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The study "Empowering Women through Beedi Rolling: A Study on Tamil Nadu's Female Workforce."

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Abstract

Regarding its potential to provide numerous people with work possibilities, the Beedi business holds a significant position in rural development. Tamilnadu is one of India's leading hubs for the beedi business. The production of beedis employs an estimated million people, predominantly women, and children. Because each beedi must be individually rolled, it is a challenging, labor-intensive task. Since the beedi industry is essentially an unorganized sector, even government personnel need help to uphold the many regulatory requirements. In addition to potential legal ramifications, the health risks to the female workers rolling the beedis are significant. This study aims to investigate the amount of health risk faced by female beedi rollers in Tamil Nadu. This study used 388 possible responses from female beedi rollers in the Tirunelveli, Tuticorin, Tiruchirappalli, and Vellore roller-concentrated areas. The survey shows that more than 70% of beedi rollers experienced ocular, gastrointestinal, and neurological issues.

In comparison, more than 50% of the participants experienced respiratory problems, primarily coughing and burning in the throat. More than 75% of responders reported having osteological issues. It is clear from the study that there are significant health risks. For the well-being of the beedi rollers, this study suggests a framework that can be implemented with government agencies, non-governmental organizations, and welfare organizations: health risks, welfare programs, beedi rollers, Tamilnadu.

Keywords: Beedi Women Workers, Laws that apply to beedi rollers, Tamilnadu women work force,

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Introduction

A tendu (Diospyros melanoxylon) leaf is used to wrap 0.2–0.3 g of tobacco flake, which is then wrapped in a thin South Asian cigarette and tied at both ends with colored thread. The non-affluent are fond of it because it is a less expensive form of tobacco consumption. However, it poses more significant health hazards because it contains more nicotine, carbon monoxide, and tar than regular cigarettes. In Tamilnadu, India, beedi rolling is a well-known small-scale industry. A unique aspect of the beedi sector is the use of contractors and the distribution of work in individual homes, where employees take the contractor's provided raw materials and deliver the final product to him. Because each beedi must be individually rolled, it is a complex, labor-intensive task. Women make up a sizable portion of the industry's employment force. The primary reasons for this are that women can work from home most of the time and care for their children and other household members while doing so; secondly, their deft fingers are better suited to the work of beedi rolling; and thirdly, women are viewed as being more sincere and hardworking. According to Srinivasulu (1997), 90% of beedi workers are women. Food spoils quicker, and family members get headaches and nausea when beedis are kept at home (Panchamukhi PR, 2000).

Beedi Rollers' potential health risks for Workers

Numerous occupational risks exist for women and kids who roll beedis, including: o The procedure generates enormous amounts of dust and coarse particles, often released into the working area, typically the home. Rollers are exposed to tobacco dust through their skin and by inhaling the dangerous particles because they do not use protective gear, gloves, or masks. The Factory Advisory Services and Labour Institute in Bombay, a division of the Indian Labour Ministry, discovered that beedi workers had the highest prevalence of bronchial asthma and tuberculosis of any group in the general population. Other health consequences include anemia, vision issues, and shoulder, neck, back, and cramping pain. According to Bagwe and Bhisey (1991) and Swami et al. (1995), Beedi rollers are mostly exposed to unburned tobacco through the nasopharynx and skin. Beedi rollers are sensitive to fungal diseases, peptic ulcers, hemorrhoids, and diarrhea, according to research by Ranjitsingh and Padmalatha in 1995. Respiratory disorders, skin diseases, gastrointestinal illnesses, gynecological difficulties, and lumbosacral pain also impact beedi rollers. In beedi rollers, numb fingers, shortness of breath,

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and stomach pains, including cramps and gas, have also been observed (Dikshit & Kanhere, 2000; Mittal et al., 2008). Women beedi rollers also frequently have postural difficulties, eye issues, and a burning sensation in the throat. According to Bhisey et al. (2006), tobacco factory workers exposed to inhalable dust had a higher risk of chronic bronchitis. Women beedi rollers have reported hand indurations and pregnancy-related issues in Kaur S., Ratna R. (1999), and Aghi and Gopal (2001). The cytogenetic toxicity brought on by occupational tobacco exposure has been studied by Bagwe et al. (1992), Bhisey and Bagwe (1995), Mahimkar and Bhisey (1995), and Umadevi et al. (2003). Even though female beedi rollers have been associated with several occupational health issues, nothing is known about how tobacco dust affects different blood parameters. Women who begin their careers as beedi rollers at a young age are exposed to tobacco dust for 4 to 10 hours daily. In order to learn more about the health issues women beedi rollers encounter and to shed some light on the potential causes of diseases brought on by exposure to tobacco dust, we undertook this study.

Methodology

The descriptive/exploratory type of research design was chosen for this study. Nearly one million people make up the study's population, from which four strata were picked. In the Indian districts of Tirunelveli, Tuticorin, Tiruchirappalli, and Vellore, the study was carried out. For work-related tobacco flakes and dust exposure, 400 female beedi rollers who did not smoke or chew tobacco were contacted. By going to each beedi roller's home, pertinent data was gathered. The study participants were questioned and given questionnaires to complete, which asked questions about their age, education level, monthly income, and health issues. A total of 388 responses out of 400 were deemed viable, making the 388 chosen for this study the sample size. Disproportionate random sampling and justifiable sampling techniques are used in this study. Strata is recognized as the four districts of Tirunelveli, Tuticorin, Tiruchirappalli, and Vellore. Depending on the researcher's judgment, one hundred samples are selected in each district. The questions are created with the use of research and advice from medical professionals and safety experts. In the first step, a total of 50 questions were obtained. The safety experts and doctors received those 50 questions to gather their insightful comments and recommendations. The safety experts' and doctors' viewpoints were considered based on their comments. Finally, 20

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questions were created under four dimensions after some questions were reworded, adjusted, and removed.

- Physical Fitness
- Feeling fittings
- Safety
- General knowledge

Calculating scores:

For this investigation, the dichotomous scaling technique has been used.

Examination of data

To analyze the data for this study, distribution analysis is used. According to the physical health component, 28% of female employees have skin conditions, 32% have anemia, 77% have eye and knee problems, and 28% have skin diseases. According to the emotional fittings component, 83% of female employees go to work even when they are not physically fit. 71% of them are affected by sedentary employment, which affects their stamina, and 65% of women employees report that they do not enjoy their meals when they eat them. 93% of the female laborers are compelled into this work by poverty. When not physically fit, 97% of working women do not consult doctors. According to research on the safety of female workers, 41% of them lack adequate daylighting, and 44% lack adequate ventilation in their workplaces. Nearly 50% of them are impacted at work by weather conditions like heat, rain, thunder, and lightning. According to general knowledge, 92% of women workers are unaware of nicotine, 96% are aware that their jobs will increase their risk of developing cancer and tuberculosis, 49% are affected by sexual urges, and 93% are aware that having children work in these jobs could harm their development, physical health, and general well-being. Thus, all the study variables' aspects show that the health risks the women beedi rollers are exposed to in their working environment are alarmingly increasing. The laws and regulations about women's beedi rollers were covered in the following section.

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Laws that apply to beedi rollers

The Indian government has passed particular laws to protect the welfare of beedi rollers in addition to the other laws governing the industrial environment. These are the various acts:

Paying Wages Act of 1936] according to Section 28 of the B&CW (C.O.E.) Act of 1966;

Act of 1946 relating to Industrial Employment (Standing Orders) (see Section 37 of the B&CW (CoE) Act, 66)

- The Maternity Benefit Act of 1961 [see Section 37 of the B&CW (C.O.E.) Act, 66];
- The Factories Act of 1948, Chapter IV, and Section 85 [see Section 38 of the B&CW (C.O.E.) Act of 1966];
- The B&CW (C.O.E.) Act 66, Section 39 of the Industrial Disputes Act of 1947;
- The 1923 Workmen's Compensation Act;

E.P.F. & M.P. Act, 1952

- The 1972 Payment of Gratuity Act,
- The 1948 Minimum Wages Act
- 1986 Child Labour (P&R) Act

The laws that directly affect Beedi employees are as follows:

The Beedi Workers Welfare Cess Act, 1976; the Beedi Workers Welfare Fund Act, 1976; and the Beedi and Cigar Workers (Conditions of Employment) Act, 1966

The key characteristics of the Acts are:

Act of 1966 governing the employment conditions of beedi and cigar workers. It covers daily work hours, weekly rest, paid time off, maternity leave, benefits, and welfare conveniences such as drinking water, restrooms, canteens, etc. Although home workers are included in the definition of "worker," only factory and ordinary shed workers are covered by these requirements. According to the Act, an employer or contractor may only accept up to 2.5% of the beedis as being of inferior quality. If 5% of applicants are rejected, it is necessary to document

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the reasons for the rejection in writing so that the workers have a written record. However, in actuality, there are more rejections. The Act does not apply to the occupant or owner of a private dwelling house who assists his family or anybody else who is dependent on him in the manufacturing process, provided that the owner or occupier is not an employee of an employer to whom the Act applies. The statute also specifies measures to enhance healthy working conditions for employees at the workplace in terms of cleanliness, ventilation, first aid, etc.

The Beedi Workers Welfare Cess Act of 1976 intends to raise money through a cess or an excise tax on beedis that are made. The Beedis Workers Welfare Fund Act of 1976 was passed to foster worker financial aid. According to the Beedi Workers Welfare Fund Rules, 1978, the owner of a business, factory, or contractor is expected to keep a register of works and provide statistics and other information as the government needs. Every employee must have a photo I.D. card from their employer.

Since Beedi employees engage in health-risking activities, the welfare measures primarily focus on the health sector. Despite laws that aim to safeguard beedi workers' interests, the employees themselves do not actually benefit from them; instead, the law is frequently broken, and the workers are taken advantage of. Due to their lack of resources and knowledge, they are defenseless and fall victim to all crimes. The N.C.W. decided to arrange public hearings at several locations to get a firsthand account/report from the beedi workers themselves and better understand their challenges and potential solutions. In Ahmedabad (Gujarat), Nippani (Karnataka), Sagar (Madhya Pradesh), Tirunelveli (Tamil Nadu), and Warrangal, five public hearings were held. In addition to these rules, additional labor law regulations address the welfare of Beedi employees.

True Situation

However, despite the numerous legal ramifications, the situation is still far from ideal. The intermediaries, contractors, and manufacturers use a variety of strategies to get around labor rules. In a nutshell, the images depicted the women beedi rollers' actual working environment. Due to the presence of intermediaries, no employer-employee relationship can be established.

The working conditions for women beedi rollers are terrible and unsanitary. Most of them reside in a cramped room where they cook, sleep, and perform beedi work.

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All the risks associated with tobacco are there for children. Not only are the wages not paid on schedule, but they are also not paid in full. On a sum more than the amount paid, the signatures are obtained. Any employee who challenges this is threatened with losing their job and, therefore, their meager earnings. As young as four-year-old girls are employed in the trade. They start by unraveling the thread, which requires no special knowledge. Most employees still need to receive identity cards or other documentation necessary to be eligible for benefits under the law.

Additionally, there needs to be more knowledge of the laws. Even if there is some knowledge, collaborating is not easy because the industry is home-based, and the workers are dispersed. The saddest aspect is that they are forced to suffer in the silence of their powerlessness and poverty because they have no other options for employment. The suggested policy framework to reduce the threat and improve the welfare of the underprivileged women beedi rollers will be covered in the next section.

A framework for a policy that will improve the welfare of female beedi rollers

Control measures The production of beedis is India's second-largest industry. Millions of women and children, usually from lower socioeconomic rungs, are given jobs by it. These workers are at a very high risk of acquiring a systemic illness since beedi tobacco contains significantly more nicotine and other toxins than cigarette tobacco. To lessen the harmful effects of tobacco on beedi rollers, interventions are needed to reduce tobacco exposure, raise knowledge of the disease, and offer medical care. A reliable registration system and I.D. cards should be given to all employees and contractors so that the benefits may reach them. This will help to control the beedi business and give beedi workers the ability to demand their legal rights. To improve the general working conditions of the Beedi workers and provide them with their due benefits, the provisions of the Beedi and Cigar Workers (Condition of Employment) Act 1966, the Bonded Labour System (Abolition Act) 1976, the Child Labour Act 1986, the Beedi Workers Welfare Fund Act 1976, and the Beedi Welfare Cess Act 1976 should be immediately enforced. Implementing initiatives to eradicate poverty, such as the National Rural Employment Guarantee Act (NREGA) of the Indian government, may offer Beedi workers a quick-fix solution. In order to encourage Beedi workers to take their kids to school, it is also recommended that the Integrated Child Development Services (ICDS) scheme and the Sarva Siksha Abhiyan

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programs be put into place in Beedi rolling areas. Depending on the demands of the regional market, Beedi workers might also be connected to vocational training facilities. Beedi employees should receive welfare benefits and other advantages from the government's beedi cess collection. When implementing rehabilitation strategies, it is essential to remember the community's ambitions and transition them to profitable, sustainable micro businesses. Alternative careers must consider the beedi rollers' lifestyles, level of competence, demands, and limits. Self-Employed is just one of many compelling examples.

Women's Association (SEWA), the Voluntary Health Association of India (VHAI)-Aparajita, and other self-help organizations that operate home-based businesses. In eight to ten years after receiving need-based vocational training, many self-help organizations have effectively transitioned into entrepreneurship.

Conclusion

According to Binoy Matthew of the Voluntary Health Association of India (VHAI), "after continuous beedi rolling by the women and children and exposure to tobacco, the skin on the beedi rollers fingertips begins to thin, and they are unable to roll beedis by the age of 45. They must resort to begging as they know no other trade or occupation. Therefore, now is the ideal time to put the policy framework into place as an efficient control tool to improve the welfare of the women beedi rollers in Tamilnadu in order to rehabilitate a million people. The writers demanded that the government act quickly to address the problem.

Reference :

1. Aghi MB, Gopal M(2001) Exploiting women and children-India's beedi industry. Lifeline 6:8-10
2. Bagwe AN, Bhisey RA (1991) Mutagenicity of processed beedi tobacco: possible relevance to beedi workers.
3. Mutat Res 261(2): 93-99 Bagwe AN, Bhisey RA, Govekar RB (1992) Toxic effects of exposure to tobacco among beedi rollers.
4. Toxicol Lett 22(6): 1205-1206 Bhisey RA, Bagwe AN (1995) Occupational exposure to unburnt beedi tobacco elevates mutagenic burden among tobacco processors. Carcinogenesis 16(5): 1 095-1 099
5. Bhisey RA, Bagwe AN, Mahimkar MB, Buch SC (2006) Biological monitoring of beedi industry workers occupationally exposed to tobacco. Indian J Public Health 50(4):231-235
6. Dikshit RP, Kanhere S (2000) Tobacco habits and risk of lung. oropharyngeal and oral cavity cancer: a population based case) control study in Bhopal, India. Int J Epidemio 29(8):609-614
7. Kaur S, Ratna R (1999) The tobacco industry and women's employment: old concerns and new imperatives. Indian J Labour Econ 42:675-685
8. Mahimkar MB, Bhisey RA (1995) Occupational exposure to tobacco increases chromosomal aberrations in tobacco processors.
9. Mutat Res 334(2): 139-144 Mittal S, Apoorva M, Rengappa R (2008) Ocular manifestations in beedi industry workers. Indian J Opthalmol 56:319-322
10. Panchamukhi PR, Sailabala D, Annigeri VB, Nayanatara SN. Economics of shifting from tobacco. Unpublished report of the study sponsored by IDRC, Canada. Centre for Multi Disciplinary Development Research: Dharwad; 2000.
11. Ranjitsingh AJA, Padmalatha C (1995) Occupational illness of beedi rollers in south India. Env Econ 13(4):875-879 Srinivasulu K (1997) Impact of liberalization on beedi workers. Econ Polit Wkly 32(11):515-517

ISSN PRINT 2319 1775 Online 2320 7876

© 2012 IJFANS. All Rights Reserved, UGC CARE Listed (Group -I) Journal Volume 11, Iss 12, 2022

12. Swami S, Suryakar AN, Katkam RV (1995) Absorption of nicotine induces oxidative stress among beedi workers. Toxicol Lett 18(2):259-265
13. Umadevi, B., Swarna, M., Padmavathi, P., Jyothi, A. and Reddy, P.P. (2003) "Cytogenetic effects in workers occupationally exposed to tobacco dust", Mutation Research., 535(2), 147-154.