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Chapter-5

Areas of Social Work Interventions and Suggestions, Findings, Conclusion, Hypothesis Testing and Suggestions

5.1 Social Work Intervention In The Well-being Of Beedi Workers

5.1.1 Introduction: Beedi manufacturing started in India almost 100 years ago and provides livelihood to thousands of rural women. Wages are always on the lower side in this business when compared to the number of hours of hard work involved. Beedi-rolling is very harmful to the human body due to the tobacco dust created in the process and unfortunately these Beedi rollers do not get proper preventive and curative medical support to protect themselves from the diseases caused due to this. Beedi manufacturing industry has been classified as unorganized sector, falling under the small scale and cottage industry sector. After agriculture and construction, Beedi industry provides the highest percentage of work opportunity and women labour constitute almost 90% to 95% share in the Beedi industry.

Women workers are often the most valuable section of the society and majority of women are solely dependent on Beedi-rolling work. Women Beedi-workers continue working in the Beedi industry despite of the lower wages due to non-availability of other work opportunities in their areas. Apart from the low wages, these poor women also get exploited in a number of other ways by their employers or contractors in addition to the lack of medical and other facilities, and they are neglected in the Government policies as well. Majority of women roll Beedis from their residence and as they are not connected with the organised industrial workforce they are more prone to exploitation. Though Beedi-rolling is a hazardous occupation, the health and working conditions of Beedi-rollers have not been in the forefront of public consciousness and the main reason behind this is the lack of awareness among Beedi workers themselves about their legal rights. Most of the Beedi rollers live in urban slums or rural areas and are from very poor socio-economic backgrounds.

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Beedi-rolling women earn their livelihood by working in this business and also depend on the health and social welfare schemes that they get through this business. Social work is a mean to provide Beedi rollers and their family members some social security measures and assistance for bringing positive change in their lives.

In India, majority of the population, particularly those employed in the unorganized or informal sector continues to be outside the purview of social security. Beedi Workers Welfare Fund Act was amended in 1976 and benefits relating to health, education, maternity, group insurance, recreation and housing assistance etc. were provided to the workers and their family members. However, due to illiteracy, ignorance, and many other reasons, majority of Beedi rollers are unaware about these welfare measures. There is a need to create an awareness about these welfare measures and provisions, among the Beedi rollers. Therefore, Social Work Intervention in the Beedi manufacturing industry is important because it makes it possible to provide Beedi rollers better health care and medical services, financial and other required support to bring positive change in their lives.

5.1.2 Concepts of ‘Social Work’ and ‘Social Work Intervention’:

A. Social work: Social work is one of the ancient professions in India and it is concerned with the welfare of society and human beings. The pattern of social work has been changing because even society keeps changing. Social work is a profession that deals with social problems, however, these problems are differently defined according to the context. According to National Association of Social workers (1971), “social work is the professional activity of helping individuals, groups or communities enhance or restore their capacity for social functioning and creating societal conditions favourable to this goal.”

Today’s era is of collaboration, correlation, cooperation and coordination. Nothing can exist in the world in isolation. Each branch of knowledge is connected, interdependent and has derivation of growth, development and improvement. This is also true about
social work as it deals with the societal issues, problems of individuals etc. The nature of problems cannot be understood without proper knowledge of psychology, sociology, political, ethnicity of human beings and society at large. Social work aims to develop, improve and facilitate the proper working of the society that is suitable for people to live together. Therefore, social work tries to improve social life, increase cooperation among people and increase clarity. International Association of Schools of Social Work (IASSW) has defined the term social work as “it is a profession which promotes social change, problem solving in human relationship and the empowerment and liberation of people to enhance well-being.”

B. Social Work Intervention: ‘Social Work Intervention’ refers to action taken by social workers to provide direct service or support to a needy individual. Removing a child from an abusive home, taking workers engaged in informal sector for health treatment, etc. are some examples of Social Work Intervention. Most of the Social Work Intervention are simple in nature such as supporting people for healthcare, education and financial needs. The term intervention is often used to describe the specific tools for social work practice. In simple words, Social Work Intervention is used to elaborate all the functions or activities performed by social workers, on behalf of and in collaboration with their clients or beneficiaries, including activities at the micro and macro level. Micro level Social Work Intervention is done on behalf or in collaboration with individuals and families in which social workers play variety of roles. Macro level intervention is done on behalf or in collaboration with groups and organizations (such as group of Beedi roller and Beedi manufacturing organizations) in which social workers deal with communities and societies.

5.1.3 Historical perception of industrial Social Work Intervention:
Industrial social work development and intervention is influenced by the country’s historical, social, economic, and cultural forces at a particular point of time. Social work, as a part of welfare service for industrial labourers, has been developed by the management over the past decades. Many industrial organizations, large and small,
have allowed social workers to intervene in their system, to help labourers, their families, communities to help to solve problems.

The significant role and place of human resources in the entire production process was completely neglected by the employers. The long working hours, night shift for women, low wages, employment of children in the organization etc. were greatly evident. The problems like monotonous work and bureaucracy in the organization spoiled the relationship and expanded gap between employer and employees. 1918 to 1944 was a significant period in the context of labour welfare or well-being of the workers. In those days, the concept of workers’ welfare was exclusively dependent upon the employers’ concern. In the early 20th century, changes in the political systems emphasizing labours welfare, industrial psychology, industrial sociology etc. were added and some new understanding for the favours of workers considered. The political thinking started changing as per the social sciences and Social Work Intervention got an important place in the industrial setting and thus social workers’ role changed.

The training of social workers first started in 1903 at the department of sociology, university of London. Thereafter, social work training also started in the USA. The second phase of industrialization in Europe occurred in the period between the World Wars (1918-1939). It was a significant period in the context of welfare of labours. This phase was marked by increasing recognition of the human factor, over machine, in the industry, and the labour become a subject for studies in the industrial sector. There were only a few practicing industrial social workers in the post-World War II era, as there was a federal act in their services. It was not until the 1960s and 1970s, that the social work profession and social work was started attracting more interest in the industry and business, as an arena of Social Work Intervention.

There are some significant landmarks and major innovative trends that affect the present and future of social work in India. Development of social work in Indian industry, originated from the recommendations of the Royal Commission (1931) on
Labour, which recommended the appointment of a labour officer in the industries, to look after the interest of the workers. The concept of labour welfare officer was first seen in the textile industry in the year 1930. Nowadays, in Indian industry the place of social worker is within the administrative purview of the personnel and labour welfare department, as this department is concerned with the labour welfare and dealing with labour related problems.

Today, the main thrust is towards integration of Social Work Intervention skills and to help individual employee or a group of employees, to tackle their problems that have arisen because of work situation or working conditions. Social workers’ role also involves handling of personal problems of labours whose working capacity is being affected due that particular work set up. In 1750, personnel activities existed only in the developed western countries and it emerged in India in 1960. Therefore, the growth and development of social work in industry is very recent. It is preliminary, voluntary and more importance is given by the government to certain programmes like family welfare, community welfare etc. At present, in some industrial organizations, particularly in organised sectors, social workers are appointed. However, in unorganised or cottage industries, like Beedi manufacturing industry, social workers are not yet appointed.

5.1.4 Various Areas for Social Work Intervention: There are many important issues and problems of the Beedi manufacturing organizations that adversely affect the Beedi rollers. There is a need to take positive steps by the social workers with a view to develop socio-economic conditions and to improve the overall status of the women Beedi rollers. Social workers should ensure the proper implementation of the existing laws and welfare provisions so that they will provide required help and support for the development of these Beedi workers. Similarly, the other stakeholders such as factory owners, union leaders, policy makers etc. should also play their role in this. There is a need to strengthen and properly implement various acts for the benefit of Beedi rollers and thus provide them better facilities, health services, work environment etc. and in all this, the social worker can play an important role in the following areas:
1) Beedi Roller's Registration: To be eligible for social security and other welfare schemes of the Beedi workers welfare fund, every Beedi rollers need to be registered as an employee of manufacturing organisation or factory and have a registration and an ID card. Majority of women Beedi rollers did not have registration and ID card which prohibited them from getting social security benefits such as provident fund, pension etc. Social workers can help Beedi rolling women in getting themselves registered and obtaining the ID card. Social worker can insist the employer or their contractors to legalise the workers and issue them passbooks and ID cards so that they can avail their lawful social security benefits. Social workers can ensure that there is a uniform and transparent registration process in the state which will save the workers from any form of exploitation.

2) Adherence to minimum wages: Through effective Social Work Intervention, the social worker can ensure that the labour department has taken proper efforts for minimum wages for the Beedi rollers. Efforts should be made by the social worker in creating awareness, among Beedi rollers, regarding the wage rate and provide avenues of grievance redressal when the wages are not appropriate. In the early 20th century, changes in the political systems emphasized labours welfare, industrial psychology, industrial sociology etc. and according to political and social sciences, importance was given to social work and for that, social workers’ role became very important.

3) Access to Welfare Schemes and Entitlements: Labour Ministry, as part of the Beedi Workers Welfare Fund, implements number of schemes for the development of Beedi rollers and their children such as scholarship for child education, house construction, insurance in case death and accident, free medical treatment and medicines, eye check-up and provision of spectacles, treatment for cardiac problems, tuberculosis and other minor diseases, etc. However, majority of Beedi rollers are unaware about these schemes and the mechanism to avail them. Through the help of social workers, awareness camps can be organised, and support can be provided to Beedi rollers in getting the benefits. The problems faced by the Beedi rollers in availing these schemes
can be shared with the concerned authority who can help by making the procedure easier so that the maximum number of Beedi rollers can benefit from these schemes.

4) Census of the Beedi rollers- A census of all the Beedi rollers, working in small or big, registered or unregistered Beedi manufacturing organizations can be undertaken by the social workers. Information about contractors, employers can also be collected, and through all this data, social worker can monitor the development of Beedi workers and see that maximum number of Beedi rollers get benefited.

5) Monitoring of Enforcement of Laws: Social workers can monitor the enforcement of various laws, schemes and grievance handling system in the Beedi manufacturing organizations. The Labour Department should appoint well-trained social workers to monitor the enforcement of various laws, schemes etc. and to see proper implementation of the same through periodic checks and social audits. With the help of social workers, Labour Department can establish an effective system for grievance handling where the Beedi rollers can easily get help and support for their lawful rights.

6) Preventive Measures to Reduce Health Effect on the Beedi Roller- Beedi rollers are exposed for long hours to the hazardous tobacco dust which has negative effects on their health such as neck pain, leg pain, back pains, fatigue in arms, throat ache, respiratory problems, numbness in fingers, piles and pain in urinary tract, problem in spine, eye problem, cold cough, etc. Constant exposure to tobacco dust can also cause respiratory irritation, tuberculosis, and asthma. To reduce these health problems, Beedi rollers can be informed by the social workers regarding the health hazards, preventive and curative measures, timely treatment etc. to reduce the health risk involved in this work. Social workers can also see whether the employer has provided masks, gloves etc. for the safety of the Beedi rollers and provided other preventive measures to reduce the health problems of Beedi rollers.

7) Strengthening Health Care Facilities– Efforts should be made by social workers to strengthen the health care system that has been established for providing healthcare services to the Beedi rollers. Social workers can ensure that proper diagnostic and
curative services, medication and all required support services provided to the Beedi workers as per the set norms. If the services are not up to the mark, the social worker should take this to the concerned authority, and ensure there is improvement so that the Beedi rollers can get appropriate health care in these hospitals or dispensaries.

8) Alternate Livelihood Opportunity- Social workers should undertake a comprehensive study with a view to find out the alternate livelihood opportunities for the Beedi rollers so that those who do not want to continue Beedi rolling work, they can choose other livelihood options. Efforts can be also taken to provide supplementary income source to these Beedi rollers so that their dependency on Beedi rolling will be reduced.

   Social workers engage themselves in organizing Beedi rollers and to improve their unity. Thus, the Beedi rollers can come together, share their problems with each other, support each other in solving problems, give physical and psychological support to each other, share their experiences and fight against the different forms of exploitation and discrimination at home, community and in the work place.

5.1.5 International Industrial Sector Social Work: During the 1960s the social work in industrial sector, as a distinct part of the worker's welfare and management of workforce (personnel management) emerged. The new concept of Social Work Intervention in industry was influenced by the concept emphasised in the European seminar on 'Personnel Social Work' held in Brussels in 1960. At that time, there was a clear demarcation of the personnel manager's responsibilities and the work of social worker and social work in industry differentiated from the concept of statutory welfare.

   Intervention of social work in industrial sector is a new phenomenon in India. There is good scope for specialized services, related to various issues and problem existing in the organization, in the families of workers and in the community at large. Social Work Intervention in industrial organization may be regarded as a specialization
within the field of personnel management. It means that the personnel officer handed over some of his duties to the social worker to see the well-being of the labourers in the organisation. As the social worker has the professional skills and training to manage and handle the problems and issues related to labour, they can interfere and solve the labour problems that affect their productivity.

Though the intervention of social workers in industrial sector has been accepted in the Indian industrial organization, it is still confined to metro cities where full time social worker are employed. However, in the small industrial setup, social workers are still not appointed for taking care of the workforce and the same work is still carried out by the labour welfare officer.

The role of business and industrial organization has focused on economic performance but now there is a shift in public opinion and more concern is towards the well-being of workers and also the society and this is making a positive impact on the workers’ well-being and their work in the industrial setup.

Industrial sector is growing day by day due to its systematic working. Philanthropic and humanitarian are significant elements of social work activities. The concept of Social Work Intervention is playing a crucial role in helping the organised and unorganized industrial labour to overcome their occupational problems. Social workers consider such a profession which allows them to help and support the workers and make their profession noble. Creating self-worth and self-respect is the significant factor of social work. It is the only occupation which helps in rehabilitating the deprived people by and giving them some skills and techniques for their perpetuation. Social Work Intervention in industrial sector is still evolving in India as well as other parts of the world. Today in India, the concept of Social Work Intervention, in industrial sector, is considered only for the utilization of social work expertise in meeting the requirements of labours, engaged in unorganized sectors such as Beedi rollers and meeting the requirements of Union members. For social workers, it provides an opportunity to intervene in multiple industrial environments that affect
various people. The major objectives of Social Work Intervention in unorganized sector industries like Beedi manufacturing organizations are----------

1. To help the women Beedi rollers in their personal and family difficulties
2. To help Beedi rollers to develop their inner resources, potential and if necessary to mobilize other services within the organizations to bring about changes in the working conditions
3. To help the women Beedi rollers to better adjust to working hours, working conditions and work groups and to help employer/contractor in evolving suitable working hours and working conditions.
4. To conduct orientation and induction of the employees and to help the working community to function in a better way

The Social Work Intervention concept in industry has drastically changed, not only in terms of the course content but in priority of use of its various well-accepted intervention methods, which are generally practiced today in an integrated form. The important intervention methods are explained in the subsequent paragraphs.

5.1.6) Methods of Social Work Intervention and its applicability in the context of Beedi Rollers-

The relevance and suitability of Social Work Intervention methods can be justified based on its contribution in the problem-solving process. There are three primary Social Work Intervention methods namely –social case work, social group work and community organization and these can be used in solving the problems of Beedi rollers. Social workers study and try to solve Beedi rollers economic as well as social, cultural, and psychological problems.

1. Social Case Work – Social Case Work method can be effectively used by social workers to deal with Beedi rollers’ problems like alcoholism (in case of male Beedi rollers), depression, anxiety, marital and other family difficulties, addiction to chewing tobacco or applying mishri etc. Further, to solve problems like grievance situation,
leave needs, job loss, health problems, sexual harassment by employer/contractor, increased stress, mental health, etc., the social case work method of Social Work Intervention proves very useful. Social case work method can be applied at two levels-

1. Difficulties or problems arising because of adjustment with family life due to any psychological, economic and cultural factors.

2. Difficulties arising because of adjustment to work environment, personality problems, working conditions etc.

2. Social Group Work- This method can be used as an effective tool for helping Beedi rollers to understand and develop their relationship with those living or working around them, such as contractors, co-workers, employers, and other officials in the organization. Group work technique of Social Work Intervention can be used in certain group situations to help the group to improve efficiency, harmonious relationships and work in the group for the growth of the business. This type of method can be utilized in point consultation situation such as labour management, collective bargaining, development and implementation of various well-being programmes/schemes, in and outside of the organizations etc. This method can be used in educational programmes/workshops for the labours who are at risk in related areas like coping with occupational stress, family and marital stress, anxiety, health related problems etc.

3. Community Organization – Through this method, social workers can help the community they live in by providing amiable resources to benefit the community on one hand and the employer and contractor on the other. The issues related to lack of facilities, proper recreation, medical facilities within the organizations and labour community can be attended to by applying this type of Social Work Intervention method i.e. Community Work. The skills of well-trained social worker help the employer or the management to know the needs of the community and implement required developmental activities for them.

4. Social Action- This method would be very useful when the social workers provide services to unions. Labour Unions can use the knowledge and specialized skills of
social workers in putting forth demands, negotiating peaceful strikes and enforcing various labour laws, etc. But this method is useful when there is a big Beedi manufacturing organizations and large numbers of labours are employed in it.

5. Research – This kind of social intervention method is being used in the industrial settings for the purpose of collecting and ascertaining the facts relating to the health problems of Beedi rollers, working conditions and socio-economic problems of Beedi rollers etc. The research method is useful to understand the realities in the context of health of Beedi rollers, working conditions in Beedi manufacturing organizations, welfare facilities provided the employer, employer and contractor relations with Beedi rollers etc. Efforts are made by the social workers to identify the factors that have created and caused the problems, and after analysing the factors social workers can provide possible solutions to solve the problems. A well-trained social worker by using his/her research skills can help the employer, contractor and Beedi rollers solve many problems.

This method is not one method alone, but a combination of all the above stated Social Work Intervention methods which helps the employer, contractor and Beedi rollers to solve problems. A holistic approach of social work is required while handling specific problems. Social workers can use an integrated approach by making use of his/her knowledge of human behaviour and human relationship and apply different social work skills and techniques to tackle the problems of Beedi rollers successfully. A social worker needs to consider every aspect of a Beedi Roller’s life- in the workplace, at home and in the community.

6. Counselling: Social workers can play his/her role as a counsellor in solving the psychological and sociological issues of Beedi rollers. Through study, observation, assessments of problems and issues, social workers can analyse the situation and by taking necessary steps counsel Beedi Rollers to come out of that condition. Well-trained social workers help Beedi rollers to modify behaviour, empower them to adjust with the situation & live a normal life.
5.1.7 **In conclusion**, Social Work Intervention in the industrial sector, is a systematic way of helping labours and groups, to adapt to work conditions. This module determines the role of social work in the industrial organization and the role which can be performed by the social worker in the organizations. It will maximize the application of social work skills, knowledge and training. If we consider that the industrial organizations are not merely profit-oriented organizations, then social workers role becomes very important in handling labourers as a human beings and important assets in the industrial set up.

It has been felt increasingly that methods of social work have not been used in the Beedi manufacturing organizations for labour and management. It is not used for solving the multitude of social and emotional problems of Beedi rollers in the Beedi manufacturing industry. It is concluded that there is wide scope for Social Work Intervention in Beedi manufacturing industry as it will deal certain problems and issues related to Beedi rollers. Through the effective Social Work Intervention methods, social workers can help the Beedi rollers to overcome their socio-economic and health-related problems and can function as productive labour. The well-trained social worker can develop various programs, both preventive and curative, by applying different Social Work Intervention methods, both on micro and macro levels, like case work, group work, community organizations etc. This Social Work Intervention can play an important role in improving well-being of the Beedi rollers. Although each method has something unique to contribute it is not one method alone, but a fusion of all the methods that can help to solve problems of Beedi rollers who are working in unorganized sector.
5.2. Conclusion:

For majority of Beedi rollers, Beedi rolling is a traditional occupation. Girls initially start this work to help their mothers and then they become full-time Beedi rollers. They keep rolling Beedies even after marriage and this cycle continues with their daughters. Almost half of Beedi rollers roll Beedies at home and half roll Beedies in factories. However, a number of Beedi rollers presently roll Beedies at home and the factory owners allow women to do so. In this area poverty, unemployment, lack of irrigation, drought situation and lack of work opportunities play a more important part than the religion or caste and almost 3/4th of women in the Beedi business are higher-class women. Similarly, almost fifty percent women from nuclear and joint families are involved in Beedi rolling work. Child labour was more common in earlier generations and mainly girls were involved in Beedi rolling work. In the present generation, child labour is still observed and poverty, lack of educational facilities and awareness are the reasons behind it. For rolling a thousand Beedies, women need to work for 8 to 10 hours in the tobacco dust. They are also responsible for house work, thus majority of Beedi rollers work 16-17 hours daily. However, the wages of Beedi rolling are not enough compared to the work and risk involved in it. However as there is no other alternative, women are forced to work in Beedi business. After working in this hazardous situation, majority of women still get less than Rs. 3,000 wages which is less than the minimum wages fixed by the Govt. There are several malpractices and exploitation methods that reduce Beedi rollers’ income further. The owner follows discriminatory practices while giving workload to the Beedi rollers, as there is no provision in existing laws of minimum and maximum workload to be given to the Beedi workers and the Beedi factory owners take benefit of these loopholes while giving workload. In addition to this, factory owners have the power to reject the Beedies that are not as per the standard.
Majority of Beedi rollers are members of trade unions and they accept that unions play an important role in getting benefits by fighting with the owners and Government. However, due to the declining importance of the trade unions, the expectations of Beedi rollers are not met. There are facilities, but due to ignorance, illiteracy, difficulty in paper work, follow up etc. Beedi rollers find it difficult to avail these benefits. Beedi rollers are unable to take adequate benefits of Kamgar hospitals due to loss of wages, transportation cost and problems, non-availability of female doctors, absence of doctor etc. Therefore, they ignore the sickness till it reaches a serious stage. To overcome this, the Government should organize mobile medical units so that Beedi workers can treat themselves and their children in their village itself and get timely treatment. Similarly, Government should take help from NGOs in creating awareness among Beedi rollers and their family members to keep them away from addiction.

Though there is slight progress in the living conditions of Beedi workers, majority of them still live in mud houses, do not have toilets and closed bathrooms, need to fetch water from wells or public taps and there is need to make use of cess or welfare fund to improve quality of their life.

Majority of Beedi rollers own land but due to lack of irrigation facility or the land being barren, they do not cultivate the same. It is also possible to help these Beedi rollers in developing their lands, guiding them about cropping patterns, horticulture etc. and help them to irrigate their lands. Similarly supporting them in supplementary income sources like milch animals, goat-keeping, poultry, and small shops will help in reducing their dependency on Beedi rolling.

NGOs can play an important role in the development of Beedi rollers such as creating awareness, child education, organization of self-help groups, fulfilling their loan needs, training and helping them to set up small income generation units, healthcare, hygiene and sanitation, child development, and many other activities. The Government can partner with good NGOs and unions in implementing various welfare schemes.
such as housing, toilet construction, income generation, education, child development, girl’s education, discrimination, child labour etc.

The biggest concern that is being raised in India is the number of deaths from tobacco use and the overall health budget the Government spends on it. Another concern is the child labour problem in the Beedi industry. Due to this, the anti-smoking lobby in the country is demanding a ban on tobacco, and in many states smoking in public places is already banned. Competition from mini cigarette industry, import ban on Beedies from many countries has created a negative impact on the Beedi industry. Apart from that, Government policies and increased taxes etc. have brought decline in the Beedi industry. This decline in the industry is severely affecting the livelihood of lakhs of Beedi rollers and others who depend on this industry. The rising cost of production and the various bindings of laws have cut down the profit margin of the employers and they have cut back the level of production. In the elderly and middle age generations, Beedi workers were getting sufficient workload but in present generation is not getting sufficient work due to this situation.

The working conditions in the Beedi industry are very hazardous. The Beedi industry is experiencing a decline in Beedi production and there is uncertainty regarding the future of lakhs of workers who depend on this industry for their livelihood. In such a situation, the Government should motivate the employers by cutting the taxes and reducing burden on this industry and assure that these firms follow the set standards and move away from illegal practices.

It is a fact that lakhs of Beedi rollers earn their livelihood by working in Beedi rolling work. In this situation, the Government should not close down this industry without considering the future of these workers. The Government should help the workers to move into other similar labour intensive industries by providing training so that workers can acquire new skills. It is also possible to develop their agricultural lands, provide them irrigation and knowledge. Government can help the Beedi rollers or
their children, by providing loans and setting up small income generation units, providing employment to Beedi rollers children, giving Beedi rollers sufficient pension and other benefits. This will lead the Beedi rollers and their families to other income sources. If the Government decides to close down the Beedi industry, without considering this, it will cause millions of Beedi workers to lose employment and lead to a disastrous situation.

The coordinated efforts and cooperation of all the stakeholders i.e. the Government, trade unions, NGOs, karkhana owners, politicians and Beedi rollers, are required for the development of Beedi rollers and the secure future of Beedi industry.
5.3 Hypothesis Justification

1) To study the selected topic, the researcher has formulated his first hypothesis as “Adverse and unfavourable socio-economic and environmental conditions in Sangamner and Akole block of Ahmednagar district force women to engage in Beedi rolling work".

To test the above hypothesis, researcher has referred to various tables from data analysis chapter. Table No. 4.B.7 indicates that 33% women are illiterate and another 36.3% have primary education i.e. up to 4th std. This shows that almost 66.3 % women have very little education. The reasons behind this is that in most of these villages, historically and currently, only primary education is available. Apart from this poverty, ignorance, lack of importance of education, not sending girls far for education, lack of transportation facilities, and bad roads are the major reasons that these women remain illiterate or learnt only up to primary level. Drought, lack of irrigation, less landholding, no secure income source, and lesser employment opportunities restricted women to get work other than the Beedi business.

Table No.4.B.1 shows that 71.3 % women rollers started Beedi rolling work when their age was less than 15 years. It also clearly shows that these women were forced to enter in this unhealthy business due to poverty. Almost 85.1% Beedi rollers whose age was more than 50 years, accepted that they started Beedi rolling work when their age was below 15 years. This percentage has gone down slightly i.e. 66.3% among the 31 to 50 age group Beedi rollers and again 62.3% downward shift among below 30 age group Beedi rollers. This indicates that among all the three generation, child labour rate in Beedi business was on the higher side. The respondents said this was mainly because of poverty, lesser employment opportunities, drought situation and lack of education.

Table 4.B.12 clearly indicates that Beedi rolling is a traditional occupation. In all generations it is seen that majority of women initially worked to help their mothers to support household expenses and then started as full-time Beedi rollers. After their
marriage also, continued with this work to support their families. This clearly indicates that Beedi rolling is a vicious cycle and since childhood, a female’s life revolves around Beedi business.

While answering a direct question as to why they entered in this business (Table 2 No. 4.B.13) 99.3% Beedi rollers accepted that it was due to poverty that they came into this business and 67% women said that there were no other employment opportunity in this area, and therefore they accepted Beedi rolling work for their survival.

Beedi rolling families prefer brides who know Beedi rolling. Table 4.B.50 puts focus on this. The reason behind is that a girl who knows Beedi rolling can fetch some income and support the family financially. Another reason behind this is that Beedi rolling has good demand while other employment opportunities were very few.

After referring to the tables mentioned above, the researcher has come to the conclusion that “Adverse and Unfavourable Socio-economic and Environmental conditions in Sangamner and Akole block of Ahmednagar district forced women to engage in Beedi rolling work” and accepted the hypothesis.

2) For the present study, the researcher has formulated the second hypothesis as follows; “Restricted institutional support, inadequate legal provisions, poor and improper implementation of Acts and limited initiative of trade unions created negative impact on women Beedi rollers’ overall development”

As Beedi rolling provides employment to a large number of people, it occupies a prominent place in rural areas. However, very restricted support is provided for the overall development of these Beedi rollers by the Government, Unions, Owners and the non-profit organizations. The Government has constituted a number of acts, specially for the Beedi rollers’ benefit, such as The Beedi and Cigar Workers (Conditions of Employment) Act 1966, , The Beedi Workers Welfare Fund Act 1976,
The Beedi Workers Welfare Cess Act, 1976 etc, but due to poor implementation, these acts have been unable to provide expected results to improve Beedi rollers’ status.

The Beedi rollers accepted Beedi rolling for their survival and for supporting their family income. However, sometimes the owner, contractor or the concerned person do not give them adequate workload due to which they are not able to get expected income. Table No. 4.B.15 shows that 19.2% Beedi workers get the workload of less than 750 Beedies and another 51.1% get workload of less than 1000 Beedies. This shows that the workload is given on the whims of the owner or their officers. As Beedi rollers wages depend on how many Beedies they roll daily, this reduces their income.

Secondly, there is provision for minimum wages, but workers were never satisfied about the wages they received. Table No. 4.B.16 sheds light on the satisfaction with wages received for Beedi rollers that shows that 97.40% Beedi rollers are not satisfied about their wages and in any generation, this is the case. The Government and the owners never gave wages as per the time and energy these women spent for rolling 1000 Beedies. These women spent 10 to 12 hours to roll a thousand Beedies but still more than 99% women were unable to get Rs. 3000 a month and Table No 4.B.17 is the evidence for this. In earlier generations, the situation was very similar. Though there are acts, and unions fight for their wage hike etc., Beedi workers still do not get the return proportionate to their hard work and time they spent in this work. Above that, some mal-practices in the form of provision of low quality and lesser quantity tendu leaves, non-acceptance or rejection of rolled Beedies by the middle man also help in reducing income of these women.

Table No. 4.B.18 shows that almost 98% Beedi rollers are members of trade unions and Table No 4.B.19 indicates that around 95.70% Beedi rollers say that they are benefited due to being members of the Trade Unions. Beedi rolling women accept that their membership with trade unions benefited them in the form of increased rate per thousand Beedies, provident fund, bonus, pension that is not adequate or sufficient,
maternity leave, scholarships to children of Beedi rollers, but they said that it is not easy to avail these benefits (Table No.4.B.22) due to a lot of paperwork, lack of awareness, unavailability of information, corruption, lack of follow-up etc. Therefore, 25.10% women said they do not get these benefits and another 9.90% said they rarely or sometimes get these benefits. This means Unions, Government or the owners are not providing adequate support to get these benefits. The Government has started Beedi Kamgar hospital, but as Beedi rollers have to lose the day’s wages, pay for transportation, unavailability of doctors, no lady doctor, cost of medicine, transportation problems (Table No. 4.B.31) and other reasons, many women do not avail benefits of this hospital and many times delay treatment (Table 4.B.32). They want medical service in their own villages, specialized medical camps etc. which will benefit them more. But neither the Government and nor the unions have taken any action on this. Though Beedi rollers said they are benefitted because of their unions, yet they expect that unions need to work more on getting higher wages, quality and sufficient raw material, scholarships for children, increased pension, mobile medical units or health services at village level, specialised health camps, housing etc.

Beedi rollers do not get basic facilities in factories, as per the Factory Act (Table No.4.B.20) such as a ventilated building, proper seating arrangements, clean drinking water, toilet/urinals, crèches for their children etc. But both Government and Unions are not pressurizing owners to provide these basic facilities to the Beedi workers by taking necessary steps.

The Government has set up Beedi Workers’ Welfare Fund and Welfare Cess, but majority of Beedi rollers do not have basic facilities like toilets, closed bathrooms and tap water. Table No. 4.B.25 shows that only 12.50% Beedi rolling families have toilets and in present generation this percentage is only 36.60%. Table No. 4.B.26 sheds light on the fact that almost 93.70% Beedi rolling families do not have closed bathrooms. In earlier generations, many of the families bathed openly. Apart from that, Table No. 4.B.27 shows that 86.70% women had to fetch water from wells, rivers or public taps.
The Government and Union should have easily tackled these problems through the welfare fund and welfare cess created for the Beedi workers. In few villages, a non-profit organization (Table No.4.B.66) named National Institution for Sustainable Development is working for the development of Beedi rollers. NISD implements a number of developmental activities for the Beedi rollers that includes Self Help Groups, raising awareness and building capacity of Beedi rollers, providing opportunities for supplementary Income sources, hygiene and sanitation, nutritional awareness, awareness about health problems, childcare and child development, housing, employable trainings for youth etc. However, this is the only organization working for this goal and its scope is restricted. This shows that the Government, the unions, the owners, NGOs are providing very restricted support in the overall development of Beedi rollers. Inadequate legal provisions, poor and improper implementation of Acts, limited initiative of trade unions and developmental efforts of NGO in very few villages created negative impact on women Beedi rollers’ overall development and hence the researcher accepts the hypothesis.

3) The Researcher has formulated the third hypothesis as: “Constant handling of tobacco, causes major health problem in women Beedi rollers and their children”.

Table No. 4.B.11 shows that for almost 92.10% Beedi rollers, Beedi work is the primary source of income. In the present generation, this rate is 77.20%. Beedi rolling needs hours to complete 1000 Beedies. Table 4.B.14 clearly sheds light on the working hours that shows Beedi rollers have to work in rolling Beedies and also to complete household responsibilities. Almost 87.10% women Beedi rollers have to work 16 to 18 hours in a day. For thousand Beedies they have to spend at least 8 to 10 hours daily. In Karkhanas, Beedi rollers have to work in non-ventilated premises, tobacco dust, crowd and un-hygienic conditions (Table No.4.B.20) and almost 91.1 % women said that their karkhana building is not ventilated. Similarly these poor families’ (93.10%) houses are also small huts or mud-tin sheds (Table No.4.B.23) and rolling Beedies in
such houses is also harmful for the Beedi rollers who prefer to roll Beedies at home. In both conditions, Beedi rollers have to work in unhealthy atmosphere.

Almost 74.90% Beedi rollers said that Beedi rolling put negative impact on their health (Table No.4.B.28). In earlier generations the literacy rate and awareness was less and yet such a large number of Beedi workers responded this. However, in the present generation, due to increased literacy and awareness, almost 99% Beedi rollers said that Beedi rolling put adverse effect on their health.

Majority of women said that they have problems such as pain and cramps in the shoulders, neck, back, leg pain, anaemia, eye problems, osteology problem, eye problem, headache, respiratory problems, dietary problem, throat burning, skin problems, cough, cold, asthma, Tuberculosis, dental problems and even cancer etc.. Along with Beedi rolling, majority of women have (Table No.4.B.34) habits of chewing tobacco or applying mishri and keeping it for hours without washing mouth to avoid sleep. This also has a negative effect on their health.

Table No 4.B.30 shows that these women take treatment from Beedi workers hospital or Government hospital. Table No. 4.B.31 sheds light on a number of problems in this hospital such as unavailability of doctors, prescribing medicines from outside, not having female doctors and to avail these benefits they have to lose that day's wages. Due to that 60.4% Beedi workers do not take immediate treatment when they get sick (Table No. 4.B.32). Beedi rollers generally do not take timely treatment because of not having enough money for treatment, and need to borrow money from others, loss of that days’ wages, weak transportation facilities, etc. And because of several such problems Beedi rollers do not take timely treatment and they suffer more.

These constant long hours of work in tobacco put negative impact on the health of Beedi rollers. 92.10% Beedi rollers said that their children are present while they roll Beedies and they also get impacted due to this. (Table No.4.B.55 and 4.B.56) This clearly shows that not only Beedi workers, but their children too get exposed to hazardous tobacco dust which is more harmful than the baked one. Hence, the
researcher accepts the hypothesis “Constant handling of tobacco, causes major health problem in women Beedi rollers and their children”.

4) The researcher has formulated the fourth hypothesis as “Proper implementation of concern policies and need based welfare programs can contribute positive changes in the domain of social, economic, education and health of women Beedi rollers and their children.

To bring positive changes in the social, economic, education and health among Beedi workers and their children there is a need to take many initiatives by the Government, Unions, Beedi Karkhana owners and NGOs.

The Government should strictly implement the various acts designed for the welfare of Beedi rollers. Table No. 4.B.20 indicates that the Beedi karkhanas are not obeying the provisions of the Factory Act. It puts a negative impact on the overall health of the Beedi rollers. Table No. 4.B.71 sheds light on the expectations of Beedi rollers from Government that are sufficient pension (77.9%), Gharkul/Housing Scheme, Employment for children, Interest free loans to children and self for starting Income Generating activities, Innovation in Beedi business, Free education, More scholarships for children etc.

Table No. 4.B.38 shows that 55.8% farmers had non-irrigated or barren lands. If Government helps Beedi rollers’ families in developing and irrigating lands, their dependency on Beedi business will reduce. Similarly very few Beedi roller families own milch animals (Table No. 4.B.40). If the Government provides them with loans to purchase milch animals they will get supplementary income source.

Beedi rollers accept that unions play an important role in getting benefits for them and in fighting for their lawful rights, but yet majority of Beedi rollers say that they can fight more for getting wage hike, increased pension, health camps, medical services at
village levels, good quality raw material, more bonus, maternity benefits etc. Beedi rolling unions should provide help and assistance to Beedi rollers, about availing various schemes, to complete the required paper work, follow up etc. so that maximum number of Beedi rollers will get benefits of these schemes. Implementation of Minimum Wages Act and active participation of trade unions will change the financial condition of Beedi rollers. Sufficient pension will help Beedi workers in living a decent life after retirement. Kamgar hospital health services are used by many Beedi workers (Table No. 4.B.21). Scholarship to children of Beedi workers helps them to educate their children (table No.4.B.21).

NGOs can play an important role in the overall development of Beedi rollers and their children. Table No. 4.B.44 shows that very few Beedi workers save money and that the amounts saved are also very low. NGOs can organize Self Help Groups by inculcating saving habits among the Beedi rollers. They can organize federation of these SHGs so that they can cater the loan needs of these poor Beedi rollers. Their unity will help solve many of their problems. Apart from that, awareness about family planning, creches for young children and child development, nutrition, child education and child development, SHGs and Income Generation, nutritional awareness, health awareness skill training for youth, career guidance, life skills, soft skills and self employment, for their children, regular health camps, hygiene and sanitation and construction of toilets, closed bathroom are some of the activities that NGOs can run for these Beedi workers. Hence, researcher accepts the hypothesis “Proper implementation of concern policies and need based welfare programs can contribute positive changes in the domain of social, economic, education and health of women Beedi rollers and their children”.
5.4. Findings.

1) From the analysis it is found that in Sangamner and Akole area Beedi rollers either roll Beedies in the Beedi factories or at their homes. Out of 303 respondents, 50.5% Beedi rollers work from home for which they say Gharkhepi or Gharkhata and 49.5% Beedi Rollers roll Beedies at Factory or Karkhana. While compare in the three generation it is seen that majority of young respondent i.e. age below 30, role Beedies at their home or as Gharkhepi. In the middle age group half role Beedies at Karkhana while half role Beedies at home. However in the age group above 50 majority of women role Beedies in the Karkhana settings. The reasons of this shift is that in the above 50 generation the women workers were getting more work and to complete the work in time they preferred to work in Karkhana, along with other Beedi rollers where they can concentrate more on work and complete the daily target. That time there was good demand for Beedies so the Karkhana owners or contractors also giving more workload to women and to keep good quality they were telling women to role Beedies in the karkhana so that they can monitor the work and get the work done. After that due to various Acts and rules the factory owners allows women to work from home so that they can safeguard themselves from factory act. Women also thought that they can do their house work and also complete the target of Beedi rolling simultaneously so half of the women preferred to work from home whereas some still role Beedies in the Karkhana. In the present generation i.e. below 30 years the demand for Beedi is decreased greatly and the pressure of various rules, regulations etc. are more. So the owners, contractors etc. allow the worker to roll Beedies and return the Beedies to them once the work get completed. In the present situation, women can easily complete their given lesser Beedi rolling target and also do other work like looking after milch animals, agriculture work etc., along with their house work.

2) Majority of respondents are married, 5.6% are divorcees and 12.2% respondents are separated. It is found that the percentage of divorced and separated
Beedi roller women, particularly among the earlier generations, is around 18% which is on the higher side. However it is reduced greatly among the below 30 age group beedi rollers, mainly because of better implementation of Hindu Marriage Act and other women related acts. Due to that it comparatively difficult to males to do second marriage without taking divorce or without giving required compensation to the females.

3) Poor financial condition of the people, drought situation and lack of income sources are main reasons due to that 93.1% Hindu religion women responded that they enter in beedi rolling. 6.9 % Muslim women are in beedi business and this trend is very similar in all three generation because the population of Muslim community is less in rural area of Sangamner taluka and it also reflected proportionately in the beedi rolling workers population. Majority of Muslim beedi rolling women responded that in their community women are not permitted to work outside the house so rolling beedies from house greatly helped them to earn and support their families.

4) Due to very little work opportunities is this area because of fewer industries, less rain fall, droughts, non irrigation etc. women forced to accept beedi rolling. Even 78.9% higher caste community people, like Kunbi/Maratha, Mali etc. also entered in beedi rolling for survival purpose. Beedi rolling provided secure income source to the people and both male and female entered in this business. In the later stage, due to less income, male shifted to other work such as day labour, agriculture etc. but women remained in this work and dominated this business.

5) Near about 46.2% families live in in joint families and nuclear families respectively. The rate of single member family is 5.6% in beedi rollers which is also on the higher side. While considering about the young generation beedi rollers 53.4% lives in joint families and 46.5% beedi rollers are living in a nuclear families. In the age groups i.e 31 to 50 only 25.70% families are joint families, compare to 53.50% and 59.40% in the age group below 30 years and above 50 years respectively. Single
family’s rate is higher in 31 to 50 age group (5.90%) and above 50 age group (10.90%) where as in below 30 year age group this rate is nil.

6) Poverty, ignorance toward education, lack of educational opportunities at village level and lack of awareness among parents about child education are some major reasons of illiteracy of beedi rollers. Compare to present generation (3%), illiteracy rate is very high among the elder generation (71.3%) of beedi rollers. Though education level increasing among the beedi rollers, yet there are no industrial or other growth so employment opportunities in this area are very little or almost nil. Secondly the agriculture is still depend on the mercy of rainfall so in agriculture field also there are no adequate opportunities where these women can get secure work and income. Because of these reason though the literacy rate is more but because of less employment opportunities these girls or women again forced to accept beedi rolling work.

7) High child labour rate is seen in beedi business but most of the time beedi rollers do not tell it openly. Due to poverty young girls start helping their mothers and slowly become expert in this business. As per the respondents their poor financial status, lack of work opportunities in this area, their illiteracy and dependency of agriculture mostly on the mercy of rainfall etc. are the main reasons why child labour rate is higher in beedi rolling business.

8) It is also found that all the beedi rollers work full-time in this occupation. To bring the leaves, soak it in the water, cut them in the required shapes, remove hard ribs, then to roll beedies, tie thread etc. this all work is very time consuming and to roll 800 to 1000 beedies, the beedi roller have to work minimum 8 to 10 hours and for this beedi rolling is full-time work for majority of the beedi rollers.
9) Almost all the beedi rollers are registered workers and they are working in different beedi factories or brands i.e. Hatti, Kombada, Unth, Thakur Savadkar, Bhikusa Yamasa etc. Due to strong unions in this area majority women are registered and associated with the unions.

10) For majority of women (92.10%) said that beedi rolling is a primary occupation for them, only 7.9% respondents from the younger generation responded that beedi rolling is secondary source of income for them because in the recent past few families arranged for irrigation facilities and start supplementary income sources like milch animals, goat keeping, small poultry etc. so these women also busy in that work and for them beedi rolling is a secondary income source. Both elderly and middle aged beedi rollers said that beedi rolling is main occupation for them because that time irrigation facilities were not upto mark so women entered this profession to help their husbands as full-time worker i.e. beedi rollers.

11) Beedi rolling was a traditional work for many of the women that are involved in this business. Either their mothers/fathers, in-laws or close relatives were doing this work and these women, in an early age learnt beedi rolling to support their family members and slowly became an expert in beedi rolling. After marriage also, due to poor economic condition they accepted this work for their livelihood and thus thousands of women, since childhood to old age, involved in beedi rolling business.

12) In all the three generations, poverty is a common factor that forced them to accept beedi rolling for their survival. Another reasons include lack of education, lesser work opportunities in this area, less development of agriculture sector forced them to accept beedi rolling as earning source. All the respondent said that they accepted this business unwillingly as no other option was available for them.

13) Majority of women informed that they have to work long hours, upto 16 hours, to finish their daily workload as well as house work and other house responsibilities.
Due to poor economic condition these women have no other option except doing this hazardous work for which they are getting meagre returns. This put negative impact on the beedi rollers health.

14) Comparatively the beedi rollers of present generation getting lesser workload due to various reasons such as less demand to beedies, due to taxes, less profit to the owners, etc. Because of this the factory owners provide lesser raw material to the workers compare to earlier generations.

15) Majority of beedi rollers said that they are not happy about the wages that they get against the work they do or beedies they roll. In the earlier generation women use to get Rs. 1 or Rs. 2 for per 1000 beedies and at present they are getting around Rs. 144 for 1000 beedies they roll but these rates are never satisfactory compare to the labour involved, the time spent and the hazardous tobacco condition in which they have to work. So in any time women beedi workers were never happy about their wages rates. But as there was no alternative employment available in this area for these thousands of workers, particularly women, they forced to keep continue this work.

16) In present generation also hardly any respondent can earn more than Rs. 3000 income, per month, by rolling beedies. Wages of beedi rolling depends on per 1000 beedies rolled by the beedi rollers. In the earlier generation the rate was Rs. 1.20 paise for per 1000 beedies and it increased gradually and at present it reached up to Rs. 144 for per 1000 beedies after many times they and their union fought for the rate increase. There are so many malpractices because of that beedi rollers get lesser amount in hand like the poor quality and quantity of tendu leaves, provision of lesser tobacco, non payment of rejected beedies, not giving sufficient workload etc.

17) Beedi rollers are members of different trade unions that are working for them in Sangamner area. However these all unions, many time jointly organized protests
for their demands under Red Flag (Lal Bawata). Therefore majority of beedi workers said they are members of Lal Bawata Union.

18) Majority of the respondents say that they are benefitted due to their membership or association with the unions. Beedi rollers responded that because of unions they got number of benefits such as increased pension, higher rates for per 1000 beedies, good quality and adequate raw material, provident fund benefits, maternity leaves, scholarship, medical services in the Beedi Workers Hospital, etc. Many respondents said that because of union the owners or their staff stopped exploiting us, unions always fought for our rights and saved us from number of malpractices.

19) But still beedi rollers have number of expectations from the unions like to help them in getting higher pension, good rates, specialised health camps, village level health care, housing, loans for their children to start income generation activities, more scholarships for children education etc. It is noticed that because of less awareness beedi rollers not able to clearly separate the benefits that they are getting from the Government and from their employer or owners.

20) It is found that very limited or no facilities the owners provide to the beedi rollers those roll beedies in the factories or Karkhana. Beedi workers are not getting basic facilities in many of the factory settings such as toilets, urinals, crèche for their children, canteen, ventilated building, drinking water, good sitting arrangements etc. It is observed that factories are only for name sake but there are no basic facilities available for the beedi rollers. No ventilated building is provided by saying that the tobacco will fly. So these workers are not getting good ventilated factory buildings. Some factories are so congested even common people cannot able to breathe. These places are very congested and beedi rollers sit and work in a very tiny place. To get rid of legal bindings at many places the factory owners asked the beedi rollers to construct the building if they need this work. For this building the owner pays a very little rent
or no rent. This is just to prove legally that it is not factory owner’s responsibility to provide required facilities as per the factory act.

21) Beedi rollers who joined long back are getting some legal benefits such as bonus, pension etc. but the newly joined beedi rollers do not avail these benefits. Hospital for workers (Kamgar Hospital) is available for the respondents but due to the nature of work many women do not avail the same. Some respondents claimed that they do not get maternity benefit due to various reasons. Similarly many respondents said that though scholarship is available for children but due to difficulties in paper work, follow up, transportation problems, etc. they did not make use of this schemes.

22) It is found that facilities are available from the Government but it is difficult to take benefit of these facilities or they are insufficient. Beedi rollers strongly feel that the old age pension is very little and not sufficient for living in the old age. The scholarship for children is very difficult to get due to paper work, lack of awareness, literacy, follow up at block place which is difficult for these workers, poor transportation facilities etc. Now a days Govt. asked to apply online for scholarship and other benefits and submit applications online is difficult for these beedi rollers. Due to number of such difficulties beedi rollers not able to avail facilities that are available for them.

23) Up to some extent, beedi workers utilize facilities provided by government like hospital scholarships etc. but they have many limitations while making full use of these facilities.

24) It is found that, in earlier generations, most of beedi rollers (93.1%) were staying in huts or mud houses with tin shade/roof. In present generation though they are not staying in hut but still 87.3% live in mud and tin shade poor housing. Only 3% beedi rollers, who are having good financial condition stays in brick/Tin shade and
6.90% in cement slab houses as some one from their house either work in Government or having another good source of income.

25) Most of the beedi workers (79.9%) live in their own houses. However in elder generation only 68.30% and in the middle age generation 79.20% respondents were staying in their own houses. There is increase in owned houses gradually and in the present generation this percentage is raised up to 92.10% and reduction in staying in rented or relative’s houses.

26) It is found that only 12.5% beedi rollers are having toilet facility rest all still go for open defecation. In older generation (above 50) almost all are not having or using toilets and in 31 to 50 year age except one rest all are not having toilet facility in their homes. But in case of young generation (below 31 years) this situation is comparatively better as 36.60% respondents are having toilets in their house. Needless to say that not having toilet facilities at home put number of negative effects on the health of beedi rollers.

27) It is found that only 17.80% respondents, mostly from young generation are having facility of closed bathrooms. Among 31 to 50 age group and above 50 age group beedi rollers do not have closed bathrooms. Those who responded that they have half closed bathrooms, earlier mainly were taking bath openly. When woman does not have proper closed bathroom far taking bath not able to clean her body properly and due to that facing problems like skin diseases, infections etc.

28) In the elderly generation almost 85.15% beedi rollers used to fetch water from well and 12/87% from river. In the middle age group also this proportion was 92.08% and 1.98% respectively. In present situation this situation has changed and 23.76% beedi rollers have tap water and 54.47% fill water from public taps. This shows that majority of beedi rollers have to fetch water from far distance and for that
they have to spend sizable time and energy. Only thing we can say that the earlier generations situation was far worse than the present generation beedi rollers.

29) Though majority of beedi rollers are of the opinion that this occupation puts adverse effect on their health, but still 17.5% responded that there is no such case and there is no negative impact on their health. It is observed that health awareness is high among young generation i.e. upto 99% young beedi rollers said that there is negative impact of beedi rolling work on their health. However compare to this awareness level among middle aged and elderly beedi rolling women this percentage is only 28.70% and 22.80% respectively. This is due to increased literacy rates and increased awareness among the young beedi rollers.

30) It is found that almost 100% young beedi rollers said that medical facilities are available for them. But among the middle aged and old beedi rollers 13.9 % and 22.80% respondents said that they do not get medical facilities. This is due to the several problems in the earlier and middle age generation about available facilities during that time such as Beedi Worker Hospital is at Sangamner and they were not able to reach there due to poor transport facilities or no transportation, family members are not allowing to go alone so far, lack of attention towards women’s health care, ignorance etc. It was very difficult for elderly and middle age beedi rollers to go and avail the health facilities at block place. So many beedi rollers said there was no use of these medical facilities for them and they never took benefit of these facilities.

31) It is also observed that majority of beedi workers take treatment from Beedi Workers Hospital or Government hospital because they are not afford to pay the fees of private doctors. Due to poverty they are not able to take treatment from the private doctors or hospital because either in their village there were no private doctors available or it is not possible for the beedi rollers to pay their fees. Most of the private
doctors, in the earlier time, is available at Sangamner so these women prefer to take
treatment mainly from the Beedi Worker's Hospital or Government Hospital.

32) Major difficulties in availing health services from Beedi Worker's Hospital,
were that the hospital is at Sangamner, or non-availability of doctors at the time of
visit, non availability of female doctors, non availability of medicines at hospital, also
transportation cost to go to Sangamner, etc. So beedi workers finding above
difficulties and due to that they were not prompt in taking timely treatment from the
Beedi Workers Hospital or Government hospital. Apart from that they have to lose
that day’s wages, spend on travelling, and due to so many other difficulties beedi
rollers making delays in getting treatments.

33) It is found that beedi workers not take timely treatment when they become sick.
Only 12.2% beedi workers said that they are taking timely treatment during their
sickness. Lack of awareness, poverty, lack of attention and support during sickness
from family members, not having money for transportation, medicines and paying
doctors’ fees, loss of that days wages, and because of so many other reasons beedi
workers are not willing to take immediate treatment during their sickness.

34) 21.1% Beedi workers responded that beedi rolling causes health problems but
still due to ignorance, not having awareness and fear of loosing work majority of beedi
workers responded that they don’t face any health related problems, due to this work.
Due to beedi rolling work beedi rollers have problems like back, neck or leg pain,
problem in spine, some also said that women suffer due to respiratory problems or
breathing problems, cough, cold, eye problems and similar problems like this.

35) It is found among all three generation beedi rollers and their family members
are addicted such as applying mishri to teeth and keeping the same for number of hours
without cleaning or washing it, chewing tobacco etc. Male members of the beedi
rollers family are also addicted with chewing tobacco, beedi or cigarette smoking and
mainly alcohol. The beedi workers said that sitting and rolling beedies for hours needs concentration and to avoid sleep they have to chew tobacco or apply mishri. Beedi rollers and their family members spend lot of money on their tobacco, mishri, alcohol, beedies and cigarette consumption. Due to alcoholism wife beating, quarrels these cases are also seen in sizable number.

36) It is observed that total 71.9% women beedi workers carried out family planning operations. In earlier generations women undergone family planning operations after 4 to 5 children however this percentage has drop down upto 2 children in the present generation.

37) It is also noticed that in earlier two generations i.e. 31 to 50 years and above 50 years, did family planning operations due to reasons like of poor financial condition, medical problems, not able to look after more children etc. However in the age group below 30, family planning operations are done because beedi rollers want small family, they are aware and due to education they want to have lesser number of children whom they can look after well and educate properly.

38) Only 29 (28.71 %) elderly beedi roller’s stated that their children were attending the school. In the middle age beedi rollers i.e. 31 to 50 years 62 (61.38%) stated that their children were taking or have been taking education. However this rate has been increased sizably among the young generation beedi rollers as 92 (91.08%) stated that their children are taking education. This shows that the present generation beedi rollers are particular about educating their children.

39) It is observed that almost 62% beedi roller families have agricultural land. From these 6.3% beedi rollers stated that they have irrigated facilities. Almost 30.4% informed that they do not have irrigation facilities and another 25.4% told that they have land but not productive. 38.0% beedi workers did not have land or they are landless. It is also observed that in the age group 31 to 50 years and above 50 years
age beedi rollers only one each having irrigated land. However 16.8% young generation beedi roller families possess irrigated land. In terms of land holdings the younger generation beedi roller possess more land than the middle age beedi rollers and the middle ages possess more land holding compare to elderly generation beedi roller families.

40) Agriculture resources like tractor (1 family) or bullocks (2 families) are owned by the beedi roller’s families and these also found in young generation beedi rollers. It is noticed that beedi rollers are either not having land or it is non-productive or depend on irregular rainfall, not having equipment to cultivate the lands, due to that poor income, poverty and it lead them in the beedi rolling work.

41) In the 50 and above age group beedi rolling families only 15 families are having one cow or buffalo for supplementary income source, in the age group 30 to 50 year age group 10 beedi roller families are owning 1 milch animal and only 2 families own 2 milch animals each with them. However in young generation i.e. below 30 years age group 16 families own 1 each, 8 families own 2 milch animals and 1 family owns 4 milch animals. It shows that even in supplementary income source also the younger generation is comparatively in a better position.

42) It is found that in elderly beedi roller’s families only 16 (15.84%) had assets like bicycles, in the age group 31 to 50 54 (53.47%) families own one bicycle and 1 family has 2 bicycles. Whereas below 30 age 91 (90.09%) families are owning bicycles. This shows that in the present generation of beedi rollers conditions is comparatively better related to owing assets like bicycles. It is also seen that many young generation beedi worker families are also owned motor cycle.

43) 78 (25.74%) Beedi workers use mobile phones however these are from the present generation. Middle age and elderly beedi rollers stated that they were not using mobile phones because there time this facility was not available and in present time this is not
possible for them due to less education, lack of confidence to handle this gadget and also due to their financial situation not permit them to buy mobile phones. In present generation due to increased literacy, better economic condition and increased confidence level beedi rollers use this device for communication purpose.

44) It is found that, almost 53.8% beedi workers do saving in different forms such as “bhissi”, Self Help Group, post or in bank etc. 77.2% young generation beedi rollers save money for their immediate needs or future expenditures. In 31 to 50 years beedi rollers and elderly beedi roller’s saving rate was comparatively less than the younger generation beedi rollers. This rate in the middle generation was (41.6%) and in the elderly generation was 42.6%. Due to poverty, saving rate is less among the middle age and elder generation beedi rollers.

45) It is found that 54.5% young beedi rollers save money up to Rs. 100 per month. 21.8% save up to Rs. 500 per month and only one beedi workers who save between Rs. 500 and Rs. 1000 per month. In the age group 31 to 50 years beedi rollers, 40.6% do saving up to Rs. 100. It is found in this age group that only one beedi roller save in between Rs. 100 and Rs. 500 per month and almost 58.4% beedi rollers unable to do any saving because of their poverty. In the elderly beedi rollers 42.6% were saving up to Rs. 100 per month and remaining 57.4% beedi rollers were not saving any money. It is also observed that though the middle and elder generation save some money but their saving was very little. Elderly beedi rollers said that mostly they used to save or saving money in ‘‘bhishi’’ whereas the young beedi rollers mainly save money in Self Help Groups or in private or public banks.

46) Overall, 69.31% beedi roller families had taken loans, during their difficulties or needs such as during health problems, family expenditures, housings, children’s marriages, etc. It is noticed that majority of elderly beedi rollers were taking loans from money lenders, relatives etc. In the middle age beedi rollers the loan was taken comparatively less than the elderly as well as young beedi rollers i.e. below 30 years.
However in young generation beedi rollers the indebtedness is again more than the middle age beedi rollers.

47) The reason behind less indebtedness among the middle aged beedi rollers i.e. 31 to 50 year age group, the Government had taken many steps against the money lenders so it was difficult for them to give loan. Similarly the cooperative and public banks were very few and not reached in the small villages by that time. So it was difficult to take loans during that generation beedi rollers. However in the young generation the cooperative and public banks are reached in small villages. Apart from them SHGs, financial institutes are also ample in the rural areas and it was comparatively easy to get loan and again indebtedness seen more in the younger beedi rollers. The elderly and middle aged generation were generally taking loans for marriages of children and family members, housing, sickness or agriculture purposes etc. However in the younger generation loan is generally taken for housing, purchasing home appliances, purchase of livestock, agriculture purchase or development, education of children, sickness, purchase of motor bike etc.

48) 91.4% Beedi rollers said that they are satisfied about the beedi rolling work because it gives them regular and steady income, support to family due to this job income, time passes happily, option of working from home, no hard work, as they support their families and getting money they get respect etc. Beedi workers say that this work though put adverse effect on their health but in this area there is no other work opportunities available to the women like them. Many beedi rollers also stated that their survival is fully depend on this business. Muslim beedi rollers said that this work is very helpful for them as they can do this work from their home otherwise there are restriction on women, in their community, to go out for earning income. Though in elder generation beedi rollers 100% women said they are happy doing this work but this percentage has gone down among the age group 31 to 50 years (93.10 %) and below 30 years beedi rollers (83.20 %).
49) Beedi rollers are not happy or satisfied in this business because of reasons like they have to sit and work for many hours, health problems associated with this work, factory owners not providing minimum facilities, in the factory, as per the factory act, getting less return comparatively the labour and pain in the work, monotonous work etc.

50) It is found that practice of early marriage exists among beedi workers. Out of 303 total respondents, 40.6% beedi rollers told that they got married during 11 to 15 years of age. 38.9% Beedi rollers told that they married when their age was around 16 to 17 years, and only 18.5% were married when they were 18 years to 20 years of age. Even 4 % respondents in the elderly beedi rollers told that they were married when they were just 10 year old. This naturally put adverse effect on the health of these women.

51) It is found that children of 7.9% respondents married less than 16 year of age that are mainly from the elderly beedi rollers. Children of 19.1% respondents got married at the age of 16 to 17 years that are particularly of middle aged (8.9%) and elderly (48.5%) age group beedi rollers. Among middle generation (20.8 %) and elderly generation (17.8%) respondents responded that their children got married during 18 to 21 year age respectively. Whereas 3 % middle aged and 5.9% elderly respondent said their children married when their age was 21 to 25. In the young generation beedi rollers no one's child yet got married.

52) In the earlier days, according to 98 % elderly beedi rollers, girl who knows beedi rolling, were getting preference in marriages. In the middle age beedi rollers 80.20 % said during their time girls who know beedi rolling were getting preference in marriages. At present scenario this percentage was came down and only 71.30 % beedi rollers said that beedi rolling girls are still getting preference in marriages.
53) All young generation beedi rollers, except one, are of the view that the girls who know beedi rolling are not getting preference in marriages like before. But still middle age beedi rollers (10.9%) and elder generation beedi rollers (23.8 %) are of the opinion that still today beedi rolling girls are preferred for marriage.

54) Majority of beedi rollers (81.5 %) are of the opinion that they are respected by their family members because they earn and financially support their families. However some beedi rollers also stated that they do not get respect in the families due to larger or joint families and during that time many of such women like them are involved in this business and earning for their families.

55) 66.7 % women beedi rollers are of the opinion that they get respect in society because they earn and taking responsibilities of their families, they always have money in their hand as they get weekly wages, etc. In earlier generation many time the beedi rollers were earning more than the male members of their family. Many villages economy was depend on these beedi roller’s earning and that time these women have good respect because they said in many villages beedi rolling was main income source for thousands of rural families. Even today 88/1% young beedi rollers are of the opinion that they get respect in the society because of their earning and they support their families financially.

56) It is found that children of majority of beedi rollers (85.8%) are immunized because these services are made available either through Govt. or private health providers in their village itself. It is evident, as all the respondents from the young generation have stated that 100% of their children are immunized. However in middle age beedi rollers and elderly beedi rollers this rate was 91.10% and 66.30% respectively. It also shows that due to increased literacy rate, more awareness and less number of children among the young generation the immunization rate almost 100% in younger generation. Whereas in elderly and middle age beedi rollers generations this rate is comparatively on the lower side.
57) Children of majority of beedi rollers (92.10%) are near them while they roll beedies. Still today also in young generation beedi rollers 97% respondents told that their children are present near them when they are rolling beedies. This shows that children of beedi rollers exposed due to tobacco dust in all three generation and nothing has been done so far to tackle this problem yet.

58) It is found that 63.4% beedi rollers are aware that beedi rolling put adverse effect on the health of their children. However still 35% beedi rollers do not serious about it and do not even feel that this business put any kind of impact on the health of their children. This is mainly observed in the age group 31 to 50 years (59.4%) and above 50 years (34.7%) respondents.

59) It is found that beedi business put many adverse effect on the health of beedi rollers and their children such as anaemia, asthma, T.B. lung problem, malnourishment, underweight new born babies, neck, leg and back pain, spinal problems, mouth and dental problems, respiratory problems, eye pain, cough, cold, fever etc.

60) It is found that, in present generation 66.3% beedi rollers taking their children to doctors and 33.7% use home remedies if their children are sick. Middle generation beedi rollers (45.5%) and elderly beedi roller (47.5%) show their children to doctor, whereas treating with home remedy percentage is 22.8% and 91.1% respectively. It is also noticed that 26.7% middle generation beedi rollers were treating their children from faith healers (Bhagat) and this percentage is very high (80.2%) among the elderly beedi rollers i.e. 50 and above. Earlier days, for children’s health related problems, many beedi workers take help of the faith healers. Among elderly generation beedi workers this percentage is very high where the present generation beedi worker are not treating their children by the faith healers and 66.3% of them treat their children by medical doctor. This is due to increased literacy, awareness and limited number children etc. so the present generation is taking better care of children compare to earlier generation.
61) It is noticed that the child labour rate is 39.60% among all the three generation. However among present generation this rate is 10.90% but earlier generation i.e. in middle aged beedi rollers children it was 28.70%, whereas in the elderly beedi workers children it was very high i.e 79.20%. Many of present generation’s children are small but still the girls either support mother in beedi rolling or boys go out to earn some income. In elder generation, due to poverty, lack of importance to education etc. this rate was very high.

62) Encouragement to children to work is evident in middle aged beedi roller (25.70%) and elder generation beedi workers (76.20%) are on the higher side where as in younger generation beedi workers it is 10.90%. This encouragement was more evident in case of girl children in earlier days. And when asked beedi rollers said that time it was very difficult to survive and manage the family due to poverty, less income, more number of family members etc. and due to that children's earning was great support for family and therefore many beedi rollers encouraging their children, particularly the girls, to work and earn some income to support family financially.

63) Almost 31.7% beedi rollers told that they are/were getting support through the earnings of their children. In elderly generation this rate was higher i.e 75.2%. In middle age beedi rollers (19.8%) was getting support through their children's earnings. However younger generation do not expect that their children should work and help financially to their families. It is also fact that many young generation's children are small however most of them want to educate them rather employing them at this age.

64) Majority of elderly beedi rollers stated that their children earning was great support for them and if children would have not earned it must have impacted negatively on their families. This proportion is 17.8% in middle generation i.e. 31 to 50 years beedi workers. The reasons for negative impact on family was poverty, meagre income to fulfil family needs, more number of family members etc.
65) Almost 23.4% respondents are in favour of putting their daughter in beedi rolling business. In elder generation, 62 (61.4%) were willing to bring girls in beedi business and among middle generation respondents, 9 (8.9%) respondents wanted to continue their daughter as beedi worker. However in the present generation i.e. below 30 years majority of beedi rollers not interested to bring their daughters in beedi rolling work

66) It is found that, elder beedi rollers were encouraging daughters to enter in beedi business as this work had good demand and can be done from home and during those days beedi rolling was an assured income source for thousands of rural women. Another reason was to make daughter independent. Some beedi rollers also said that it was easy to fix up daughter's marriage if she knew beedi rolling. However some beedi rollers not willing to put their daughter in beedi business as they know the ill effect and health issues related to this work. They also feel that this is a monotonous work and need to work hours against which they get very little income.

67) In all the three generation majority of beedi workers are/were not at all interested to bring their sons in beedi business and wanted to educate them so that they can either secure good job/service or start some business or look after their fields.

68) It is observed that 99 (98%) young generation beedi rollers are more particular about children’s education and they keep an eye on children’s progress. Regarding middle aged beedi rollers this percentage was 38 (37.6%) and in elder generation it was only (19.8%). Over all 51.8% respondents ensure education of their children. In earlier generations not much attention was given for children’s education, but scenario has changed now.

69) Beedi workers face many difficulties to get support under the schemes available for them or their children such as maternity benefits, scholarship for children etc.. Some problems shared by beedi rollers are very difficult in collecting papers, difficulty in filling online applications, difficulty to submit these filled form at tehsil place due
to poor transportation, lack of awareness and ignorance, illiteracy etc, some beedi workers also stated that the concerned officers ask for bribe, it was difficult to take follow up of the application etc.

70) About 17.82% beedi rollers shared that there is one NGO working, for them and their children, in this area and promoting education of their children such as school development programs, improving educational quality, teachers trainings, supporting poor children, supportive income generation, health awareness, hygiene and sanitation, housing etc.

71) Beedi rollers gave some suggestion for their development such as support for house construction, good rates for per 1000 beedies, sufficient pension in their old age, more scholarship for children, improved health care, employment for their children, provision of good quality and adequate raw material, low interest loans for setting up small business units for them and their children etc.

72) It is found that, all the respondents are of the opinion that beedi making industry should not be closed down. They do not want closure of beedi rolling business because many families are totally depend on beedi rolling work, they can roll beedies at home, no hard work in sun, secure work and regular income etc. Beedi rolling provides income generation opportunity to thousands of rural women and they also get health facilities, scholarships for their children and number of other benefits.

73) It is opined by the beedi rollers that if the beedi business closed down they will have to face many difficulties because this area is not capable to provide them alternate income sources. In this area they have very few opportunities as agricultural labour, labour work in other business, or to start small business / self-employment etc. Majority of beedi rollers said that it is difficult to adjust with other work because they are not able to do any kind of hard work and will not get secured work in this area.
74) Beedi rollers opined that if beedi business closes they will not get other suitable work in this area. Due to drought situation there is no demand as agriculture labour, they won’t get labour work in agriculture sector, they have to shift in nearby rich areas in want of daily work, as their children will not get scholarship they will find it difficult to teach their children, they will even not get health facilities etc. These all problems will make their life more difficult and miserable.

75) In case Govt. forcibly closed down this business, beedi workers expect various facilities /opportunities from government for their survival. Beedi workers expect higher pension that allow them to live decent life in their old age, they also wish to have good housing, they need similar home base work like beedi rolling, and also they expect job opportunities for their children or low interest loans to start small income generation activities. Beedi rollers also wish that instead of closing beedi business Govt. should think to reduce negative factors and retain this business by making required changes. They also suggest to reduce taxes on beedi business, free education to their children, more scholarships and so on.

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5.5. Suggestions:

1) Illiteracy, lack of awareness, ignorance etc. are main problems of beedi rollers because of that they are more prone to exploitation. Because of illiteracy they don't get required quantity of leaves and tobacco and even they are not able to calculate number of beedies rolled and exact wage amount of the same. Similarly they are not aware about their lawful rights, problems due to tobacco dust etc. Therefore it is important to create basic literacy among the beedi rollers that will help in reducing their exploitation, and will increase awareness about their rights etc. In present generation the literacy rate is increasing but lack of awareness, ignorance are seen among the beedi rollers.

2) It is commonly seen that when a girl becomes 8 or 9 year, she starts helping her mother in smaller works associated with beedi rolling, such as to cut the leaves, to tie the thread, to close the mouth of beedies etc. and learn the work. Initially girls generally do this work just to support their mothers and reducing their workload. Mothers also encourage them as it was a helping hand for them. However it was affecting on their schooling and girls become drop out from the school. Generally schools are upto 4th or 5th standard in villages so majority of girls became full-time beedi rollers by leaving schooling after that. There is a need to ensure proper implementation of Child Labour (Prevention) Act in the villages where beedi rolling is main business. Apart from that the Govt. should start schooling up to 10 std. in such villages so that girls will keep continue their education and will not get trapped in the beedi rolling work.

3) Beedi rolling work is time consuming and it takes 8 to 10 hours to complete 800 to 1000 beedies. The wages are on the piece rate basis and that also very minimum compare to the workload. In such situation, it is suggested that the beedi roller’s working hours need to restrict 8 hours and considering that they should get wages same like the Government has fixed as minimum wages for other labours in agriculture or
other business or find out some suitable solution so that beedi rollers will get lawful wages against hours of their hard work in the hazardous tobacco dust.

4) Generally women enter in beedi rollers to support their husband’s meagre income and contribute to fulfil family needs. In this area due to drought, less industrial development and non-irrigation etc., job opportunities were very few and that was the reason these women accepted beedi rolling and there after beedi rolling became a primary occupation for majority of village women. If we want to reduce dependency of these women on unhealthy beedi business then there is need to support these women to start supplementary income source or business units, or agriculture and related businesses (small dairy, poultry, goat keeping, small vegetable gardens, orchids, small shops, petty businesses etc.) that will fetch some income for these women and their dependency on beedi rolling will get reduced.

5) As there is no higher education and no job opportunities in this area beedi rolling became a trap for women. There is no substitute income sources, so far created by the Government or Unions or industrialists or NGOs, in this area that can provide an alternate to beedi rolling work. And therefore generation after generation women's life moving around beedi rolling. It is suggested that there is a need to break this vicious cycle of beedi rolling by providing women some other source of income.

6) To roll 800 to 1000 beedies it needs at least 8 to 10 hours. Apart from that they are exclusively busy with house work like cooking, fetching water, washing, care of children, care of the elderly, etc. so majority of beedi rollers have to work average 16 to 17 hours daily. Needless to say this hours of work in tobacco and also other back breaking work put negative effect, both physical and mental, on beedi roller’s health. It is suggested to create awareness among women beedi workers, about effect of longer working hours on their physical and mental health and to provide them required treatment at village level for the same.
7) Majority of beedi rollers not happy or satisfied about the wages they were getting. At present also they get only Rs. 144 for per thousand beedies. These rates are not sufficient against the time, labour and hazardous work condition in which they have to work. These rates are never satisfactory compared to the inflation. Therefore the Government should put pressure on the factory owners that they can consider all these factors and at least pay beedi rollers equal to the minimum wages fixed by the Government.

8) Majority of beedi rollers accept that they benefited due to Union. As a member of Union, Beedi worker received various benefits like good quality and adequate raw material, higher rates, provident fund, maternity benefits, bonus, scholarships for children, medical services, pension, housing etc. It is recommended that, unions should put more pressure on factory owners to ensure higher daily wages, basic facilities, higher pension, housings, more scholarships, medical facilities at village level, interest free loans to beedi rollers and their children to start income generation activities etc.

9) Beedi workers not able to differentiate between the benefits they get from government and their employer /owner. It is recommended that the Union should create awareness about the various benefits being provided by government, factory owners and union so that the beedi workers will understand that which stakeholder is providing them what type of benefits and also from whom to ask added benefits. They will also come to know which benefits they are getting from the welfare fund and welfare cess that are specially designed for their own benefits.

10) In the factory set up the beedi Karkhana owners not provide basic lawful facilities to the beedi rollers and their children such as toilets and urinals, crèche for their children, ventilated building, good sitting arrangement, drinking water etc. It is recommended that unions should put pressure on factory owners to provide all the facilities as per the law to improve working conditions for the beedi rollers.
11) Factory / karkhana owners purposely avoid their responsibilities to provide ventilated and well facilitated building and ask beedi rollers to make available or construct such building from worker's funds. This is one way exploitation of the beedi rollers as they have to construct building from their own funds and need to provide the owners on a very minimum rent or no rent. On the other hand the owners keep themselves safe by saying that this building is owned by the workers so it is not their responsibility to provide basic facilities. It is suggested that such malpractices should not entertained.

12) Some beedi rollers, below age 30 years, said that they are not getting some of the facilities like bonus, pension and some other benefits. So it is suggested that the same facilities to be also made available for all the beedi rollers. Pension scheme will help them during their old age.

13) Some facilities are available from the Government but it is difficult to take benefit of these facilities due to various reasons. Beedi roller's children get educational scholarship but it is not that easy to get those benefits because these illiterate beedi rollers find it difficult to complete the required paper work. Due to poor transportation they find it difficult to submit these applications at the block level. Also due to illiteracy they can not fill the form correctly or able to do follow-up of their applications. As per the new rule they have to submit applications online and since they haven’t have this knowledge they find it more difficult. Because of all these reasons very few beedi roller's children get benefits. So it is recommended to establish help centres for these beedi rollers to facilitate them to apply online for government facilities and solve their other problems so maximum children of beedi rollers will avail the benefits.

14) Due to poverty most of the beedi rollers live in hut or mud and tin roof houses. Also basic facilities like toilets, closed bathrooms, water taps etc. are not available in majority of beedi roller’s houses. It is suggested that Govt. should construct houses
for beedi rollers and provide all these basic facilities by making use of welfare fund or other Government schemes.

15) Still majority of women beedi rollers have to fetch water from wells, bore wells and rivers and they need to spend sizable time and energy for collecting water for their daily needs. It is necessary to provide at least common water taps with the help of local self-government.

16) In spite of awareness about the negative impact of beedi rolling on their health, due to poverty and lack of other job opportunities, beedi rollers force to continue in unhealthy beedi rolling occupation. It is suggested that along with the awareness, Government, factory owners, Unions and NGO should promote preventive health services for beedi workers to avoid serious health issues.

17) Because of poor financial condition, majority of beedi rollers stated that they take treatment from the Beedi Worker Hospital that is located at Sangamner. As this hospital is at Sangamner, beedi rollers finding it difficult to avail these facilities for various reasons such as poor transportation facilities, loss of that day's wages, many beedi workers are unable to reach these facilities or do not take timely treatment. Therefore it is suggested to expand the network of hospitals and medical facilities to the villages where beedi business is located. Health services at village level will help beedi rollers to get timely medical treatment that will save them from many occupational health hazards.

18) While availing health services from Beedi Worker's Hospital, beedi rollers face various difficulties such as non-availability of doctors at the time of visit, no female doctors to treat them, purchase of prescribed medicine from outside by spending their own money, etc. Due to this beedi workers avoiding taking timely treatment from this hospital that is located at Sangamner. It is recommended that, administrative
difficulties should be rectified, appoint female doctors and all prescribed medicines should be made available in hospitals.

19) The main problem that beedi workers are not taking treatment from the Beedi Kamagar Hospital is that they lose that day's wages. Due to this delays their sickness many time reaches to a serious stage. Hence it is suggested that who are sick and take treatment from Beedi Worker's Hospital or Govt. Hospital, their wages should not be cut. This will encourage the beedi workers to take timely treatment and save them from number of serious diseases.

20) Beedi rolling generally causes problems like respiratory problems, eye problems, giddiness, cough, cold, fever, pain in neck, leg and back, spine, etc. To overcome these health problems special research need to take and solutions identified and provided to the beedi workers as preventive measures. Such as for leg, back and body pain etc. proper sitting arrangements or some yogas etc. will help to reduce the problem. Good and ventilated buildings or some masks will help in reducing the respiratory problems and so on.

21) Majority of beedi rollers, in all the age groups and their family members are addicted to chewing tobacco or applying mishri to their teeth. Beedi workers said that to concentrate on their work and to remain awake for long time it is required. Their family members are also addict to tobacco, beedi, cigarette and alcohol. Therefore it is recommended that beedi workers should be made aware about the health problems associated with addiction and counselled to leave these unhealthy habits. It is also suggested that counselling centres and also di-addiction centres should be started for beedi rollers and their family members. It will help to reduce problems like wife beating, quarrels etc. and the beedi workers can live peaceful life.

22) Pre-school education is very much important for the firm base of children. Activities like crèche/ pre-schooling are having special importance for beedi roller's
children. These centres help to keep away these young children from the tobacco dust, while their mothers role beedies, monitor their health, provide them supplementary nutritional diet, teach them basic alphabets, songs, poems, help them in social adjustments and so many other things. Therefore it is suggested to start such centre in every beedi rolling village and enrol beedi rollers children in them. At present this rule is violated by saying the less number of beedi rollers of that particular brand in that particular village. But when in similar village there are four five brand's worker work and the total number of beedi rollers are far more than 50 but yet there is no crèche or pre-school centre so it is suggested that Govt., Union and NGOs should take strict action on this and start such centres for the children of beedi rollers and their overall development.

23) It is observed that lack of educational facilities, lack of awareness about education etc. are the main reasons that forced female to enter in beedi rolling work and generation after generation this is going on. To break this vicious cycle, education can play an important role. Therefore there is a need to create greater awareness about girls education, to set up schools minimum up to 10th standard, to motivate and encourage families to enrol their girls in school and give them best possible education, improve education quality, conduct research that will help in reducing problems involved in girl’s education and try to solve them so that girls will complete higher education and will capable to seek better jobs. These all efforts will reduce dropout rate among girls and once gained higher education, girls of this area will seek better livelihood alternative other than beedi rolling.

24) Unions and NGOs can play important role in girl’s education. NGOs and Unions can create awareness about girls education, helping girls of poor families by providing education material, uniforms, if school is far then providing bicycles etc., to ensure that the school provides quality education to girls, support classes for girls who are weak in studies, and number of other activities that will help to keep continue girls education and beedi roller’s girls will take higher education.
25) It is observed that work opportunities are very negligible in these villages. Similarly different training courses, employable training courses etc. are also not available in these villages. Poor beedi worker’s girls not able to commute taluka place for undergoing such courses. This again keep only option before them that is beedi rolling. It is suggested that if NGO or Unions start employable training courses at village level, free or concessional rates for the beedi rollers children, particularly girls, then in the later stage they can find out alternate work opportunities in that village or in the nearby areas.

26) It is observed that majority of beedi worker families have non-irrigated and barren agricultural lands. Government has created Welfare Fund and Welfare Cess for the betterment of beedi rollers. If Union put pressure on Government and made irrigation facilities available for beedi workers with the help of these funds, it will help these families in a great way. Once their land developed and irrigation facilities provided these beedi rolling families will have secure income source and even many other landless beedi worker families also get labour through it. Thus beedi rollers dependence will get reduced on beedi business. Hence it is suggested to take land development and provision of irrigation facilities to the beedi rollers lands.

27) It is noticed that beedi roller families do not have bullocks, tractors and other agriculture related equipment. It is suggested that tractor and other equipment should be provided to these beedi rolling families on subsidized rates along with other guidance like cropping patterns, orchid cultivation, organic farming, supply of quality seeds and market support to these families etc.. It will help to reduce their production costs and their dependency on beedi business will get reduced.

28) Saving habit is very less among beedi rollers and due to their meagre income and poverty it is difficult for them to do saving. Another problem is lack of banking services reached to village level. In some villages it is reached but there paperwork and other problems do not allow beedi rollers to do saving and take loans during their
needs. NGOs can play an important role in it. It is suggested that NGOs can create awareness among these women, organise their self-help groups, teach them financial literacy etc. This will help Beedi rollers to save money, get loan without any paper work, start income generation activities with the help of SHGs, avail benefits from Government schemes etc. This will also save beedi rollers from the unsafe or bogus financial institutions and money lenders.

29) It is found that beedi rollers took loans from money lenders, financial institutions and private or public banks etc. to fulfil their various needs like basic family needs, children’s education, house construction, health problems or marriages of their children or family members. This is due to easy paper work and immediate sanctions of the loans. However the interest rates are very high and many time they exploit the poor beedi rollers. Therefore it is suggested that Government should support SHGs and federation of beedi rollers or to establish some mechanism so that beedi rollers can be given loans, during their necessities, with minimum paper work and minimum interest rates. It will save thousands of beedi rollers from the trap of money lenders and financial institutions.

30) No doubt that beedi rolling is an unhealthy business and thousands of women work in this unhealthy work. However majority of beedi rollers are satisfied with beedi rolling job. This is mainly because beedi rolling provided work to thousands of women in their own home and village, enable them to earn secure income to support their families, gave them respect and pride. Beedi business provided income opportunities to illiterate women and also to those women who were not allowed to work outside due to religious of family taboos. Therefore though there are number of negative facts, women are satisfied with beedi rolling work. Therefore instead banning or closing this business, Govt. should conduct research and minimise health and other negative factors involved in this business. If proper precautions measures to be taken this business can lead to viable work option for thousands of poor illiterate rural women for their survival.
31) Secondary status of girl child in beedi rolling families put lot of adverse effect on the girl's life. First of the mother's health is not good as she works in the tobacco dust. Above that poor diet, early and repeated pregnancies, lack of immunization and various other aspects the delivered child's health also not that good. Many time the child is under nourish or malnourish. If the child is girl again it gets secondary status and not getting good health care, immunization, proper diet etc. so these girls are remain anaemic. In such situation again she starts helping her mother in the tobacco dust, slowly she becomes school dropout due to various reasons. Then the family prefer to marry her, many time in an early age, and the cycle keeps rotating. Therefore it is suggested that the Unions and the NGOs can play an important role in creating awareness among such beedi rolling families so that the family take proper care of the girls, provide them required health care, good diet, not engage them in beedi rolling work, educate them and ensure their bright future.

32) In the earlier days, according to elder generation, the girls who have beedi rolling skills, were getting preference in marriages. Unfortunately this is still true in present situation also. Therefore it is suggested to creat awareness among beedi rolling families about gender, child equilibrium, girls rights, girls education and encouraging girls for further education etc. will help more girls to find out other better employment options rather than beedi rolling work.

33) Child marriage practice still exists among few beedi rolling families. Similarly an early age marriages (as soon as girls complete 18 years) are very common in this area. This naturally put adverse effect on the health of girl children of Beedi rollers. To restrict child marriages or early age marriages there is need to implement Child Marriage Act strictly. It is suggested to conduct awareness programs for families of beedi workers to avoid child marriages and to education girls according to her potential so that girls will take higher education and such early marriage age will be postponed.
34) It is observed that majority of beedi rollers are not taking timely treatment due to various reasons. This also happen regarding their children. These children get expose to tobacco since they are in mother's womb and thereafter also suffer from number of problems. So it is suggested that special efforts needs to be taken for the health care of beedi worker's children such as their immunization, timely diagnosis and treatment etc. For this village level clinics or mobile medical clinics needs to establish so that they can provide timely health treatment to these children and save them from variety of health problems.

35) Children of beedi workers are always present when their mothers roll beedies. These children eat, play, sleep near their mothers in the tobacco surroundings and get exposed due to tobacco dust. It is suggested to keep these children far from tobacco dust by organizing crèches, pre-school centres etc. so that whenever mother roll beedies these children can be kept and looked after in these centres. These arrangements will save thousands of children from variety of diseases and health hazards.

36) It is observed that many beedi rollers encouraged their children to work, particularly the girls. This is due to poverty and survival needs of the beedi rolling families. Male children also work as child labours to fulfil family needs. In such condition there is a need to implement Child Labour Act strictly and such poor beedi rolling families need to be supported so that they will not engage their children to earn money. In present generation beedi workers do not want their daughters to put in beedi rolling work but it is not guaranteed that they will not put them in agriculture or other work or marry them at an early age. It is therefore suggested to counsel beedi workers to educate their daughters, make them self-reliant and marry their daughters at an appropriate age.

37) Majority of the beedi workers wish to educate their sons and engage them in descent jobs. Similarly in present times many wish to educate their daughters. It is
suggested that there is a need to develop good educational network so that schools up to 10th standard will be available in village itself and thereafter college or professional courses with affordable fees will be made available for beedi rollers children in that area. This affordable higher educational facilities will help them to seek better employment opportunities for children of beedi rollers in the region.

38) Due to illiteracy, ignorance, lack of awareness beedi rollers face many difficulties to avail benefits of many of the schemes that are designed for them or their children. These includes difficulties in completing required documents, filling online applications, commuting to the taluka place to submit these applications, transporting, lack of information, demand for bribe by the concerned officers, etc. It is recommended that the Union or factory owners should create some helpdesk to facilitate beedi rollers in completing the paper work, submission of application forms online as well as offline and follow up with the concerned authorities. It will help beedi rollers to avail benefits from the schemes that are specially designed for their welfare.

39) In this area, only one Non-Government Developmental Organization is working for the development of beedi workers. However neither the factory owners nor the unions support or willing to work with this organisation for implementing available schemes. It is suggested that NGOs, unions and the factory owners should work out a long term development plan jointly that may help well for the beedi rollers development. Similarly the Govt. also needs to collaborate with some good NGOs that are working with the beedi rollers, and support them by linking various schemes so that these NGOs can implement educational, health, supplementary income and number of other programs for the overall development of beedi rollers and their family members and children.

40) Beedi Workers have given some suggestions that some activities will help in their development or bring positive changes in their lives such as provision of good raw material, minimum wages for per 1000 beedies, higher scholarships, qualitative and
assured medical services and treatment, employment opportunities or income
generation activities for their children, low interest rate loans for setting up small
business, higher pension, housing etc. It is suggested that Govt. representative,
Factory owners, Unions, NGOs and representative of beedi rollers should come
together occasionally and take a stock of beedi rollers lawful demands and take
necessary steps to fulfil them.

41) Beedi owners and union leaders are of the opinion that thousands of worker depend
on beedi business but due to negative Government policies this business is finding lot
of difficulties and even Govt. may close down this business. No doubt there are some
health concerns but by research and other precautions that can be taken care. Therefore
it is suggested that as many lives are dependent on beedi industry, government should
draw a policy to support this industry through affordable loans, ensuring availability
of quality raw material, reducing taxes on this industry and by taking necessary steps
to avoid negative factors keep continue beedi industry further.

42) Due to lack of industrial growth, very limited irrigation and agriculture
development activities etc. employment opportunities are very limited in this area and
yet there is no suitable alternate for beedi rolling work. In such situation if Govt. wants
to close down beedi rolling it will put adverse effect on the lives of thousand beedi
rollers. Therefore, it is suggested that the Govt. should carefully plan the closure of
this industry by taking proper rehabilitative measures, such as developing and
irrigating their lands, guiding them about cropping pattern etc., supporting them to
start small income generation units such as poultry, goat keeping, small dairy, petty
shops etc., interest free loans for them or their children to start income generation
units, courses and employment opportunities to their children, increasing beedi
roller’s pension, etc. It will give beedi rollers alternative income sources and their
survival.
5.6 Scope for future research:

i. Effect of chewing tobacco and mishri on the health of Beedi rolling women.
ii. Adverse effect of higher work hours on the health of Beedi rolling women.
iii. Income Generation Opportunities in Sangamner and Akole block, that will help in reducing women's dependency on Beedi rolling.
iv. Possible effects of closure of Beedi business on the lives of Beedi rollers residing in Sangamner and Akole blocks of Ahmednagar district.
v. NGO’s role in the development of Beedi rollers.

The research in the above areas will help in bringing positive changes in the lives of Beedi rollers and also help in providing them alternate income source. It will also help Government machinery to find out possible strategy to reduce or minimise the adverse effects on Beedi rollers in case closure of Beedi business.