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A STUDY ON OCCUPATIONAL HEALTH HAZARDS AMONG WOMEN BEEDI-WORKERS OF MURSHIDABAD DISTRICT IN WEST BENGAL

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ABSTRACT

Poverty, house hold food security and women's contribution to food and economic security have received attention for the last two decades. The contribution of the Muslim married women beedi-workers in Murshidabad district of West Bengal to the monthly total family income is significant. But, the beedi industry is unorganized in nature and the wage rate is very low. Therefore, the women beedi-workers have to sacrifice their lives to ensure the economic security for their families. They work harder as active beedi-workers as well as house makers. As a result, they fall in the category of high risk groups of tobacco related occupational health hazards. The present study depicts the picture of severity of occupational health hazards faced by the women beedi-workers of the district.

KEYWORDS

Beedi, Beedi-Workers, Minimum Wage Rate, Occupational Health Hazards.

INTRODUCTION

Beedi rolling is a traditional agro-forest based industry, spread over almost all major states in India. A beedi is a thin Indian indigenous cigarette made of 0.2 – 0.3 gram of tobacco flake wrapped in a tendu leaf and secured with coloured thread at lower end. Over 800 million beedies are sold in India every year, outselling cigarettes by 8 to 1. About 19% of tobacco consumption in India is in the form of cigarettes, while 53% is smoked as beedies. It is cheap form of tobacco smoking especially for rural people. Murshidabad district in West Bengal is famous for beedi industry. The economy of the district is based on beedi industry, after agriculture. The home based beedi-workers are provided with 250-300 grams of tobacco flakes and 500-600 grams of tendu leaves to roll 1000 beedies by the contractors appointed through the beedi merchants. The industry is purely unorganized. It is extremely labour intensive task. The task of beedi rolling is mainly done by the women and children. In Murshidabad, efficiency in beedi rolling is considered as major criteria for marriage of rural women. The workers are exploited by the contractors. As the wage rate is very low and it takes about 10 hours to roll 1000 beedies, the fertility rate among the women beedi workers is very high because they consider their children as extra helping hands. Besides, it is also responsible for higher rate of drop-outs from schools, higher number of child labour and higher incidents of under-aged marriages in the rural area. Continuous beedi rolling by sitting at a same body posture and fumes and dust of tobacco cause Sevier occupational health hazards to the active beedi-workers.

REVIEW OF LITERATURE

Plenty of research work has been executed to enumerate the overall condition of the women beedi workers in Murshidabad district. The author has tried to review those as mentioned here: Mitra (2010) highlighted the magnitude of delivery of child at home and the barriers to utilization of institutional delivery in rural community of Murshidabad district with special reference to women beedi-workers. In his article Sarkar (2004) depicted the typical daily routine of women beedi workers in Coochbehar district of West Bengal. Chattopadhyay, Kundu, Mahata and SK (2006) examined the severity of respiratory problems among the male active beedi workers of Aurangabad town in Murshidabad. Yashmin, Afroz, Hyat and D'Souza (2012) had clinically examined the type and causes of different health hazards faced by female beedi workers of Patna city in Bihar State. Kundu and Chakraborty (2012) have empirically tried to find out the status of Muslim women of Murshidabad district. Senthil and Bharathi (2010) in their article evaluated the applicability of various labour laws for beedi workers with reference of Tamilnadu. Muninarayanappa and Kumari (2012) highlighted the causes of child labour with reference to the child workers of Kurnool city.

IMPORTANCE OF THE STUDY

The study critically examined how the deprived and weaker sections of the Muslim women beedi workers of Murshidabad district sacrifice their lives to secure the food security of their families through beedi rolling and how they suffered from various tobacco related occupational health hazards.

STUDY AREA

Two villages and two municipal wards in Jangipur Sub-division of Murshidabad district have been selected for the study. The study areas are situated at Raghunathganj-1 and Raghunathganj-2 Blocks. Jangipur Sub-division has been selected for the study because concentration of beedi-workers is maximum in this Sub-division (see table-2). All the study areas are adjacent to the Sub-divisional Headquarters. Therefore, all the infrastructural facilities are easily available. Job opportunities are also high in the study area. Besides, villages as well as municipal wards are included in this study to secure greater variability. Only the Muslim beedi-workers are considered because the Muslim community is the most deprived section and their concentration is maximum than any other groups in this Sub-division. The agrarian based economy of the Sub-division has no heavy industry. Beedi rolling is the most important house hold industry in this area.

OBJECTIVES

1. Find out the present socio-economic status of the Muslim married women beedi-workers.
2. Analyze patterns types of tobacco related occupational health hazards faced by the beedi-workers.
3. Examine the relationship in between length of work, work load and severity of tobacco related occupational health hazards faced by the women beedi-workers.

HYPOTHESIS

Due to higher fertility rate, higher dependency ratio, low wage rate, labour intensive processes of beedi rolling – the women beedi workers of Murshidabad district of West Bengal have to suffer from various tobacco related occupational health hazards.

METHODOLOGY

Ninety two women beedi-workers without tobacco smoking and chewing habits were contracted from different areas of Jangipur sub-division in Murshidabad district to examine the occupation related exposure to tobacco flakes and dust and elated health hazards. All the women beedi-workers are belong to Muslim community and all of them are married. Relevant information was collected by visiting the house of each beedi-worker during the month of November, 2012. The study subjects were interviewed and a questionnaire was followed for each subject; that included details about their age, education, length of service,

amount of beedi production, monthly family income, and health hazards faced by them. Dichotomous scaling technique had been incorporated for this study. Simple tabulation and regression methods have been applied to depict the real pictures.

TABLE - 1: SELECTION OF THE SAMPLE

Name	Nature	Block	Distance from Sub-divisional Headquarter	No. of Sampled House Holds
Kanupur	Village of Kanupur Gram Panchayat	Raghunathganj-1	5Kms.	26
Khidirpur	Village of Kanupur Gram Panchayat	Raghunathganj-1	4Kms.	30
Rahamanpur	Municipal Ward-3 of Jangipur Municipality	Raghunathganj-2	4Kms.	22
Balighata	Municipal Ward-13 of Jangipur Municipality	Raghunathganj-1	1Km.	14

Source: House hold survey, 2012.

BEEDI INDUSTRY IN MURSHIDABAD

The organization of production process of beedi in Murshidabad district could be of two types. In Factory System there is a direct relationship in between the beedi merchants and the workers who roll beedi at the factory shed. In Contractor System there is no direct relationship in between the workers and the beedi merchants. The contractors act as middleman in between them. The beedi merchants appoint some contractors who provide raw materials to the home based beedi workers who roll beedi at their home and return it to the merchants' factory via the contractors. Maximum concentration of beedi-workers in Murshidabad district can be found in Jangipur sub-division. The daily average production of beedi sticks in Jangipur sub-division is about fifty crores, produced through eighty two beedi factories (the Anandabazar Patrika, 01/12/2010). Most of the beedi-workers are women and children who can roll beedi very effectively due to flexible and slender structure of fingers. Auangabad, Dhuliyani, Omarpur are the major beedi producing centers in the sub-division.

TABLE-2: SUB-DIVISION WISE REGISTERED BEEDI-WORKERS IN MURSHIDABAD UP TO 2008

Sub-Divisions	Total Number of Registered Beedi-Workers by the State Labour Department	
	Total Number	% of total
Jangipur	241295	65
Berhampur	66412	18
Lalbag	25778	7
Domkol	21649	6
Kandi	15631	4
All Total	370765	100

Source: Deputy Labour Commissioner, Berhampur, Murshidabad.

RESULT, DISCUSSION AND FINDINGS

TABLE-3: SALIENT SOCIAL AND DEMOGRAPHIC FEATURES OF THE WOMEN BEEDI-WORKERS (N=92)

Category	Current Age(Year)		Age at Marriage (Year)		Educational Qualification			No. of Children				Incident of Institutional Delivery	
	<30	>30	<18	>18	Illiterate	Literate	≤2	3-4	5-6	>6	Yes	NO	
Number of Respondent	46	46	62	30	60	32	32	38	20	2	24	68	

Source: House Hold Survey-2012.

From the Table-3 it is vivid that the social and demographic scenario of the sampled women beedi-workers is very pathetic. Mass illiteracy, under aged marriage, low rate of institutional delivery, higher fertility rate are highly pertinent to the society. As they work in unorganized sector, they are unskilled and deprived from the Govt. sanctioned minimum wage rate. On the other hand their fertility rate is high. They work harder, but the per capita income of the family remains low. Therefore, they and all of their family members are being kneaded by poverty trap. The Table-4 depicts the present economic status of the women beedi-workers.

TABLE-4: SALIENT ECONOMIC FEATURES OF THE WOMEN BEEDI-WORKERS (N =92)

Category	Avg. Daily Beedi Production (Sticks)			Duration of Rolling (Years)			Worker's Contribution(%) to Family's Total Monthly Income		
	≤300	300-600	>600	≤10	10-20	>20	≤20	20-30	>30
No. of Respondents	24	62	6	20	58	14	40	34	18

Source: House Hold Survey-2012.

Women beedi-workers' individual contribution to the total monthly income of the family is calculated considering the following three factors –

- For every 1000 rolled beedies the contractor rejects 100-125 beedies as excuse of poor quality of rolling and for the rejected beedies, the workers are not paid any wages.
- Due to sub-standard and under-weighted raw materials, the workers have to buy a significant amount of raw materials from the contractors.
- The contractor does not maintain the workers' Log Book properly and the workers are illiterate simultaneously. So, there are definite chances of shrewdness about the calculation.

For the workers, the job of beedi rolling is multitasking. They roll beedies and at the same time do the houses hold works also. In spite of having all these unfavorable tasks, they sacrifice their lives to flourish their family as much as possible. Here raises the question of higher risk of tobacco related occupational health hazards. It takes near about ten hours to roll thousand beedies. Due to excessive work pressure, the women beedi-workers cannot take food timely, sleep and rest properly. The occupational health hazards related to beedi rolling can be categorized into six broad groups –

- Musculo Skeletal Problems:** pain and cramps in shoulder, neck, head, back and lower abdomen; rheumatic complaints; swelling of legs and fingers; indurations of hands etc.
- Respiratory Problems:** breathlessness; recurring cold and cough; chest pain; nasal inhalation.
- Stomach Problems:** gas and acid formation; stomach ache; loss of appetite etc.
- Eye Problems:** burning and watering of eyes.
- Gynecological Problems:**
- Giddiness or Dizziness or Unrest feeling of the brain:** It is an arduous labour intensive task because each beedi is rolled individually. Beedi-workers are exposed to unburnt tobacco, mainly through the cutaneous and nasal routes. The absorbed nicotine excites the sensory nerves of the alimentary tract leading to increased gastrointestinal secretion. The tobacco dust enters the respiratory system of beedi-workers through inhalation, causing damage to respiratory system. As beedi rolling is done in the same posture, generally cross-legged, for prolonged period; the workers are suffered by musculo skeletal problems. Toxic effects of nicotine on nerve systems can be realized through the problem of dizziness or eye burning.

TABLE-5: OCCUPATIONAL HEALTH HAZARDS AND THE WOMEN BEEDI-WORKERS

Types Of Health Hazards	Musculo-Skeletal	Respiratory	Eye	Dizziness	Stomach	Gynecological
Respondents (In Number)	92	46	40	30	26	6
Respondents (% of Total)	100	50	43	33	28	7

Source: House Hold Survey-2012.

TABLE-6: NUMBER OF DIFFERENT TYPES OF HEALTH HAZARDS FACED BY THE WOMEN BEEDI-WORKERS

Types of Health Hazards Faced by the Workers	Only One Type	Two Types	Three Types	Four Types	Five Types	Six Types	Total
Respondents(In Number)	12	42	22	14	2	Nil	92
Respondents (In %)	13	45.50	24	15	2.50	Nil	100

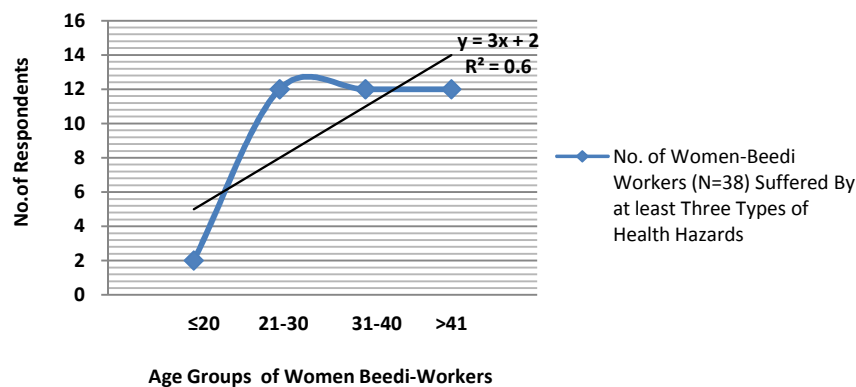
Source: House Hold Survey-2012.

TABLE-7: AGE GROUPS WISE PATTERNS OF HEALTH HAZARDS FACED BY THE WOMEN BEEDI-WORKERS

Types of Health Hazards Faced by the Workers	Age Groups of the Women Beedi-Workers				Total Respondents
	≤20	21-30	31-40	>41	
Only One Type	2	4	6	Nil	12
Two Types	8	20	14	Nil	42
Three Types	2	10	4	6	22
Four Types	Nil	2	8	4	14
Five Types	Nil	Nil	Nil	2	2
Total Respondents	12	36	32	12	92

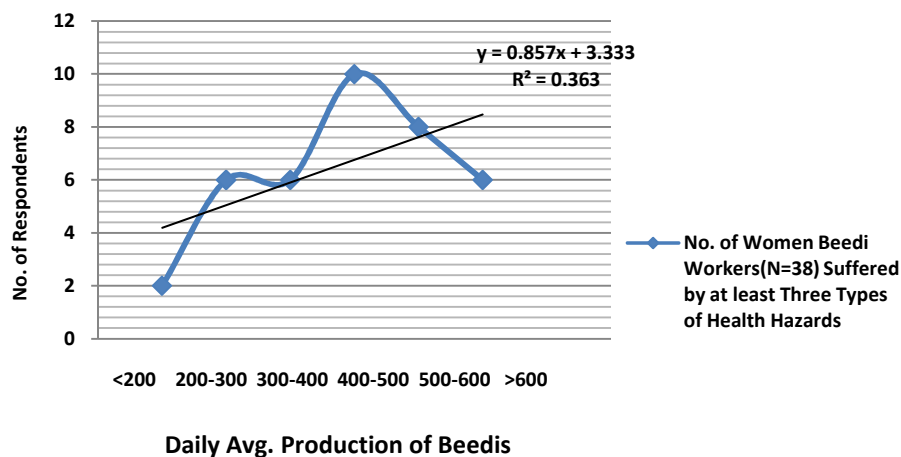
Source: House Hold Survey-2012.

Fig. 1: Relationship in Between Age and Severity of Occupational Health Hazards of Women Beedi-Workers

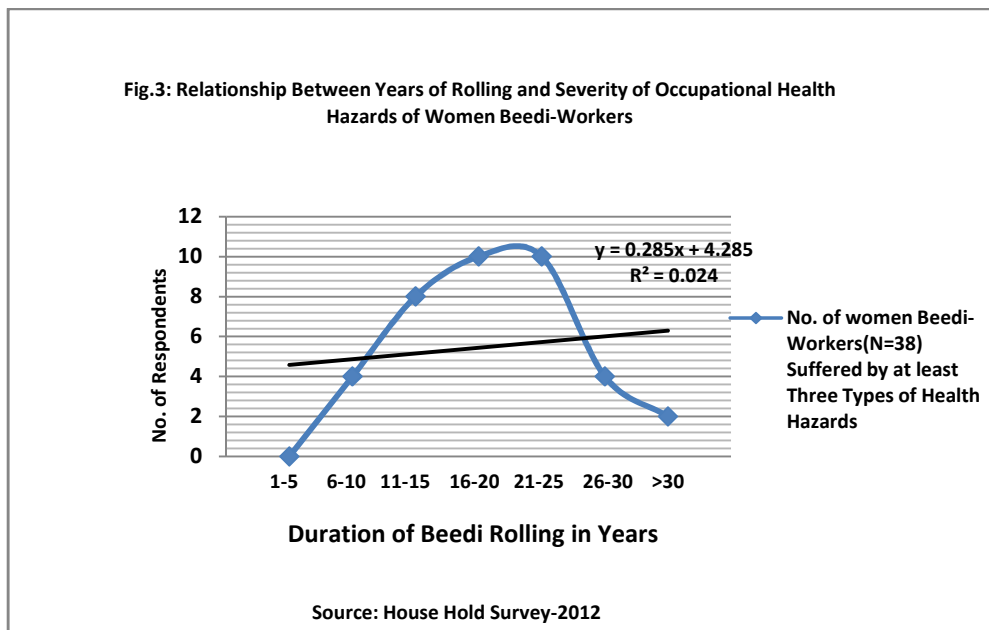


Source: House Hold Survey-2012

Fig.2: Relationship Between Work Load and Severity of Occupational Health Hazards of Women Beedi-Workers



Source: House Hold Survey-2012



The most common form of the health hazards is musculo-skeletal problems. All the above mentioned relationships are positive in nature. The severity of health hazards or at least three types of health hazards is higher in the case of higher age, work load and length of service and vice versa. More the number of sampled women beedi-workers, vivid will be the picture.

RECOMMENDATIONS

1. The beedi-workers now get only Rs. 75 for 1000 rolled beedies. But, the state government has sanctioned Rs. 165 for 1000 beedies as the minimum wage. Therefore, the state Labour Department, Trade unions and Beedi Merchant Association should jointly take necessary actions to implement the minimum wage rate. If the present wage rate gets a hike, the work pressure of the workers will be reduced automatically.
2. The beedi merchants should introduce compensation scheme for the health hazards at a fixed ratio of the worker's total monthly production.
3. About 40% of the total sampled beedi-workers can not possess the Identity Cards for which they cannot achieve the welfare schemes under Beedi Workers' Welfare Fund Act, 1976. The central Labour Welfare Organization as well as the State Labour Department should take necessary steps so that all the beedi-workers can possess the ID cards as soon as possible.
4. Arrangement of regular treatment and health check up for the beedi-workers through static cum mobile medical units should be done. There are only two such medical units and one T.B. hospital in the whole Murshidabad district. More such medical units should be established to cover all the workers.
5. The rollers should given protective clothing, gloves and masks. They should aware about harmful effects of tobacco. Proper hand wash after each and every schedule of rolling, breaking up off the total work schedule into several small time spans, rather to roll beedi for continuous prolonged hours, rolling in the open space – may be fruitful in this regard. MGNREGS (Mahatma Gandhi National Rural Employment Guarantee Scheme) can be an immediate alternative solution of job for beedi-workers.

CONCLUSION

Permissive poverty of people along with traditional beliefs and orthodoxy for women folk is solely responsible for the deplorable condition of the Muslim women community in Murshidabad district. In the male dominated social structure, all the married Muslim women beedi-workers play a vital role regarding food security for their families. They perform as home makers as well as active beedi-workers. In spite of having all the barriers related to unorganized nature of beedi industry and tobacco related occupational health hazards, their efforts to survive their families, are really palatable.

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