

## OCCUPATION RELATED HEALTH PROBLEMS, AMONG UNORGANISED WOMEN WORKERS OF SELECTED INDUSTRIES IN COIMBATORE

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### **Abstract**

Women workers In India constitute one third of the total workforce. Majority of these women are engaged in the un-organized sectors such as agriculture, construction, domestic services, foundry, textiles, etc. The number of women joining the workforce has steadily increased all over the world during the last few decades. Throughout history, women in developing countries have always worked hard, not only as wives and mothers but also as workers in different sectors. Often encumbered with many children and weakened by excessive and frequent pregnancies, working women are subject to numerous risks e.g. fatigue, malnutrition, undue mental stress and exposure to various hazards at their workplaces. Every occupation has its own health problems. A working conditions can sometime lead to illness or death. Workers should take adequate and proper precautions to save themselves. Workers in industries face acute health problems of occupational hazards. Proper safety and precautionary measures against occupational health is the fundamental right of all workers. In this background, the researcher made an attempt to know whether the sample industrial workers had health hazards at the time of work in Coimbatore. Coimbatore district is one of the most affluent and industrially advanced districts of the State. It has more than 40,000 small, medium and large-scale industries, which serve the engineering needs of the major parts of the country. In the study area there is no proper working facility available and everything else had to be taken care of by the workers themselves. Body pain and pain in the legs are common health problems frequently reported by the sample workers. Some mentioned health problems like headache, difficulty in breathing and back pain during the interview.

**Keywords:** un-organized sectors, frequent pregnancies, fundamental right, health problems, domestic workers, healthcare management system

### **Introduction**

Women workers In India constitute one third of the total workforce. Majority of these women are engaged in the un-organized sectors such as agriculture, construction, domestic services, foundry, textiles, etc. The overwhelming majority of domestic workers are women and girls. Millions of women across the country take to unorganized work in view of limited options available to them in order to provide a living for themselves and their families.

In last few decades there has been a tremendous growth in the demand for unorganized workers, which has led to the trafficking and other forms of exploitation of millions of Women and children, which tremendously their health as good health is a pre-requisite to human productivity and development process. Charak, the ancient renowned Ayurvedic physician is known to have said, "Health is vital for ethical, artistic, material and spiritual development of man." Buddha has said that of all the gains, the gains of health are

the highest and the best. The progress of any nation depends on an efficient healthcare management system. Health has been proclaimed and declared a universal goal and public responsibility. Governments all over the world are responsible for preserving and protecting the human race from all possible hazards of health. Efforts in this direction vary from country to country, depending on their stage of development and on the magnitude of the problems from diseases provided purposeful focal point around which international cooperation has developed over the years (Park K, 1994).

### **Occupational Hazards**

The number of women joining the workforce has steadily increased all over the world during the last few decades. Throughout history, women in developing countries have always worked hard, not only as wives and mothers but also as workers in different sectors. Often encumbered with many children and weakened by excessive and frequent pregnancies, working women are subject to numerous risks e.g. fatigue, malnutrition, undue mental stress and exposure to various hazards at their workplaces. Domestic work exposes women to many hazards which may undermine their health, e.g. accidents, burns, backache from bending, and chemical exposure from detergents, resulting in skin problems such as dermatitis. In many countries, industrial expansion has occurred without sufficient protective measures for workers. Women are under special pressure since, in many instances, their jobs are considered by management to be of secondary importance and medical facilities are consequently inadequate. Female workers differ from male workers in that they are generally physically smaller and are subject to specific stressful conditions peculiar to them, e.g. menstruation, pregnancy and lactation. PHC workers caring for working women should be aware of such conditions and their possible effects on work performance, and the effect of the work environment on the health of women at these times, e.g. there is a progressive increase in respiratory ventilation during pregnancy which may lead to increased uptake of inhaled chemicals from the air. (Lorraine 2008)

### **Area of Study**

The study was confined to Coimbatore City of Tamil Nadu, the second largest city of the State. Coimbatore is one of the most industrialized cities in Tamil Nadu and is known as the textile capital of South India or the Manchester of the South. Among all the districts of Tamil Nadu, Coimbatore district is one of the most affluent and industrially advanced districts of the State. It has more than 40,000 small, medium and large-scale industries, which serve the engineering needs of the major parts of the country. The city is known for its dynamic people and excellent infrastructure. The entrepreneurial spirit of the business community here is renowned across the country. Besides Textiles, the city today has evolved itself into a diversified economy with Engineering, Auto Components, Pumps and Motors (Out of every two water pumps produced in the country one is from Coimbatore), Foundries (One among the six major centres in India) and the educational institutions (the

highest density in the country: 84 in 75 Square Km) which produce about 40,000 graduates of various disciplines a year. Coimbatore is well known for its textile and engineering industry, which consists of units turning out a variety of products needed by different types of industries, as inputs. Apart from supplying components to major units, many engineering units are engaged in producing consumer durables too. The unorganized women workers of these units are prone to unhealthy working and living conditions.

#### **Objectives of the Study**

1. To examine Socio- Economic Background of the sample women Industrial Workers
2. To identify Occupation related health problems of the sample Workers.

#### **Data Sources and Methodology**

The present study constitutes area of the study, sample design, source of data collection, period of the study and statistical tool used.

##### **a. Tools used for Data Collection**

It was felt appropriate to make use of Survey Method for this research with data collection from selected women workers of textile and foundry units. For the purpose of data collection, an interview schedule was prepared in line with the objectives and conceptual framework. Most of the items in the interview schedule were structured and close- ended questions.

##### **b. Pilot-study**

The interview schedule was prepared based on the objectives of the study and at the outset it was pre-tested with 25 industrial women workers.

##### **c. Data Collection Process**

The researcher, on the basis of interview schedule, interviewed the selected women respondents personally. Working place of the sample women workers were visited atleast twice to check the information provided. The interview started with general questions to put the women respondents at ease. They have no time for this type of interaction. Of course, they believe that they have no benefit from this and also they suspect some danger in it. But after a series of interactions, they become ready to open up their minds. Initially, they were hesitant but generally they opened up and gave all the relevant information.

##### **d. Sampling**

In the study area, the sample unprotected women workers in the organized sector are mainly in the categories of regular, casual and contract workers who remain unprotected because of non-compliance of the provisions of the existing laws. This is a growing segment in the organized sector and this forms the universe of the present study. The study of unorganized women workers with special reference to foundry and textile units in Coimbatore is an empirical one. The study is based on survey research technique. The information on female workers in the informal sector has been gathered from extensive survey of field investigation. As working women in informal sector of Coimbatore city constitute a

heterogeneous group, stratified disproportionate sampling has been undertaken while collecting the sample workers. The researcher was only interested in achieving a **sample size** of 450 workers who would take part in research.

#### **e. Pre-test**

To prevent the schedule containing any inconsistent and ambiguous questions and also to check the comprehensiveness of aspects covered, a pilot study was taken up. Several modifications had to be made in the questions, based on the difficulties encountered during pilot study. Hence, the interview schedule was pre-tested with 10 sample workers with five from textile and five from foundry units. Then, the interview was finalized and information was obtained by personal interviews. The interview schedule was developed in Tamil, the language spoken by the majority of the people in the sample area (and the whole state of Tamil Nadu). The survey was conducted during the period July 2014 January 2015.

#### **Women and Women's Employment in India**

According to National Committee of Women, the growth in the percentage of women labour force in the organized sector is minimal in the last sixty years i.e. 3.44 percent in 1911 to 17.35 percent in 1971; besides, the work load either in the field or in the factories or offices, the women have to do the household such as cooking, washing, cleaning up the house etc. The younger women, besides all these, have to carry the burden of early pregnancy, childbirth and breast-feeding. In terms of help offered to people for their various functions women seem to receive the least attention from the society. The status of women is intimately connected with their economic status, which in turn, depends upon rights, roles and opportunity for the participation in economic activities. The economic status of women is now accepted as an indicator of a society's stage of development. However, all development does not result in improving women's economic activities. Pattern of women's activities are affected by prevailing social ideology and are also linked with the stage of economic development. Generally the women work equally along with men in informal sector. They were facing so many problems especially household responsibilities like cooking, cleaning, washing; child care, etc. were causes for low female work participation in informal sector had no job security and maternity benefits like women engaged in the organized sector. Demographic Profile is the essential aspect of socio-economic status of women workers. Demographic and Socio Economic profile of women workers includes place of women, age group, marital status, religion of the women workers. These are the pieces of information that make the first level of understanding of an individual. This data provide below gives the first impression about the women workers. It can be seen from the following analysis that women workers are typical sample of women of Coimbatore.

**Table 1: Demographics & Socio Economic Background of the Women Workers (n-450)**

S.No	Variables	Category	No. of Respondents	Percentage
1	Age	Below 28	123	27.3
		29-38	182	40.4
		39-48	111	24.7
		Above 48	34	7.6
2	Mother Tongue	Tamil	369	82.0
		Malayalam	43	9.6
		Telugu	28	6.2
		Kannada	10	2.2
3	Marital Status	Unmarried	83	18.4
		Married	332	73.8
		Divorced	7	1.6
		Widower	28	6.2
4	Religion of the Respondents	Hindu	390	86.7
		Christian	50	11.1
		Muslim	10	2.2
5	Educational Qualification	Illiterate	32	7.4
		Primary (1-5)	84	19.4
		Middle School (6-8)	86	19.9
		Secondary (9-10)	92	21.3
		Higher Secondary (11- 2)	92	21.3
		Degree/Diploma/ Certificate Course(ITI)/ Professional	46	10.6
6	Family Monthly Income	Below 10000	159	35.3
		10001-20000	272	60.4
		Above 20001	19	4.2

Source: Primary Data

From the above data it is clear that among 450 respondents, majority of the respondents belongs to category of 29-38 years of age. Around 27.3 percent of the respondents belong to the age group of below 28, followed by 24.7 percent belong to the age group of 39-48 and only 7.6 percent of the workers belong to age group 48 and above. Age plays a significant role in determining the status of individuals. Majority (i.e. 82 per cent of the respondents) of the women workers speaks Tamil, followed by Malayalam as major language where 9.6 percent of respondents speak Malayalam. Around 6.2 percent of the respondents speak Telugu and only 2.2 percent of women workers were speaking Kannada. Among 450 respondents 73.8 percent of them were married; around 18.4 percent of them were not married. Nearly 6.2 per cent of the respondents who were married, but presently widows. And only 1.6 percent of the workers divorced women. Among the total respondents 86.7 percent of the respondents were Hindu. Around 11.1 percent of the respondents were Christian, and only 2.2 percent of the respondents were Muslim. Out of

total respondents 19.9 percent of them had completed secondary (9-10) and higher secondary (11-12), then 19.9 percent of them had studied middle school (6-8), around 10.6 percent of them had completed Degree/Diploma/ Certificate Course(ITI)/ Professional ,and only 7.4 percent of them were illiterate. Family monthly income of the respondents majority of them (i.e 60.4 percent) were earning between Rs. 10001-20000, around 35.5 percent of them were earning Rs. below 10000, only 4.2 percent of them were earning above 20001. Income is the most basic of all determinants of development. It has been considered as the key indicator of economic development of a group of people or of a nation.

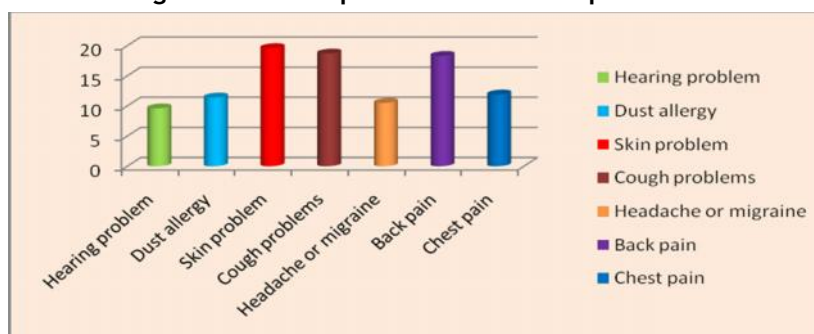
### Health Problems of the Respondents

Health related problems have become a common phenomenon in the industrialized world. Whatever preventive measures the workers adopt, it does not help the workers to protect themselves. Any industrial site or a work place like industry and foundry will have its own hazardous effect on the workers. In addition to the environmental damages, health is also becoming a major problem. (Srinivasan S et al, 2012 ) Every occupation has its own health problems. A working condition can sometime lead to illness or death. Workers should take adequate and proper precautions to save themselves. Workers in industries face acute health problems of occupational hazards. Proper safety and precautionary measures against occupational health is the fundamental right of all workers. In this background, the researcher made an attempt to know whether the sample industrial workers had health hazards at the time of work.

Health Problems	Frequency	Percent
Hearing problem	21	9.6
Dust allergy	25	11.4
Skin problem	43	19.6
Cough problems	41	18.7
Headache or migraine	23	10.5
Back pain	40	18.3
Chest pain	26	11.9
<b>Total</b>	<b>219</b>	<b>100.0</b>

Source: Primary Data

Figure 1: Health problems of the Respondents



Source: primary data

### Result and Discussion

The table depicts that the most serious problem is found to be the breathing problem for 20 per cent of the sample workers, followed by 19.3 per cent who suffered from back pain problems (these workers carry heavy loads). Around 16.4 per cent respondents had muscles/bones/joints pain, 14.6 per cent had headache/migraines problem, 13 per cent suffered from skin problems. In textile industry, more chemical components were used and in engineering industry, various types of sand, chemicals and iron were used in their working place. These will have a negative impact on the health of the workers, 12 per cent of the sample workers were suffering from cough and a very low proportion (i.e. 3.9 per cent) were having hearing loss. For any kind of workplace injury, first aid was the maximum assistance provided. But in the study area there is no such facility available and everything else had to be taken care of by the workers themselves. Body pain and pain in the legs are common health problems frequently reported by the sample workers. Some mentioned health problems like headache, difficulty in breathing and back pain during the interview.

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