maintain one clean sterilized room in each and every factory with good stock of basic medicines.

8. Woman should be involved at the village level as Community Health Guides if women’s access to health care is to be improved. Teams comprising one literate and one experienced older women, though not necessarily literate may be the most desirable, both in terms of outreach and accessibility to women. Their training should include both preventive health education and curative care. Mahila Mandals should support these women health workers who have to assist in the maintenance of linkages between the official health care system and village women.
CONCLUSION

Health is a multi-dimensional and multi-causal variable. Health and development are closely interlinked. It is now established that the poor state of health slows down economic development and that insufficient economic development perpetuates a bad state of health. Generally, health improvement tends to increase worker productivity and these contribute to economic growth.

Health related problems have become a common phenomenon in the industrialized world. Whatever, preventive measures the workers adopt, it does not help the workers to protect themselves. The present study area of fireworks factories has its own hazardous effect on the workers. In addition to the environmental damages, health is becoming a major problem in this study area.

The researcher found that while visit to the fireworks factories for her data collection, the women workers are not able to tell their answers face to face. They heard the questions and told the answers with their work in progress without any trouble. Because every minute is money for them. They don’t want to spent time to tell their answers to avoid stop their work even for few minutes.

It is of great concern to note that, the fireworks women workers are forced to give financial support to their family. So, they did not bother about the degradation environment, health impact etc. They prefer to earn money to support their family. Also they did not aware of the health conscious.