ANNEXURE- II

Questionnaire-1

(Employer/Unit-level Questionnaire)

Name of the Study: Women Workers in Manufacturing Sector—A Study of Women Factory Workers of Kamrup District, Assam.

Industry Division (As per NIC Code):

Manufacturing of Food Products, Beverage, Textiles and Tobacco Products

1. Name of the proprietor:

Name of the factory/unit:

Address: .................................................................................................................................
.............................................................................................................................................
.............................................................................................................................................
............................................................................................................................................. Phone Number: ......................

2. Year of establishment/Registration: .................

3. Govt/private..............................

(A)Employment Status:

5. Total No. of workers: (As on 31st March, 2016)........................................a) Male Workers...................

.............................................................................................................................................

b) Female Workers................

<table>
<thead>
<tr>
<th>Workers</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temporary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contractual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Casual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**B) Mode of Employment**

_A) Directly Employed—................................._

_B) Employed Through Contractor—..................

**C) Category of Work:**

<table>
<thead>
<tr>
<th>Type of Workers</th>
<th>male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skilled</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Semi-skilled</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unskilled</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**D) Age of Workers:**

**E) Employment category/occupation:**

<table>
<thead>
<tr>
<th>Manual</th>
<th>Male</th>
<th>Female</th>
<th>Adolescent</th>
<th>Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Watchman</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Machine operator</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Packing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Labelling</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Room Cleaner/House Keeping</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Store Keeper</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weaving</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spinning</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Miscellaneous Work</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Non-Manual</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managerial</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clerical</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
8. Is there any criteria regarding the educational qualification of a worker? (Yes=1, No=0)

9. If yes, what is it? (Primary education-1, Secondary education-2, others-3)

10. What is the amount of investment made till now? (In Rs.).................................

11. Amount of sales per month (In Rs.).................................................................

12. Amount of expenses per month (In Rs.)............................................................

13. Net earnings per month (In Rs.).................................................................

14. What is the nature of the product being contracted? (Intermediate product-1, final product-2, A part of the final product-3, others-4, All of the above-5)

15. What type of product do you manufacture? ..............................................................

17. Mode of payment to the workers (Time rated-1, Piece rated-2)

(F) Social Security:

1. Whether the factory is providing social security benefits? (Yes-1, No-0)

2. If yes, which of the benefit?

   (EPF-1, GPF-2, GIS-3, Health Insurance-4, all-5, Some benefits-6)

3. If yes, category of workers eligible (All-1, Some-2, NA-3)

4. No. of workers have benefited during 2016-2017?

<table>
<thead>
<tr>
<th>Name of Scheme</th>
<th>EPF</th>
<th>ESI</th>
<th>GI</th>
<th>HI</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of workers benefited in 2015-16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(G) Bonus Facility:

20. Whether the bonus is paid or not? (Yes-1, No-0)

21. If paid, category of workers paid bonus

   (Permanent-1, Temporary-2, Contract-3, Casual-4, Others-5, NA-9)

22. Type of bonus paid (Annual-1, Festival-2, Productivity-3, others-4, NA-5)
23. Whether both male and female workers are paid bonus equally or not? (Yes-1, No-0)

24. If No, mention the reason for difference:

(Output-1, Difference in skill-2, Difference in Occupation-3, others-4)

26. Total amount of bonus paid in cash (Rs.)

HI) Working Hours:

27. Total No. of Working days in March, 2016

28. Whether the workers work beyond the normal working hours? (Yes-1, No-0)

29. If yes, mention the rate of payment for overtime duty

(Ordinary-1, Double-2, Special-3, No extra payment-4)

30. No. of times rest allowed in a day

(I) Leave and Holiday:

33. Whether the unit/factory is allowing leave/holidays? (Yes-1, No-0)

34. If yes, (with wages-1, without wages-2 Mix-3)

35. No. of holidays allowed with wages to manual workers (In a Year)

36. Is weekly off given to the workers? (Yes-1, No-0)

37. If yes, (with wages-1, Without wages-2, Mix-3)

J) Types of Leave allowed to the workers:

No. of leaves allowed during the 2015-16 to different category of workers.

<table>
<thead>
<tr>
<th>Type of Leave</th>
<th>Permanent workers</th>
<th>Temporary workers</th>
<th>Contract workers</th>
<th>Casual Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual/Earn Leave</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sick Leave</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Casual Leave</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>National/Festival Leave</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(K) Medical Facility and Crèche Facility and Other Welfare Facility

38. Whether medical facilities are provided by the factory/unit? (Yes-1, No-0)
39. If yes, what type of arrangement is made by the factory?

(Own dispensary-1, tie-up with Pvt. Hospital-2, Through ESI hospital-3, Doctor on call-4, Others-5)

40. Whether medical facilities to the workers and their family members are of free of costs?

(Yes-1, No-0)

41. Whether crèche facility is provided by the factory/unit? (Yes-1, No-0)

(L) Maternity benefits:

45. Whether Maternity benefits are provided by the employer? (If Yes-1, No-0)

46. If yes, No. of days of maternity leave allowed...........................................

47. No. of women workers have benefited in 2015-2016........................................

48. Total amount paid in 2015-2016 (Medical+Salary)............................................

M) Welfare facilities at work Site:

<table>
<thead>
<tr>
<th>SL. No.</th>
<th>Name of Welfare Facility</th>
<th>Whether provided (Yes-1,No-2)</th>
<th>If yes, whether provided separately for women(Yes-1,No-2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Proper drinking water</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Washing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Urinal for male and female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Latrine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Rest shelter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Canteen facilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Recreational facilities</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(N) Fines and Deduction/contribution:

53. Does the factory fine on workers? (Yes-1, No-20)

54. If yes, mention the reason:

(Late coming-1, Wastage of production-2, Damage or loss of Tools-3, others-4)
(O) Educational / Training Facility / Housing / Other Facilities:

61. Whether educational facilities are provided by the factory/unit? (Yes-1, No-0)

62. If yes, category of workers provided this facilities:
   (Permanent-1, Temporary-2, Contract-3, Casual-4, All-5, Others-6)

65. Whether training facilities are provided or not? (Yes-1, No-0)

68. Whether Housing facility is provided or not? (Yes-1, No-0)

69. If yes, (Within the campus-1, Outside the Campus-2)

70. Housing facilities provided (Free of cost-1, On rent-2, Others-3)

..........................
ANNEXURE- II
Questionnaire-2

(Worker-Level Questionnaire)

Working Conditions of Women Workers and the Status of Job Security

Name of the Study: “Women Workers in Manufacturing Sector— A Study of Women Factory Workers of Kamrup District, Assam”.

Industry Division (As per NIC Code)

Manufacturing of Food Products, Beverages, Textiles and Tobacco Product:

Name of Factory

1. Name of the respondent:

2. Gender: (Male-1/female-2):

3. Religion: (Hindu-1, Muslim-2, Christian-3, Sikh-4, Others-5)

4. Language: (Assamese-1, Hindi-2, Bengali-3, others-4)

4. Age:

5. Caste: (ST-1, SC-2, OBC-3, General=4)

6. Marital status: (Married-1, Unmarried-2, Spouse died-3, Separated-4)

7. Number of children.............. Son.............. Daughter.........

8. Native District:................................. Town............................ Village................. State............

9. Educational Qualification: (Illiterate-0, Up to primary-1, up to class 10\textsuperscript{th}-2, class 12\textsuperscript{th} and above-3)

10. Family member/size: (In numbers):

11. Whether men headed household or women headed household?

   (Men headed household-1, Women headed household-2)

12. Do your children go to school? (Yes-1, No-0)
13. Where did you worked prior to this job? (Organised sector-1, Unorganised sector-2)

14. When did you come to the factory? (In years).................................

15. Whether migrated from other states/district? (Yes-1, No-0)

   If yes, mention the year of migration and place of origin..........................

16. Reasons for migration to this job in the factory.

   (Non-availability of work-1, Poverty-2, Unemployment-3, Rural indebtedness-4, Low wage-4, Motivated by friends and relatives-5, Search of change of occupation-6, Family matters-7, others-8)

17. Are you feeling here better off than before? (Yes-1, No-0)

   If yes, specify the nature of benefit..............................................

18. Do you have any plan to leave the factory? (Yes-1, No-0)

   If yes, specify the reasons......................................................

19. Do you encourage your children/relatives/ family members to join in this sector? (Yes-1, No-0)

   If yes, why............................................................

   If no, why..........................................................

**Working Conditions / Status of Job Security of Women Workers**

(A) Nature of Work/Activities done by women workers

1. What is the nature of work that you engaged in the factory?

   (Supervisor-1, Watchman-2, Machine operator-3, Packing-4, labelling-5, Room cleaner-6, Store keeper-7, Miscellaneous worker-8, Weaving-9, Spining-10, Tailoring-11, Decomposing-12)

2. How many types of activities do you engage? (Less than two-1, More than two-2)

(B) Employment Status/ Security:

1. Are you a Permanent worker/Temporary worker/Contract worker/Casual worker ?

   (Permanent -1, Temporary-2, Contract-3, Casual-4)

2. Mode of Employment: (Directly employed-1, Employed Through contractors-2)

3. Do you have chances for promotion? (Yes-1, No-0)
4. If you could not attend your job for a few days, what is the action taken by the owner?

(No action-0, Salary deduction-2, Overtime work-1, fire from the work-3)

5. Whether the job is high paid or low paid?  (High paid-1, low paid-2)

6. Is there promotion provision for female workers from lower paid job to higher paid job?

(Yes-1, No-0)

7. Do you think you have chances of alternative employment?  (Yes-1, No-0)

8. Given alternative opportunities do you wish to leave the present occupation?

(Yes-1, No-0)

9. If yes, reasons thereof.................................

10. Whether you maintain good relationship with the supervisor?  (Yes-1, No-0)

11. Have you ever worked in night shift?  (Yes-1, No-0)

(C) Wage and Earnings/Income:

1. Are you a paid worker? Yes/No  (Yes-1, No-0)

2. Whether your payment is regular or irregular?  (Regular-1, Irregular-2)

3. Whether daily wage earner or monthly wage earner?

(Daily wage earner-1, Monthly wage earner-2, Quarterly-3, others-4)

4. Mode of payment:  (Time Rated-1, Piece Rated-2)

5. Is there wage differential between male and female workers?  (Yes-1, No-0)

6. Net earnings per month (Rs.)..............................

7. Net earnings per year (Rs).................................

8. Do you have overtime allowance?  (Yes-1, No-0)

2. Rate of overtime payments:  (Ordinary-1, Double-2, No payment-3, others-4)

9. Whether your income is above Rs.240/- per day?  (Yes-1, No-0)

10. Have you experienced any kind of wage/salary revision in the recent past?  (Yes-1, No-0)

5. Are you equally remunerated as your male counterpart?  (Yes-1, No-0)
6. If no, what is the approximate difference (in Rs.).........................

(D) Educational status:

1. What is your educational qualification?

\[(Illiterate-0, \ Up\ to\ primary-1, \ Up\ to\ class\ 10-2, \ Class\ 12\ and\ above-3)\]

2. Is there any criteria in the factory regarding the educational qualification of a worker?

\[(Yes-I, \ No-0)\]

3. Do you have special training facility? \[(Yes=1, \ No=0)\]

4. Have you undergone any kind of special training? \[(Yes=1, \ No=0)\]

5. Do you face any kind of discrimination against women workers in case of getting chances of special training? \[(Yes-I, \ No-0)\]

6. If skill was acquired through special training, what was the name of the institute?

\[(Govt.\ institute-1, \ Private\ institute-2, \ Others-3)\]

7. Do you feel safe at your workplace? \[(Yes-I, \ No-0)\]

3. What is your working hour? \[(8\ hours-I, \ Otherwise-0)\]

4. Do you have bonus facility? \[(Yes-I, \ No-0)\]

5. Do you perform overtime duty? \[(Yes-I, \ No-0)\]

6. Do you have overtime allowance? \[(Yes-I, \ No-0)\]

5. Do you get weekly off? \[(Yes-I, \ No-0)\]

6. If yes, with wages or without wages?

\[(With\ wages-I, \ without\ wage-0)\]

7. Do you get earned Leave/Annual Leave? \[(Yes-I, \ No-0)\]

8. Do you get any medical Allowances? \[(Yes-I, \ No-0)\]

9. Do you have the chances of promotion? \[(Yes-I, \ No-0)\]

10. Do you have adequate medical facility? \[(Yes-I, \ No-0)\]

a). Do you have bank account? \[(Yes-I, \ No-0)\]
b). Who operates the account? (You-1, Husband-2)

(Yes-1, No-0)

c). Can you maintain saving from your salary? (Yes-1, No-0)

d). Do you have Worker’s Union? (Yes-1, No-0)

e). Are you a member of your Union? (Yes-1, No-0)

f). Have you got the chances in raising voices regarding working conditions as well as salary revision? (Yes-1, No-0)

(E) Household Responsibilities and Family Support:

1. Where do you keep your children when you are at work?-----------------------------

1. (a). How do you maintain the balance between household tasks and factory time schedule?

(b). Do you face the problem in maintaining the balance between household tasks and factory works?

(c). How many hours spend in maintaining household duties per day?................

(d) Do you think that the waged employment has changed your status in the family?

(e) Do you take part in decision making process at home?

2. Do you have household responsibility of caring and rearing of your children, parents and elders? (Yes-1, No-0)

3. Do you have the provision of any kind of facility for child bearing workers? (Yes-1, No-0)

4. Do you have any domestic helper? (Yes-1, No-0)

5. Whether your husband helps the household tasks at home? (Yes-1, No-0)

6. Number of dependent person in the family? (Below 15 years of age............. and above 60 years of age.................)

7. Do you have any other earning member in the family other than your husband? (Yes-1, No-0)

If yes, specify....................... (Parents-1, Brothers-2, Sisters-3, others-4)

8. Is your husband working? (Yes-1, No-0)

If yes, where............................................

When did he start working.........................
9. Are your children working? \((\text{Yes-1, No-0})\)

If yes, how much do they earn in a Month \((\text{Approx})\)..............................

(F) Social Security:

1. Do you have bonus facility? \((\text{Yes-1, No-0})\)

2. Do you get any medical Allowances? \((\text{Yes-1, No-0})\)

3. Do you have ESI facility? \((\text{Yes-1, No-0})\)

4. Do you have PF facility? \((\text{Yes-1, No-0})\)

5. Do you have health insurance? \((\text{Yes-1, No-0})\)

6. Do you have quarter facility? \((\text{Yes-1, No-0})\)

(G) Housing Conditions/Status:

1. Are you staying in the factory campus, rented house or own residence or at any other places? \(\square\)

\((\text{Factory campus-1, Rented house-2, Own residence-3, provided by employer free of rent-4, others-5})\)

2. If yes, how many distances is from your residence to the factory? .................

3. Type of dwelling: \((\text{Bosti-1, flat-2, Independent house-3, others-4})\)

4. Type of structure: \((\text{Katcha-1, Semi pucca-2, Pucca-3})\)

5. Number of living rooms? .........................

6. Is there adequate electricity facility? \((\text{Yes-1, No-0})\)

7. Do you have separate kitchen? \((\text{Yes-1, No-0})\)

8. Whether having separate toilet/ latrine: \((\text{Yes-1, No-0})\)

9. Whether having separate bathroom: \((\text{Yes-1, No-0})\)

10. Do you have adequate water facility/adequate drinking water? \((\text{Yes-1, No-0})\)

11. Source of water supply: \((\text{Independent-1, Shared inside-2, Shared outside-3})\)

12. Source of lighting energy: \((\text{Kerosene oil-1, Electricity-2, Both-3, others-4})\)

\(\text{xlix}\)
13. Source of cooking energy:

(Firewood-1, kerosene oil-2, Cooking gas-3, Electricity-4, Others-5)

(H) Discrimination and Sexual Harassment:

1. Any discrimination faced by the women worker at work place? (Yes-1, No-0)

2. Do you feel safe at your workplace? (Yes-1, No-0)

If no, why? ..................................................................................................................

If yes, why? ..............................................................................................................

3. Do you face sexual abuse or harassment in the factory? (Yes-1, No-0)

4. If Yes, Specify the reasons:

briefly.............................................................................................................................

(I) Other Welfare facilities:

1. Do you get maternity Leave? (Yes-1, No-0)

If yes, how many days..........................

2. Do you get maternity financial benefit? (Yes-1, No-0)

3. Do you have separate toilet/latrine/washroom/restroom facility for women? (Yes-1, No-0)

4. Do you have crèche facility? (Yes-1, No-0)

5. Do you have adequate sanitation facilities? (Yes-1, No-0)

6. Do you have quarter facility? (Yes-1, No-0)

7. If yes, explain briefly..........................

8. Do you have medical facilities? (Yes-1, No-0)

9. Do you have the provision of any kind of facility for child bearing workers? (Yes-1, No-0)

10. How many time is given for launch break? .....................

11. Do you get medical allowance? (Yes-1, No-0)
12. Do you have canteen facilities? (Yes-1, No-0)

13. Proper drinking water facilities: (Provided-1, Not provided-0)

14. Do you have bonus facility? (Yes-1, No-0)

15. Your opinion about bonus: (Highly satisfied-1, Satisfied-2, Not satisfied-0)

16. Over time duty: (Available-1, Not available-0)

17. Do you have extra bonus for overtime duty? (Yes-1, No-0)

18. Precautionary safety measures: (Good-1, Normal-2, Poor-3)

19. Your opinion about wages: (Highly satisfied-1, satisfied-2, not satisfied-0)

20. Rest room facilities: (Provided-1, not provided-0)

21. Do you have transport facilities? (Yes-1, No-0)

22. Opinion about sitting facilities/seating arrangement: (Highly satisfied-1, Satisfied-2, Not satisfied-0)

23. Do you have recreational facility?