

AN ANALYSIS OF HEALTH CONDITION OF WOMEN BEEDI ROLLERS IN TELANGANA STATE

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ABSTRACT

Beedi rollers, primarily Telugu workers in India, make up 76% of employment, with 90%-95% operating from home. However, the sector often aids in financial exploitation of women labor, with intermediaries hiring women with subpar tendu leaves. Beedi production facilities are mostly in Maharashtra's Aurangabad, Solapur, and Nanded, with no set working hours. Telangana State, India, is a major tobacco producer and a significant contributor to rural economic growth. Beedi rolling employs a large workforce, accounting for 14.4% of all employment in the unorganised sector and 1.1% in the state. The state has over ten beedi manufacturing businesses, with Karimnagar being the most employed district Beedi rollers, who number 7 lakh in the state, are disproportionately prevalent in the northern districts. Beedi rolling, a labor-intensive, back-breaking occupation in Telangana, is particularly beneficial for women and children who have lost their husbands to drunkenness. The study focuses on the Nirmal and Jagtial districts of beedi workers, who are mostly illiterate and face severe illnesses like cancer and TB. The aim is to provide alternative income sources and empower women in the beedi roller community, protecting them from tobacco use risks. In light of this, the researcher attempted to investigate socio-economic conditions and Income and Expenditure Pattern of Women Beedi Workers in Telangana State. The researcher has chosen 320 women beedi rollers in Nirmal and Jagtial Districts of Telangana for the study. The Multi-Stage Random Sampling and Proportionate Random Sampling Method has been used to investigate their working, social economic situations and income and expenditure levels of the respondents. The data was gathered from primary and secondary sources, including structured questionnaires, personal discussions, books, journals, reports, documents, newspapers, Deputy Commissioner, District Statistical Office, District Statistical Hand Books, ICSSR, UGC, Govt. Websites of India, State Govt. of Telangana, and libraries of state and central universities. Descriptive statistics and Inferential Statistics are used to characterize the fundamental characteristics of the data in a study. There are brief descriptions of the sample and the measurements. This study focuses health issues and their opinions towards health issues in the study area. The area of study is restricted to Jagtial and Nirmal districts because it would be a time consuming work to represent the innumerable areas with varying conditions in Telangana State and India, but it is hoped that this study would bring to light many realities in beedi rolling industry. The results of study may not be generalized to the area of Telangana State. The researcher had taken all possible efforts to fulfill the objectives of the study.

KEYWORDS: Women, Beedi rollers, Socio-Economic, Health, Welfare.

INTRODUCTION

The exact time of India adopting tobacco folding in leaves is unknown, but tobacco manufacturing began in southern Gujarat in the late 17th century. Beedies were patented outside Mumbai and southern Gujarat, but manufacturing primarily confined to Mumbai and southern Gujarat until 1900. Beedi production clusters were established in Gondia, Vidharbha, Telangana, Hyderabad, Mangalore, and Chennai between 1912 and 1918. The beedi industry gained prominence during that time when educated Indians began smoking it instead of cigarettes to show their support for the Swadeshi movement. Numerous families moved to the cities during the 1940s and would roll beedies all day to augment the revenue of the weavers and loom operators. This led to the expansion and development of the beedi sector notably in urban regions, in textile cities like Surat, Ahmedabad, and Solapur, etc. During the 1950s-1960s, beedi producers faced intense rivalry, with Gujarat, Karnataka, Maharashtra, Madhya Pradesh, Chhattisgarh, Tamil Nadu, Kerala, and Andhra Pradesh having the highest concentrations. By the 1970s, the number of beedies decreased to between 831 billion and 1.3 trillion. New clusters emerged, and new laws after the 1980s impacted the Indian beedi sector. This industry outperforms organizations that modernize, pay taxes, and adopt higher labor standards. The year or time period when it began in various locations around India is shown in the following table.

Table No. 1: Beginning of Formal Beedi Production in India

Year / Period	Places
1885	Calcutta (West Bengal)
1901	Nizamabad (Andhra Pradesh)
1902	Jabalpur (Madhya Pradesh)
1927	Nipani (Maharashtra & Karnataka)
1930	Kheda (Gujarat)
1920s and 1930s	Kerala and Tamil Nadu

Source: CWDS research team, report (2007)

The Indian beedi sector continues to have a big impact on society and the economy. Among unorganized cottage industries, the beedi business employs the most people. About 300 main brands of branded beedies are produced in India, while the majority of the country's beedi manufacturing is done by thousands of small-scale beedi producers and contractors.

India's Beedi Industry

Beedi is the largest tobacco brand in India, accounting for 25%-30% of all non-Virginia tobacco types. India produces 85% of global output, primarily due to the availability of "tendu" leaves and inexpensive labor. The sector provides gratifying work for millions, particularly in rural areas, and has a significant social and economic impact, boosting the government's domestic and international profits. In India, the Beedi industry is largely unorganized and informal, with

minimal set equipment required for production. Beedi rolling requires expertise and involves a contract system where the trademark owner provides access to tendu leaves and tobacco, and the contractor creates the beedi either directly or through at-home workers. Small-scale manufacturing is common, with thousands of beedies sold daily by families. This small-scale manufacturing is supported by the government's excise jurisdiction. India's beedi business comprises three segments: factory-owned, contract-based, and at-home. Factory-owned beedi is manufactured by the owner, contract-based beedi is manufactured by a contractor, and at-home beedi is produced by contractors. Beedi production requires significant effort and is often done outside factories, as factories typically employ few people.

Table No.2: State/UT Wise Details of Registered Beedi Workers in India

S.No.	Name of Region	Name of State/UT	Total
1.	Ahmedabad	Gujarat	39011
2.	Ajmer	Rajasthan	38791
3.	Allahabad	Uttar Pradesh	412757
4.	Bangalore	Karnataka	295501
5.	Bhubaneswar	Odisha	208212
6.	Hyderabad	AndhraPradesh/Telangana	458040
7.	Jabalpur	Madhya Pradesh	440556
8.	Kolkata	West Bengal	1829203
9.	Guwahati	Assam	24398
10.	Kannur	Kerala	40276
13.	Raipur	Chhattisgarh	3893
14.	Tirunelveli	Tamil Nadu	603076
15.	Ranchi	Jharkhand	136519
Total			49,82,294

Source: Annual Report Of Ministry Of Labour And Employment, Govt. Of India 2020-21

The table reveals the state/UTs wise details of registered beedi workers in India. 1829203 beedi workers are registered in the West Bengal which is the highest registered beedi workers in the India. The total number of beedi workers who are officially recognised in India as of yet is 64.26 lakhs, according to reports issued in 2011 by the Ministry of Labour and Employment of the Indian government. Around 70% beedi workers are majority concentrated in the various states. The following table indicates the facts about the number of beedi workers in India²².

Table No. 3: Number of Beedi Workers in India (State-Wise)

Beedi Manufacturing States	Number of Beedi Workers	Percentage
Andhra Pradesh	458000	7.12
Madhya Pradesh	1500000	23.34
Uttar Pradesh	450000	7.0

Tamil Nadu	700000	10.89
West Bengal	1974239	30.72
Chhattisgarh	25000	0.38
Maharashtra	256000	3.98
Rajasthan	50000	0.77
Gujarat	50000	0.77
Jharkhand	114000	1.77
Assam	7725	0.12

Source: Ministry of Labour and employment, Government of India, 2011

Women Beedi Workers in the Beedi Sector

Women make up 76% of beedi employment, with 90%-95% of employees in the sector. They operate beedi rollers from their homes, often with family members helping. However, the sector aids in financial exploitation of women labor, with intermediaries hiring women with subpar tendu leaves. Beedi rollers, also known as beedi workers or beedi rollers, are the people who create beedies in India. They are primarily Telugu people, who work in Telangana and Andhra Pradesh. The majority of beedi production facilities are located in Maharashtra's Aurangabad, Solapur, and Nanded. Beedi production companies are open from 8 AM to 8 PM daily, with no set working hours. The preparation time for beedies is determined by the time spent at the factory, which may be due to lack of experience or regular household duties. In rural areas, beedi rollers are considered bonded labor, lacking a union and basic benefits from their employers.

The Beedi Industry in Telangana State

Telangana State, India, is a major tobacco producer and a significant contributor to rural economic growth. Beedi rolling employs a large workforce, accounting for 14.4% of all employment in the unorganised sector and 1.1% in the state. The state has over ten beedi manufacturing businesses, with Karimnagar being the most employed district. However, difficulties are affecting lower-level workers, including sorters, packers, and movers, who are losing their jobs due to reduced expenses. The state government should enforce Government Order 41, ensuring minimum wage for workers. Beedi rollers, who number 7 lakh in the state, are disproportionately prevalent in the northern districts.

RESEARCH METHODOLOGY

Research is a systematic investigation of knowledge, often involving the use of research methodology. This framework outlines the process of selecting samples, gathering data, organizing the study, and determining the study's importance, scope, and constraints. The validity of the findings is determined by the research design and methods, which are crucial for the overall research process. The researcher has described the research design and strategy for the current study, focusing on the context and methods for obtaining primary and secondary data.

BACKGROUND AND PURPOSE OF THE STUDY

Beedi rolling, a labor-intensive, back-breaking occupation in Telangana, is particularly beneficial for women and children who have lost their husbands to drunkenness. The study focuses on the Nirmal and Jagtial districts of beedi workers, who are mostly illiterate and face severe illnesses like cancer and TB. The aim is to provide alternative income sources and empower women in the beedi roller community, protecting them from tobacco use risks. In light of this, the researcher attempted to investigate socio-economic conditions and Income and Expenditure Pattern of Women Beedi Workers in Telangana State.

OBJECTIVES OF THE STUDY

1. To study the socio-economic status of women workers in beedi industry.
2. To examine the health and working problems faced by the women beedi workers.
3. To analyze the various welfare programmes implemented for the betterment of women beedi workers.

HYPOTHESES OF THE STUDY

1. According to respondents' ages, their working conditions probably have deteriorated their health over time.
2. Government welfare programmes have an effect on beedi workers' ability to earn more money.

SCOPE OF THE STUDY

The study focuses on the socio-economic situations, health issues, and income and expenditure patterns in the unorganized sector, focusing on women beedi rollers in two mandals and eight villages. The 320 survey sample was collected from these areas to obtain reliable information and provide a comprehensive understanding of the challenges faced by these workers.

SAMPLE DESIGN

The researcher has described the target-based population and sampling approach in this part. The researcher has chosen samples that meet the needs of the current study while taking into account the nature of the investigation and numerous restrictions. The Sample was selected according to the following criteria.

- i) The Nature of study
- ii) Accessibility to the data and
- iii) Respondents' (women beedi rollers') willingness to participate

The researcher has chosen 320 women beedi rollers in Nirmal and Jagtial Districts of Telangana for the study. The Multi-Stage Random Sampling and Proportionate Random Sampling Method has been used to investigate their working, social economic situations and income and expenditure levels of the respondents.

SAMPLE SIZE

A total of 8 villages were selected from the two districts of Jagtial and Nirmal in Telangana State, which comprised 320 samples from the two mandals (160 samples from each mandal) and four villages (40 samples from each village).

SOURCES AND TOOLS OF DATA COLLECTION

The data was gathered from primary and secondary sources, including structured questionnaires, personal discussions, books, journals, reports, documents, newspapers, Deputy Commissioner, District Statistical Office, District Statistical Hand Books, ICSSR, UGC, Govt. Websites of India, State Govt. of Telangana, and libraries of state and central universities.

STATISTICAL TOOLS USED FOR DATA ANALYSIS

The researcher applied the subsequent statistical software:

Descriptive statistics and Inferential Statistics are used to characterize the fundamental characteristics of the data in a study. There are brief descriptions of the sample and the measurements.

LIMITATIONS OF THE STUDY

This study focuses health issues and their opinions towards health issues in the study area. The area of study is restricted to Jagtial and Nirmal districts because it would be a time consuming work to represent the innumerable areas with varying conditions in Telangana State and India, but it is hoped that this study would bring to light many realities in beedi rolling industry. The results of study may not be generalized to the area of Telangana State. The researcher had taken all possible efforts to fulfill the objectives of the study.

DATA ANALYSIS

Socio-Economic Conditions

Gender

It finds out that the research only included women in its sample since males are no longer actively participating in society nowadays. In the past, men would roll beedies and work for pay.

Age

It is noted that 24.7% of the sample of women beedi rollers are under the age of 20, while 55.6% of respondents are between the ages of 20 and 50, and 19.7% are beyond the age of 51. As a result, it is found that majority of respondents are quite young.

Religion

The conclusion is that Hindu community comprises of the majority of respondents, and they choose to work from home to reduce their financial burden in the area of the study. The work is open to all women irrespective of their religious belief; they choose it when they wish to make money while remaining comfortable at home.

Caste

In the beedi sector, it is shown that 10.3% of the sample's female employees are from socially advanced castes, 79.4% of the respondents hail from backward castes, and 10.3% come from scheduled castes. As a result, the bulk of responses hail from the BC community, which is a socially disadvantaged and underprivileged area.

Marital Status

Out of 320 samples, 87.5% of the respondents are married, followed by the single that comprise 7.8% of the sample, the divorced at 2.8%, and the bereaved at 1.9%. Due to the fact that they must handle their family responsibilities in addition to their head of household income, the majority of respondents who belong to the group of married women tend as rolling beedies.

Educational Status

It is found that 40.6% of the sample of women working in the beedi sector is at least up to the school level, whereas 36.9% have completed their secondary or higher education. Only 22.5% of the sample of women in this sector is illiterate. The majority of women who rolls beedies have completed high school, according to the study.

Nature of the Family

A greater proportion of respondents 77.8% come from nuclear households than the remaining 22.2 percent of women beedi rollers who work in the industry. The majority of sample respondents had nuclear families at the moment, it has been discovered.

Family Size

It's noteworthy to observe that the majority of respondents had families of 2-4 persons, and the research area clearly shows that majority of families have in between 2-4 family members.

Type of House

36.2% of respondents live in pucca houses, 48.1% of respondents live in semi-pucca homes, and 14.7% of respondents live in kuccha homes. The majority of respondents in the research region are found to live in semi-pucca dwellings, it was found.

Nature of House

It is evident that the majority of respondents in rural areas own their homes as instead of renting them. It finds out that the majority of respondents lived in rural areas and owns their homes, though not maintained properly homes.

Entry to this Work

Mothers are the primary motivator for 74.7% of the women respondents, while relatives and neighbours are the primary motivators for 25.3% of the respondents. It is found that a majority of respondents attribute their mothers for encouraging them to opt for this occupation.

Duration of Occupation

Out of 320 sample respondents, 74.7% have experience rolling beedi for between 5 and 20 years, whilst 25.3% have experience rolling beedi for more than 20 years. The majority of respondents, it is found, have between 5 and 20 years of experience working as beedi rollers.

Monthly Income Levels

The conclusion is that of the respondents, 41.9% of women earned more than Rs. 2000/- from their work, 41.3% earned between Rs. 500/- and 2000/-, and 16.9% earned less than Rs. 500/-. The majority of the respondents make at least Rs. 2000/- from their beedi rolling labour, which is a fairly meagre wage for beedi rollers in this sector.

Agricultural Works

In the end, women who work as beedi rollers do not perform agricultural tasks because their line of work is a residential one. The majority of respondents, it is decided, lack land, which restricts there from performing agricultural activity.

Size of Land

12.5% of respondents having up to 1 acre of land, followed by 14.4% of respondents with land between 1 and 2.5 acres and 73.1% of respondents with no land or landlessness. Because they exclusively relied on rolling the beedies for their means of subsistence in the research region, the majority of respondents did not own any land.

Asset Particulars

Irrigated land, non-irrigated land, and barren land comprised the subsequent most prevalent forms of land ownership, with 59.7% of respondents, 15.0%, 13.8%, and 11.6%, respectively. As beedi rolling is the primary source of income, it is established that the majority of respondents do not own property in the research area.

Savings

Every single respondent has a practise of saving money for emergency and future generations of people. 100.0% of the respondents stated they regularly do this are concerned.

Health Conditions

Table No.4: Effect of Occupation on Health of the Respondents

Effect on Health	No. of Respondents	Percent
Yes	320	100.0
Total	320	100.0

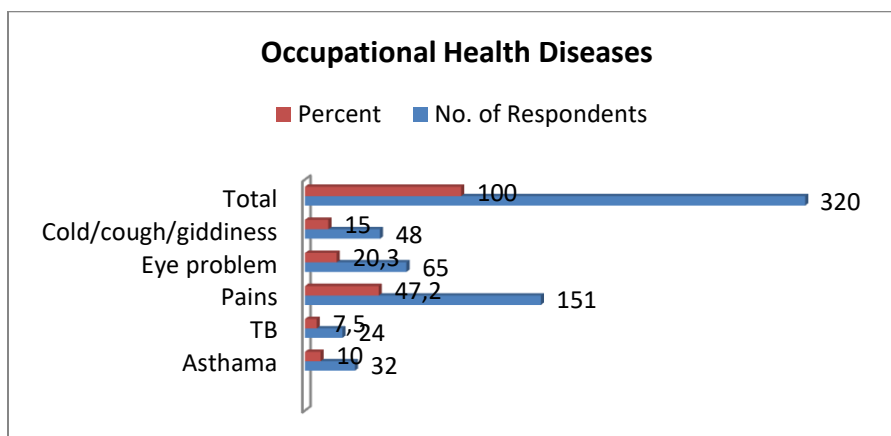
Source: Primary Data

In the table above, the effect of occupation on respondents' health is shown. It demonstrates the 320 (100.0%) respondents noticed that beedi rolling work has an effect on their health due to the workers being exposed to several illnesses from the raw tobacco and prolonged periods of sitting still with just hand motion.

Table No. 5: Occupational Health Diseases of the Respondents

Effect on Health	No. of Respondents	Percent
Asthama	32	10.0
TB	24	7.5
Pains	151	47.2
Eye problem	65	20.3
Cold/cough/gid diness	48	15.0
Total	320	100.0

Source: Primary Data

Graph No. 1: Occupational Health Diseases of the Respondents

The table and graph above display occupational health diseases. 47.2% of respondents confessed to enduring back pain, leg pain, knee pain, neck pain, etc., 20.3% of respondents stated that they had eye problems, 15.0% and 10.0% of respondents reported suffering colds, coughs, giddiness, or Asthama due to the smell of tobacco, whereas 7.5% of respondents had TB diagnosed. It is obvious that most women who work as beedi rollers face annoyance in the study area, as well as eye issues, colds, coughs, giddiness, asthma, and TB that are all related to this work.

Table No. 6: Medical Facilities to the Respondents

Medical Facilities	No. of Respondents	Percent
Yes	155	48.4
No	165	51.6
Total	320	100.0

Source: Primary Data

In the table above, the respondents' access to medical facilities is illustrated. 51.6% of respondents were unaware of the medical facilities, compared to 48.4% of respondents that accomplished. In the end, it was shown that most respondents were unable to use the government-funded medical services that were made available to all the beedi workers in the the study; instead, some of the workers only used those amenities after producing their medical card.

Table No. 7: Coverage of Health Insurance

Coverage of Health Insurance	No. of Respondents	Percent
Yes	80	25.0
No	240	75.0
Total	320	100.0

Source: Primary Data

The aforementioned table reveal the respondents' coverage of health insurance. A health insurance policy is not owned by 75.0% of respondents, whereas a health insurance policy is in possession by 25% of respondents. It was revealed that just a meager percentage of respondents have health insurance premiums, with the majority of respondents not having any.

Opinion on Health Conditions

Table No. 8: Concentrate on their Health by the Respondents

Concentrate on their Health	No. of Respondents	Percent
SD	103	32.2
DA	111	34.7
N	30	9.4
A	67	20.9
SA	9	2.8
Total	320	100.0

Source: Primary Data

In the table, it is shown that strongly disagreeing with the statement was supported by 2.8% of respondents, strongly agreeing with the statement was accepted by 32.2% of respondents, strongly agreeing with the statement was provided by 20.9% of respondents, and strongly agreeing with the statement that people ought to concentrate on their health was facilitated by 9.4% of respondents. It shows the 34.7% of respondents stated they were not focused on their health conditions. The majority of respondents, it is shown, do not place a high importance on their health in the research area.

Table No. 9: Children Doing the Work of the Respondents

Children doing the work	No. of Respondents	Percent
SD	26	8.1
DA	21	6.6
N	26	8.1
A	171	53.4
SA	76	23.8
Total	320	100.0

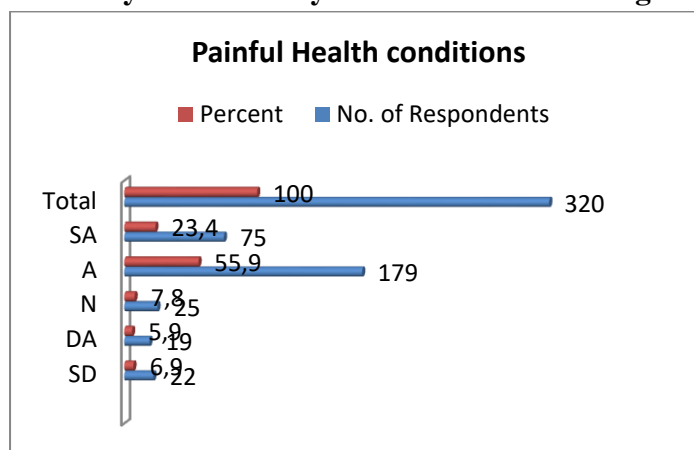
Source: Primary Data

Children of the respondent perform work as indicated in the table. 53.4% of the respondents agree that their children work in addition, while 23.8% of the respondents strongly agree, 8.1% of the respondents strongly disagree, 6.6% of the respondents are neutral, and 6.6% of the respondents disagree with the statement. It was found that the majority of respondents indicated that there was possibility and motivation to children to chose to work in the area of study.

Table No. 10: Felt Very Painful Body Condition While Doing the Beedi Rolling

Painful Health Conditions	No. of Respondents	Percent
SD	22	6.9
DA	19	5.9
N	25	7.8
A	179	55.9
SA	75	23.4
Total	320	100.0

Source: Primary Data

Graph No. 2: Felt Very Painful Body Condition While Doing the Beedi Rolling

The accompanying table provide an explanation of the respondents' reported experiences of highly painful bodily conditions when rolling beedis. 55.9% of respondents rated the question as agreeable, 23.4% as highly agreeable, 7.8% as neutral, 6.9% as strongly disagreeable, and 5.9% as disagreeable. It is claimed that the majority of women beedi rollers have uncomfortable bodily issues while they roll.

Table No. 11: Felt Tiredness during the Roll the Beedies

Tiredness during the roll the beedies	No. of Respondents	Percent
SD	27	8.4
DA	21	6.6
N	27	8.4
A	170	53.1
SA	75	23.4
Total	320	100.0

Source: Primary Data

In the above table, the respondents' reported feelings of fatigue while beedi rolling are examined. 53.1% of respondents claimed they agreed with the question, 23.4% declared they strongly agreed, 8.4% stated they were indifferent, 8.4% reported they strongly disagreed, and 6.6% asserted they didn't agree with the question at all. Most of women beedi rollers are likely feeling severe fatigue as they roll out their beedis.

Table No. 12: Regular Habits of Chewing Tobacco/Petal Nuts by the Respondents

Regular habits of Chewing tobacco/petal nuts etc.	No. of Respondents	Percent
Yes	231	72.2
No	89	27.8
Total	320	100.0

Source: Primary Data

The above table illustrate the Respondents' usual tobacco and petal nut chewing habits. 27.8% of respondents refrain from chewing tobacco or petal nuts habitually, compared to 72.2% of those that do. It was established that the majority of respondents have a habit of chewing tobacco or flower nuts since their occupations are continuously and they have no breaks during the work.

Table No. 13: Agree to Ever Adopted the Insurance Modality for Betterment of Life

Agree to ever adopted the insurance modality for betterment of life	No. of Respondents	Percent
SD	59	18.4
DA	51	15.9
N	55	17.2
A	120	37.5
SA	35	10.9
Total	320	100.0

Source: Primary Data

In the table above, it is obvious that respondents agreed to ever accept insurance as a means of improving their quality of life. 37.5% of respondents stated they agreed, 10.9% claimed they strongly agreed, 17.2% indicated they were indifferent, 18.4% responded they strongly disagreed, and 15.9% declared they didn't know. It is presumable that the majority of female beedi rollers will eventually choose insurance as a means of improving their quality of life.

Hypothesis: According to respondents' ages, their working conditions probably have deteriorated their health over time.

The hypothesis is tested using the Chi-Square Test

Table No. 14: Cross Tabulation of Marital Status and Perception on Concentrate on their Health

Marital status	Concentrate on Health					Total
	SD	DA	N	A	SA	
Married	91	96	29	55	9	280
	28.4%	30.0%	9.1%	17.2%	2.8%	87.5%
Unmarried	7	7	1	10	0	25
	2.2%	2.2%	0.3%	3.1%	0.0%	7.8%
Divorced	3	4	0	2	0	9
	0.9%	1.2%	0.0%	0.6%	0.0%	2.8%
Widow	2	4	0	0	0	6
	0.6%	1.2%	0.0%	0.0%	0.0%	1.9%
Total	103	111	30	67	9	320
	32.2%	34.7%	9.4%	20.9%	2.8%	100.0%

Source: Computed data from Primary source

Table No. 14A: Marital Status and Perception on Concentrate on their Health-Chi-Square Test

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	12.079 ^a	12	.039
Likelihood Ratio	14.774	12	.034
N of Valid Cases	320		

Significant level at 0.05 level

The study reveals a significant association between marital status and beedi rolling women's perceptions of health focus. The null hypothesis was rejected, indicating a positive relationship between age and health focus, thereby accepting the alternative hypothesis.

Table No. 15: Cross Tabulation of Marital Status and Perception on Feel a Healthy Body Condition While Doing the Beedies

Marital status	Feel a healthy body condition while doing the beedi					Total
	SD	DA	N	A	SA	
Married	19	16	22	156	67	280
	5.9%	5.0%	6.9%	48.8%	20.9%	87.5%
Unmarried	1	1	1	15	7	25
	0.3%	0.3%	0.3%	4.7%	2.2%	7.8%
Divorced	2	1	0	5	1	9
	0.6%	0.3%	0.0%	1.6%	0.3%	2.8%
Widow	0	1	2	3	0	6
	0.0%	0.3%	0.6%	0.9%	0.0%	1.9%

Total	22	19	25	179	75	320
	6.9%	5.9%	7.8%	55.9%	23.4%	100.0%

Source: Computed data from Primary source

Table No. 15A: Marital Status and Perception on Feel a Healthy Body Condition While Doing the Beedies -Chi-Square Test

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	14.076 ^a	12	.026

Significant level at 0.05 level

The study analyzed the distribution of beedi rolling women by marital status and perceptions of a healthy body condition while performing beedi. The results showed a significant association between marital status and perceptions of a healthy body condition, rejecting the null hypothesis and accepting the alternative hypothesis.

Table No. 16: Cross Tabulation of Marital Status and Perception on Feel Tiredness during the Beedi Working Time

Marital status	Feel tiredness during the beedi working time					Total
	SD	DA	N	A	SA	
Married	23	18	23	142	74	280
	7.2%	5.6%	7.2%	44.4%	23.1%	87.5%
Unmarried	3	2	0	19	1	25
	0.9%	0.6%	0.0%	5.9%	0.3%	7.8%
Divorced	1	1	2	5	0	9
	0.3%	0.3%	0.6%	1.6%	0.0%	2.8%
Widow	0	0	2	4	0	6
	0.0%	0.0%	0.6%	1.2%	0.0%	1.9%
Total	27	21	27	170	75	320
	8.4%	6.6%	8.4%	53.1%	23.4%	100.0%

Source: Computed data from Primary source

Table No. 16A: Marital Status and Perception on Feel Tiredness during the Beedi Working Time-Chi-Square Test

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	21.900 ^a	12	.039

Significant level at 0.05 level

The study reveals a significant association between marital status and perceptions of tiredness during beedi working time among beedi rolling women. The age of the women and their perceptions of a healthy body condition were found to be positively correlated, indicating a healthy lifestyle.

Table No. 17: Cross Tabulation of Age of the Respondents and Occupational Health Diseases

Age Range	Occupational Health Diseases					Total
	Asthama	TB	Pains	Eye Problem	cold/cough/giddiness	
Below 20 years	4	3	43	10	19	79
	1.2%	0.9%	13.4%	3.1%	5.9%	24.7%
21-50 years	28	21	92	29	8	178
	8.8%	6.6%	28.7%	9.1%	2.5%	55.6%
50 and above	0	0	16	26	21	63
	0.0%	0.0%	5.0%	8.1%	6.6%	19.7%
Total	32	24	151	65	48	320
	10.0%	7.5%	47.2%	20.3%	15.0%	100.0%

Source: Computed data from Primary source

Table No. 17A: Age of the Respondents and Occupational Health Diseases- Chi-Square Test

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	81.449 ^a	8	.000

Significant level at 0.05 level

The table show a significant association between the age range of beedi rolling women and their occupational health diseases. The null hypothesis was rejected, indicating a statistically significant association between the two factors, thus accepting the alternative hypothesis.

FINDINGS OF THE STUDY

It demonstrates the 320 (100.0%) respondents noticed that beedi rolling work has an effect on their health due to the workers being exposed to several illnesses from the raw tobacco and prolonged periods of sitting still with just hand motion. The study has observed that 47.2% of respondents confessed to enduring back pain, leg pain, knee pain, neck pain, etc., 20.3% of respondents stated that they had eye problems, 15.0% and 10.0% of respondents reported suffering colds, coughs, giddiness, or Asthama due to the smell of tobacco, whereas 7.5% of respondents had TB diagnosed. It is obvious that most women who work as beedi rollers face annoyance in the study area, as well as eye issues, colds, coughs, giddiness, asthma, and TB that are all related to this work. 51.6% of respondents were unaware of the medical facilities, compared to 48.4% of respondents that accomplished. In the end, it was shown that most respondents were unable to use the government-funded medical services that were made available to all the beedi workers in the the study; instead, some of the workers only used those amenities after producing their medical card.

The study is mentioned that a life insurance policy is not owned by 75.0% of respondents, whereas a life insurance policy is in possession by 25% of respondents. It was revealed that just a meager percentage of respondents have life insurance premiums, with the majority of

respondents not having any. The study reveals that despite strongly disagreeing with a statement, 32.2% of respondents accepted it, 20.9% agreed, and 9.4% supported it, 34.7% were not, indicating a lack of focus on health in the research area.

The majority of respondents (53.4%) believe their children work, with 23.8% strongly agreeing and 8.1% strongly disagreeing. Most respondents believe children are motivated to work in their study area. 55.9% of respondents rated the question as agreeable, 23.4% as highly agreeable, 7.8% as neutral, 6.9% as strongly disagreeable, and 5.9% as disagreeable. It is claimed that the majority of women beedi rollers have uncomfortable bodily issues while they roll. The research has explored that 53.1% of respondents claimed they agreed with the question, 23.4% declared they strongly agreed, 8.4% stated they were indifferent, 8.4% reported they strongly disagreed, and 6.6% asserted they didn't agree with the question at all. Most of women beedi rollers are likely feeling severe fatigue as they roll out their beedis. It is found that 27.8% of respondents refrain from chewing tobacco or petal nuts habitually, compared to 72.2% of those that do. It was established that the majority of respondents have a habit of chewing tobacco or flower nuts since their occupations are continuously and they have no breaks during the work. It is explained that 48.4% and 5.3% of respondents agree with the statement and strongly agree with it, 17.2% and 16.3% disagree with the statement and strongly disagree with it, and 12.8% of respondents are indifferent. As a result, the majority of respondents in the area of study have utilized the benefit of government social programmes. The majority of respondents agree with the statement that ESI provides legal benefits, while only 65.3% are fully aware of legal provisions, 22.5% are completely aware, and 12.2% are not. However, most workers, with trade unions, are aware of legal requirements and apply them appropriately. The majority of respondents (75.0%) are not covered by life insurance, while 25.0% have coverage. The majority of respondents do not have life insurance premiums, while only a small percentage have it. The study found a significant association between the age of beedi rolling women and their perceptions of work with their own interest and a healthy body condition while doing beedi. The null hypothesis was rejected, indicating a positive relationship between the age of the women and their perceptions of their health and the overall health of their bodies. Therefore, the alternative hypothesis is accepted.

SUGGESTIONS

- In locations where women beedi workers are concentrated, health facilities can be built, or plans can be arranged for them to receive routine medical checks.
- The implementation of mandatory health care measures is necessary.
- Women entrepreneurs should have access to financial resources, supply of essential raw materials, and market assistance through self-help organisations.
- The rights that are established in government labour welfare legislation need to be upheld for the women who work in beedi rolling enterprises.
- Trade unions also provide information on labour laws and programmes that the government has implemented.
- The government ought to oversee The Provident Fund. Employers that commit errors should face repercussions. Labour authorities should be accountable for how it is carried out.

➤ The housing initiative for beedi workers should be effectively carried out by the Central Government.

CONCLUSION

Beedi production offers a new professional option for women in rural areas, but their earnings are low due to exploited management. They rely on family support and limited resources. The bulk of the female workers' limited resources, such as time, energy, and health, are still spared, yet they still see their work as a part-time employment. The minimum pay rate should be increased to improve the socioeconomic status of beedi employees. A fair wage structure and government monitoring of welfare laws are recommended. Beedi corporations should contact workers to understand their problems and address them, as companies can help reduce concerns and improve the overall industry.

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