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## **Socio Economic Status and Working Conditions of Women Beedi Workers and The Need for Social Protection**

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**Abstract:** *The beedi industry is one of the biggest among the unorganized sectors spread all over India, employing a large number of women. The occupational life of Beedi workers are characterized by low wages, piece rated remuneration, lack of social security and absence of organization. The majority are home based women workers who live under the poverty line. The beedi rolling is generally done by poor women in backward areas where the workers have usually no other means of sustainable employment.*

*The aim of the present study is to understand the socio-economic status, working conditions and health status of women beedi workers and their social protection. A study was conducted by selecting 40 women beedi workers in Bedadukka Panchayat, Kasargod district, Kerala state. The research design used for this study is descriptive. A structured interview schedule was used to elicit the data. The result of the study reveals that all the women beedi workers had involved in this job due to poverty and lack of social protection. Women beedi rollers who start their profession at a very early stage of life are exposed to tobacco dust for approximately 7 to 9 hours each day. They roll 600 to 1000 beedi a day. And their monthly income from beedi rolling is Rs. 2000 to Rs. 4000. The main occupation of these women is beedi rolling. Majority of the women have health problems like head ache, back pain, shoulder and neck pain, allergy, eye allergy, respiratory problem and also psychological problems like lack of sleep, anxiety and insecure feelings. Social protection is to be ensured to reduce poverty and vulnerability by promoting efficient labour markets, diminishing beedi workers' exposure to risks and enhancing their capacity to manage economic and social risks, such as low wages and illness.*

**Key words:** *Beedi workers, socio economic, working, social protection*

### **Introduction**

A beedi is a thin South Asian cigarette made of 0.2-0.3 g of tobacco flake wrapped in a tendu (*Diospyros melanoxylon*) leaf and secured with coloured thread at both ends. As it is a cheap form of tobacco consumption, it is

extremely popular among the non-affluent but it carries greater health risks as it delivers more nicotine, carbon monoxide and tar than conventional cigarettes. Beedi manufacturing takes place in almost all the major states of India such as in Madhya Pradesh, Maharashtra, Gujarat, Tamil Nadu, Andhra Pradesh, West Bengal, Orissa, Uttar Pradesh, Rajasthan, Bihar, Kerala and Karnataka.

The first formal production of beedis started in 1902, although the rural people were known to have made beedis for their own consumption much before this date. Presently, India is the third largest tobacco producer in the world. The government estimates about 4.4 million workers in the beedi rolling industry, majority of them are home based women workers. Tobacco cultivation processing and marketing involves over 30 million people in India.

The beedi industry is generally located in the unorganized sector. The beedi manufacturers have increasingly shifted the work from factories into the households, small unincorporated units or into small work sheds. Currently, while there are some major beedi manufacturers with large enterprises these constitute only about 10 percent of all beedi manufacturing. Typically large manufacturers contract out the work of rolling beedis to contractors who then either sub-contract work out further and/or get the work done by individuals in their homes on a piece rate system. The production is therefore widely dispersed. It is difficult to establish an employer-employee relationship as set out under the labour law since beedi production is undertaken through a chain of contractors and sub-contractors and also through a sale-purchase system which makes the beedi workers self employed.

Beedi production is very labour intensive. The four main steps involved in the production of a beedi are (i) rewinding the thread (ii) cutting the beedi leaves (iii) rolling the beedi, and (iv) folding the beedi head. It takes about 30 minutes to an hour to rewind a bundle of thread. Cutting the beedi leaves, which is the next step, requires some skill because the maximum number of pieces cut from the leaf depends on the skill of the worker. Rolling the beedi leaf with tobacco is the main job in the process-tobacco is to be rolled in the leaf and tied with the thread; the pinch of tobacco must be accurate. The folding of the beedi head, which is the final step, the complete beedis are then bundled and sent to the contractor.

The rolled beedis are handed over in bundles to the contractor/middleman. After checking them carefully and deducting for poor quality leaves and other reasons, the payment is made based on a piece rate wage fixed at a per 1000 beedis rate. Even the minimum wage applicable to beedi workers

is fixed at 1000 beedi rolled rate. The Beedi workers are in the clutches of contractors and sub contractors. The contractors are the suppliers of raw materials as well as collectors of the final products. Beedi workers are usually home based workers. The working environment of Beedi workers today as well as in the past, has not been very conducive.

The beedi industry came up in Kerala by 1920s. After World War I, trade connections with Ceylon and Burma helped establish the beedi industry in North Malabar. The Charkha (spinning wheel) brand of beedis riding on the popularity of the nationalist movement and the swadeshi sentiment popularized beedi use. At the time, it was mainly men who were beedi rollers assisted by children in tying the rolled beedis. Beedi workers came from the Muslim and lower caste communities, (Tiyyas/ Ezhavas). In April 1934, the first beedi rollers association was established. Beedi manufacturing in Kerala is typically unorganized in nature and is concentrated in the districts of Kasargod, Kannur, Kozhikode, Palghat and Thrissur. The work shed or working place are often dimly lit rooms but women prefer them because here women are not disturbed by domestic work and can make a large number of beedis.

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. Two factors that cause health hazards are first, the raw materials, especially tobacco and secondly, the nature of work, working conditions and the workplace.

Beedi workers are highly prone to respiratory problems. Most of them suffer from tuberculosis, chronic bronchitis, asthma and so on. The nature of work which involves prolonged sitting with forward trunk bent, the excessive use of fingers and the constant high tension levels to meet targets cause a number of health problems. The sitting posture leads to a static construction of back muscle, resulting in head, neck, leg and back aches as there is no body movement. Workers also suffer from piles and rheumatism (Dharmalingam, 1993). Gopal (1999) highlights the high levels of tension among women beedi workers who are never secure about their status as workers. Their poverty, lack of rest, endless work, poor food habits have all been listed as factors making them susceptible to diseases. Exposure to tobacco and the working conditions among beedi workers are known to have caused intestinal and reproductive problems (Pande, 2001).

Due to the tobacco dust the workers are continuously exposed to, their eyes have burning irritation and also problems like conjunctivitis, rhinitis and mucous dryness are reported (Kannan and Ilango, 1990). Strain on their eyes is worsened among workers who work at night alongside dimly lit oil lamps. Pande (2001) reports that almost all the workers are aware of the health hazards in their work.

Mohandas (1980) made a comprehensive survey of the socio economic conditions of beedi rollers in Kerala. He reported high incidence of occupational diseases owing to exposure to tobacco and postural problems arising out of the monotonous work. Joshi et al. (2013) made an epidemiological survey of occupational health hazards among beedi workers of Amarchinta, Andhra Pradesh and noticed that almost 90 per cent of the workers developed pain in various body parts, the prominent among them being shoulder pain, back pain and neck pain.

The industry employs unskilled labourers and is situated where there is availability of cheap labour. Beedi industry accounts for about 90 percent of the employment of the Indian tobacco industry. Currently, about 10 percent of the beedi manufacturing takes place in the organised factory.

### **Research Methodology**

The main objective of the study was to understand the socio-economic status, working conditions and health status of women beedi workers in Bedadukka Grama Panchayat, Kasargod district, Kerala state. The sample selected through random sampling method comprised of 40 female Beedi workers from 2 units (depot) of Kerala Dinesh Beedi Industries Cooperative Society working in Bedadukka Grama Panchayat, Kasargod district, Kerala state. The two units consist of 68 women beedi workers who have been working there for 20 to 30 years. The research design used for this study is descriptive. A structured interview schedule was used for data collection.

### **Results and Discussion**

The study shows that the age of the respondents ranged from 41 to 50 years. Majority were in the age group of 41 to 45 years. Regarding the education of the respondents, majority (70%) have completed upper primary education and others primary. A vast majority of them (72%) percent) were from nuclear family system. All the respondents are married and a few widows are also doing beedi work.

**Table: 1. Number of Beedis Rolled by Respondents**

SI No	No of Beedi Rolled a Day	Frequency	Percent
1	500	6	15
2	600	20	50
3	700	7	17.5
4	800	7	17.5
	<b>Total</b>	<b>40</b>	<b>100</b>

The above table highlights that fifty per cent of the respondents roll 600 beedis daily and others 500, 700 and 800. This study shows that all the respondents are middle aged women (age ranging from 41 to 50 years). The respondents work 6 days in a week from 9.00 am to 6.00 pm in the beedi depot in Bedadukka. Women beedi rollers who start their profession at a very early stage of life are exposed to tobacco dust for approximately 7 to 9 hours each day. Mookerjee (1984) points out that young workers can roll 1000 beedis in 8 hours, while an aged worker only manages 400-450 a day. An average worker can make 800 beedis in an 8 hour workday (Dharmalingam, 1993).

Results of the study shows that a vast majority (75%) of the respondents were earning Rs. 2000 to Rs. 3000 and others Rs. 3000 to Rs. 4000 per month from beedi rolling. The respondents get wages weekly. The rolled beedis are handed over in bundles to the contractor/middleman. After checking them carefully the payment is made based on a piece rate wage fixed at a per 1000 beedis rate. The piece rate for 1000 beedis is Rs. 190. Even the minimum wage applicable to beedi workers is fixed at 1000 beedi rolled rate. The beedi workers are in the clutches of contractors and sub contractors. As beedi rolling is their main occupation, they cannot meet both their ends with this meagre income. None of them have savings. While they have loans ranging from Rs. 25000 to Rs. 200000. The land holding is 5 to 50 cents. This shows that all the women are from economically backward stratum and they had involved in this job due to poverty. The respondents felt that they could not spend adequate time with their children due to the nature of their job.

Majority of the respondents are having health problems like head ache, back pain, shoulder and neck pain, allergy, high blood pressure, eye allergy, respiratory and also psychological problems like lack of sleep anxiety and insecure feelings. It was observed that the respondents in both depot do not wear protective clothing, gloves or masks, and are exposed to tobacco dust through their skin and by inhaling the harmful particles.

Numbness of the fingers, breathlessness and stomach pains including cramps and gas, have also been reported in beedi rollers (Dikshit and Kanhere 2000; Mittal et al. 2008). Bhisey et al. (2006) recorded that inspirable dust of tobacco in the tobacco factory was associated with chronic bronchitis in workers. All the respondents are aware that smoking is injurious to health. Studies indicate that people working for long hours a day are more vulnerable to frequent occupational health issues.

### **The Need for Social Protection**

The potential of stricter state regulations, increasing health care awareness, reducing the role of middle men as solutions does not take away the larger problem of the survival of this industry itself and the need to proactively search for alternatives in light of this uncertainty. The additional health problems caused by tobacco smoking and tobacco related diseases raises further concern emphasizing the need for diversification of activities and the search for alternative employment to shift the current beedi workforce.

### **Conclusion**

The study recommends that there is a need to improve the living and working conditions as well as to provide decent employment opportunities for women beedi rollers. Women occupied in beedi manufacturing are facing a number of health risks. Longer working hours make frequent instances of occupational health issues more likely. Many of these workers suffer from various health hazards not because they smoke beedis but due to rolling beedis. As women beedi workers are in constant touch with tobacco, the inhalation of the tobacco dust leads 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 local self government as the beedi workers are more prone to health hazards.

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