



STATUS OF WOMEN HEALTH IMPLICATION: A CASE STUDY OF HOME BASED AGARBATTI MAKING INDUSTRIES

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Abstract: *The home based industries in Bangalore have provided ample opportunity of employment for the women workers of low socio-economic class although their problems are not much explored. Among them, a large proportion was potentially exposed to occupational hazards and was at most risk. In this paper, an attempt was made to study the health status of the women who are engaged in agarbatti making industries of Bangalore city. The home-based agarbatti industries were chosen by random sampling method. Data were collected by conducting interview, group discussions and observations of the women engaged in this occupation. The analysis of workers, years of service and diseases they affects were carried out. 45% were in this occupation for more than 15 years and they exhausted 7 hours for this work daily. The percentages of diseases of affect was enumerated 91% headache, 95% eye irritation, 88% skin allergy, 62% Fatigue, 79% cold and cough, 78% difficulty in breathing, 85% back ache, 60% fever, 52% dysentery and Asthma. In recent times, contribution of poor work environmental conditions, poor perception of work conditions and presence of adverse health condition in workers on occupational injury occurrence has been highlighted. Need exists for a participatory occupational health programme for this working population and also it needs to be promote research on the prevention and control of occupational health hazards.*

Keywords: *Diseases, Healthiness Hazards, Livelihood, Spotlight.*

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INTRODUCTION:

In any society the status of women is an indicator of the level of its development. Women constitute nearly half of the total population of the world. They seem to be unempowered relative to men. They are relegated to secondary position in the household, workplace or in governance and society in general. Women in many countries still lack of right to inherit property, own land, get education, obtain credit, earn income or work outside home, they are still widely under represented in decision making at the household or social level. In recent years, empowerment of women has been recognized as a central issue in determining the status of women. Empowerment is an active process of enabling women to realize their full identity and power in all spheres of life. The manufacture of agarbattis (incense sticks) is a traditional cottage industry emanating from the It has increasingly taken on a national character and is now spread over the states of Karnataka (which is the dominant producer), Andhra Pradesh, Gujarat, Kerala, Orissa and Bihar. There are about 800 registered and 3000 unregistered agarbatti manufacturing units across the country. In 1989-90 the total quantity of agarbatti produced was estimated at 147 billion sticks and total domestic sales were of the value of Indian Rs. 7.1 billion while exports accounted for an additional Rs. 1.5 billion. Exports are rising sharply in recent years and in 1993-94 their value was recorded at Rs. 4 billion.

Conditions of Work: Home based workers engaged in agarbatti making in Bangalore live and work near the factories. Agarbattis are rolled on the pavements and lanes around homes in urban slums. They sit on the floor and roll the agarbattis hunched over low tables bought out of their own resources. Legs are stretched under these low tables. The task is extremely arduous and repetitive. Most workers spend about 6-7 hours per day in this work combining it with their household responsibilities to get an occasional respite from the monotony. While children form a distraction, in general home based workers have a more conducive work environment than their factory counterparts who sit in rows of workbenches in dingy, ill-lit, sooty surroundings. Thus home based rollers are able to match in four hours the productivity achieved by factory workers in eight hours due to the congeniality of the work environment and the flexibility in their schedule allowing them to vary tasks. Homebased workers do not receive any benefits apart from their wages in contrast to factory employed agarbatti rollers who receive provident fund, leave, medical and maternity benefits. Factory



workers have a six day working week and are entitled to one month's leave with full pay. Medical and maternity benefits are covered under the Employees State Insurance scheme and 12% annual bonus and provident fund are provided for under the provisions of the Factories Act. In comparison, the lot of home workers is pitiable with no provisions for maternity leave, child care support or fall back arrangements during times of illness.

Occupational health concerns: Agarbatti workers are especially vulnerable to postural and locomotive system problems due to highly confined and repetitious nature of their work as well as to skin problems due to exposure to Phthalic acid esters used in the production of agarbattis.

REVIEW OF LITERATURE:

Reiko Kishi *et. al*, (2006), describe the history, current issues, and future research directions on occupational health of working women, especially focused on reproductive health, work related musculo-skeletal disorders (WMSDs), and mental disorders. Wedderburn (1998) has focused on stress effects due to lack of socializing with family and friends, hard to plan for family, responsibilities and take part in regular of-job activities, rotation makes it hard to form routines, leads to anxiety, high blood pressure and heart disease and also decreases job satisfaction and motivation. It also found difficulties in maintaining hobbies, leisure activities, and lack of time to spend with friends. Mukhopadhyay, S (1996), have studied Occupational Stress and Family difficulties of Working Women. In this study they have assessed the relationships between occupational stress and family difficulties in working women.

Apart from the above mentioned reviews various reviews have been analyzed for the purpose of acquiring vast knowledge regarding the women health hazards in the contemporary society.

STUDY AREA:

Bangalore (Silicon Valley of India) metropolitan in the southern part of Karnataka, India and covers an area geographical area of 741 km² with a population of 5.8 million (census 2001). Today as a large city and growing metropolis, Bangalore is home to many of the most well-recognized colleges and research institutions in India. Numerous public sector heavy industries, software companies, aerospace, telecommunications, and defense organizations are located in the city. Most of the women population in Bangalore depend on home based



assignments and garments. Bangalore is well known for information technology, Capital Bio technology, Capital. Service industry center, Education center for medicine, Engineering, Rapid Infrastructure Development, Overcrowding Infrastructure, City struggling to cope.

METHODOLOGY:

Data were gathered through the use of structured questionnaires and oral interview (Leton et.al). Sixty (60) copies of questionnaires were administered to the home-based agarbatti making workers in various parts of Bengaluru city. The questionnaires covered status and occupational health hazard. Occupational health information was included in order to determine the effect of dust and odor on home-based agarbatti workers. The information was collected randomly from the individual home-based agarbatti workers.

RESULTS AND DISCUSSION:

For the present study, totally 60 home based agarbatti making workers were interviewed in that 46 female and 14 male, which shows that more number of female workers are working in home based agarbatti making industries.

Table-1: Gender Distribution of the Workers

Gender	No. of workers	Percent
Male	14	23
Female	46	77
Total	60	100

There are more female workers (77%) than male (23%) as agarbatti making workers (Table - 1). There are more home based agarbatti workers in Bangalore Urban slums and most of them are female, and are mainly depend on the home based works for their daily needs.

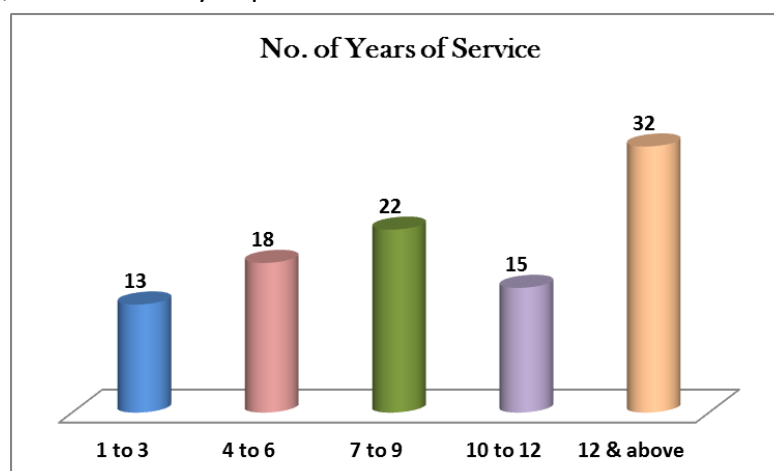


Figure-1: No. of Years of Service



The duration of year of exposures indicates the number of years of the workers have been working in home based agarbatti making industries. The workers who have spent more than 15 years gave the highest number (32%) followed by those with 7-9 years (22%), while 10-15 years (15%) and 1-3 years gave the least number 13% (Table - 2) of exposure at work site.

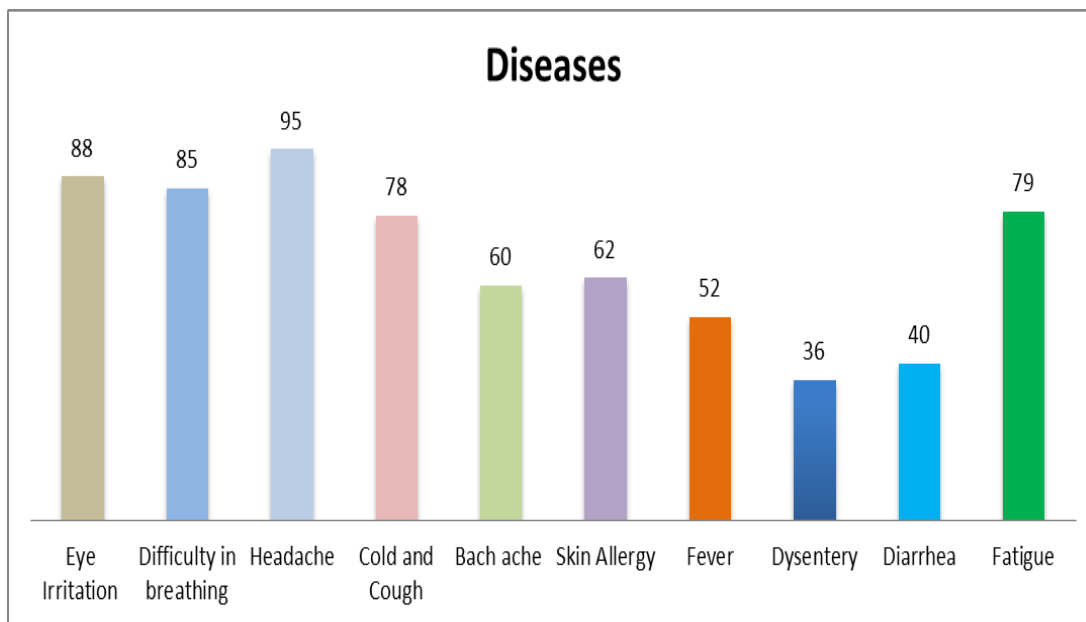


Figure-2: Diseases affecting the workers

Head ache presented the highest percentage as a result of the effect of dust, smoke, odor etc. Eye irritation (88%) Skin allergy (62%), Fatigue (79%), Difficulty in breathing (85%), fever (52%), were reported in the survey. This may be due to the fine dust particles and other sources while making agarbatti at the site. Exposure to smoke particles can reduce the ability to breathe and reduce resistance to diseases. Those with more exposure to the dust, smoke odor, etc., affect more than other results in reduction in lung functioning of the human body.

CONCLUSION:

From the study, it was concluded that the indoor air quality may be degraded while preparing or making the agarbatti due to fine dust particles, smoke and odor. The fine dust particles may enter easily into the respiratory tracts while inhalation at the site and may cause severe health effects depending on the concentration of the particles. Direct health risks concern mainly at the indoor site due to dust particles and odor. Proper facilities should be provided to home based agarbatti making workers like gloves and masks to avoid accidents and to control health hazards at the source and also should provide Health



Insurance and Basic Education to their children's. Therefore, home based workers should be incorporated in the formal sector programme for reduced health hazards.

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