HEALTH PROBLEMS OF WOMEN BEEDI WORKERS

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Abstract

The increasing number of women in the small business has been a global phenomenon in developed and developing world. Most of the women work at home based unorganized sectors and become invisible and are extremely vulnerable to exploitation. The beedi industry is the one of the biggest among the unorganized sectors spread all over India, employing a large number of women and girls helping the owner to make huge projects at low cost, risk and liabilities. A study was conducted to portray the health problems of women beedi workers. A sample of 60 respondents was selected by using systematic random sampling from the universe of 200 at Valluvar Nagar, Trichy. A structured interview schedule was used to elicit the necessary data. The study was descriptive in nature. The major findings and suggestions were given in the present study.

INTRODUCTION

The increasing number of women in the small business has been a global phenomenon in developed and developing world. Most of the women work at home based unorganized sectors and become invisible and are extremely vulnerable to exploitation. Beedi is an indigenous cigarette in which tobacco is rolled in a tender leaf and tied with a cotton thread. This is smaller and less expensive than a cigarette for a working class. Women and the girls from schedule castes and schedule tribes and other backward castes mostly make this sitting at home. This is much gendered industry for only women and girls that too from low income groups make beedis. Beedi rolling is an extremely labor intensive, back breaking and strenuous occupation but women and children continue to do it in the absence of other source of livelihood. Many of these workers suffer from various health hazards not because they smoke beedis but due to they make beedis.

Working Condition

Tobacco cultivation processing and marketing involves over 30 million people in India.

Among them 90 percent are farmers, agricultural labourers, beedi farmers, beedi rolling workers and tender leaves pickers living in rural India. The beedi industry is the one of the biggest among the unorganized sectors spread all over India, employing a large number of women and girls helping the owner to make huge projects at low cost, risk and liabilities. Beedi production is very labour intensive, the main steps involved in producing a beedi are rewinding the thread, soaking the tender leaves and cutting them to size.

The work shed or working place are often dimly lit rooms but women and children prefer them because here women are not disturbed by domestic work and can make a large number of beedis. They also do not get bored with their work because they can sing, chat and gossip while making beedi. These sheds or homes
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are not in walking distance and have no facilities of toilet, rest, lunch time and medical or paid holidays. Some times drinking water is kept in a pot. These work sheds are organized informally and women and children come here and leave as per their convenience.

Health condition of women in Beedi Industry

Beedi is an indigenous cigarette which is mostly made at home by women and children by rolling tobacco into a dried ten tender leaf. For every beedi made, a woman has to pick up a pinch of tobacco grains and arrange it on the leaf she holds with her left hand and uses the fingers of her right hand to spread the tobacco. Her fingers thus are in constant touch with the tobacco. Hence a large section of unprivileged women who suffer health hazards not because they are smoking but because they are making beedies.

The feeding mothers many times do not wash their hands of tobacco and pull out the nipple to feed their children. This is due to paucity of time. Due to inhaling the tobacco dust to which the women is continuously exposed, they develop illness such as conjunctivitis, mucous dryness and bronchitis. The nature of work is such that a worker cannot take her eye out of it even for a moment if she is to make a required number of beedies for a day. This takes the toll of these women’s eye sight especially as they grow older. A large number of activities of beedi making are performed in a sitting posture that is sitting on the floor with crossed legs or left leg bent at knee or with legs extended, prolonged with towards trunk bent leads to sustained static contractions of the back muscles. Hence most of workers suffer from back aches. It is a known fact that continuous contact with tobacco leads to higher absorptions of nicotine and this in the long run damages the respiratory, circulatory and reproductive system. Women in beedi making, face several reproductive track infections.

The symptoms reported by the women beedi workers

- Aches and pains due to the nature of work
- Cough which is related to the exposure of tobacco
- Giddiness which also include breathlessness
- Stomach related problems such as stomach pains, cramps, gas and spasmodic pains leading to diarrhea
- Others which include piles, burning sensation in the urinary track, joint pains and swelling and wheezing.
- Special health problems which affect women are menstrual disorders, problems in uterus and miscarriages.
- Due to long hours of work with out adequate rest these problems get aggravated
- The monotonous work causes dullness of the mind.

Legal Provisions

The government tried to regulate the working condition in beedi industry through the “Beedi and Cigar workers (conditions of employment) Act, 1996. This act provides measures for safeguarding the health and welfare of the workers by regulating the working hours, provision of over time, leaves for holidays but in the absence of any monitoring the act has just been ignored. The “Beedi
workers welfare fund Act, 1976 and “Beedi workers Cess Act, 1976 provide for housing loans, mobile medical units, granting of scholarship for children, but due to contract system nothing much has been done. As the women engaged in beedi rolling suffer from health hazards, an empirical study was carried out to find out the position of women beedi workers.

**REVIEW OF LITERATURE**

The following research studies and reports briefly explain the various hazards faced by the women workers. Prakasamma, (1993), had mentioned that the women beedi workers were from lower income and low caste groups. The contractors exercised greater control over these beedi workers. Kameswari, (1995) had analysed the dual role performed by women in unorganized sector. Domestic responsibilities took up tremendous portion of women’s time and affected their care of young children and participation in labour force. Rekha Pande, (1995) had pointed out the dual role performed by the women beedi workers. These women worked for nearly 14-15 hours per day. Being home based industry, children in general and girls in particular were prey to enter into this work. These girls were denied access to education, entertainment and recreation. They suffered from various health hazards. Pande Rekha (2001) portrayed the shortage of health acre facilities specifically for beedi making. There were no organized health facilities and women were subjected to exploitation. Women were aware of the health hazards but silently suffered livelihood.

**RESEARCH METHODOLOGY**

**Aim of the Study**

The present study aimed to analyse the position of women beedi workers specially focusing on their health hazards.

**Objectives of the Study**

- To study the socio-economic condition of the respondents
- To find out the working condition of the respondents.
- To find out the health problems of the respondents
- To know the psychological problems of the respondents
- To suggest suitable measures to improve the condition of the respondents.

The study was descriptive in nature. A sample of 30 women was drawn by using systematic sampling from the universe of 200 families which were involving in beedi rolling as house based industry. Every third house was selected for the study in each street. One woman was interviewed from each family. A structured interview schedule was used to elicit the data. The data were collected by contacting the respondents at their homes. The collected data were analysed manually.

**MAJOR FINDINGS OF THE STUDY**

**Socio-economic condition**

The age of the respondents ranged from 15 years to 45 years. The average age of the respondents was 31.42 years. Nearly one third of the respondents (31.7 percent) belonged to the age group of 35-40 years. More than one third of them (40 percent) were illiterates. All the respondents were
Muslims. A vast majority of the respondents (80 percent) were speaking Urdu. More than half of them (53.3 percent) were from joint family system. A vast majority of the respondents (80 percent) were married. Majority of the respondents (63.3 percent) were earning from Rs.1000 to Rs.1500 per month from beedi rolling. More than half of them (53.3 percent & 51.7 percent) were residing in rented houses and had only one room respectively. Less than half of the respondents’ (45 percent) houses were thatched houses. Majority of the respondents’ (68.3 percent) houses did not have proper sanitation facilities. Majority of the respondents (60 percent) faced economic problems.

Working Condition

Majority of the respondents (63.3 percent) had involved in this job due to poverty. Three fourth of the respondents’ (75 percent) families had engaged in this work traditionally. Nearly one third (31.7 percent) were not happy to involve in this work due to poor income and felt that the work was painful and tiresome. Majority of them (66.7 percent) had taken up this work only after getting married. More than half of them (57.14 percent) had got married when they were in the age group of 14-18 years. Nearly half of them (46.7 percent) had been involving in this work from 17 to 25 years. More than half of them (55 percent) worked 5-10 hours per day. Majority of the respondents (79.6 percent) mentioned that their husbands did not help them to perform their work. A vast majority of them (91.8 percent) felt that they could not spend adequate time with their children due to the nature of their job. A vast majority of them (90 percent) did not like to involve their children in this laborious work. A vast majority of them (90 percent) felt that they were exploited by the sub-contractors.

Health Problems

Regarding the health problems of the respondents, one third of the (33.3 percent) respondents had health problems like high blood pressure (65 percent), appendix (20 percent) and had undergone hysterectomy (15 percent). Regarding the occupational illness of the respondents, less half of them (41.7 percent) had illnesses due to the occupation of the respondents such as menstrual problems, ulcer, piles, skin diseases and asthma. Nearly half of them (48.3 percent) felt frustrated due to body pain and heavy work.

SUGGESTIONS

The women in the study area suffered from work related problems. As they were in constant touch with tobacco and the inhalation of the tobacco dust led to skin problems and to asthmatic troubles. Hence the local organizations may intervene in creating awareness among the women who are engaged in beedi rolling to wear gloves and mask in order to cover their nose and protect their hands from diseases. Periodical health check ups may be conducted by the government or NGOs as the beedi workers are more prone to health hazards. The existing legislations meant for beedi workers could be enforced especially the mobile medical units have to be triggered to cater to the health needs of the women beedi workers. In the present study, it was found that nearly half of them had never been to school; the importance of education could be propagated among the beedi workers. Women organizations can take up the
issues relating to the exploitation faced by women beedi workers. These women may be trained in some other vocations so that they may switch over to other works which suit to their health condition.

REFERENCES