

Health Hazards among Beedi Rollers in North Malabar

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Abstract : *Beedi manufacturing the traditional agro forest based industry in India is highly labour intensive. The beedi rolling is generally done by women from poor socio economic strata. The beedi industry at the beginning is generally located in unorganized sector. Even though beedi rolling began in factory sector during the early 20th century by the last three decades this system has increasingly shifted from factory to house hold work. In this circumstance the production is widely dispersed and it is undertaken by a chain of contactors and there is no employer employee relationship existing. This study is mainly focussing on study of the origin and expansion of beedi industry in North Malabar, study of the commonly seeing occupational health problems among the beedi rollers and study of how far the globalization policies affect this industry and worsened the occupational safety and health of beedi rollers.*

I. Introduction

Beedi manufacturing the traditional agro forest based industry in India is highly labour intensive. The beedi rolling is generally done by women from poor socio economic strata. The cultivation of beedi tobacco is mainly concentrated in Gujarat Karnataka and Maharashtra, although the beedi manufacturing takes place in almost all major states of India. And bulk of the beedi wrapper leaves (tendu leaves) are grown in Madhya Pradesh, Orissa, Maharashtra, Andhra Pradesh and Bihar. The beedi industry at the beginning is generally located in unorganized sector. Even though beedi rolling began in factory sector during the early 20th century by the last three decades this system has increasingly shifted from factory to house hold work. In this circumstance the production is widely dispersed and it is under taken by a chain of contactors and there is no employer employee relationship existing.

II. Objectives

- 1) To study the origin and expansion of beedi industry in North Malabar.
- 2) To study the commonly seeing occupational health problems among the beedi rollers.
- 3) To study how far the globalization policies affected this industry and worsened the occupational safety and health of beedi rollers.

III. Origin And Evolution Of Beedi Industry

North Malabar the northern part of state of Kerala has had its industrial importance from very early days. This area is well known for its beedi industry. The beedi Industry is next to the handloom industry in terms of employment potential. Though none of the raw materials required for this industry like tendu leaves and tobacco are grown in the state this industry has grown into an important one with traditional image.

As such the beedi sector is a traditional industry in North Malabar but most of the beedi workers belong to rural areas. The contractors especially in villages can easily exploit the illiteracy and sincerity of the workers. About 83% of the beedi rollers in organized sector belong to rural areas. At the same time the representation of unorganized sector is very high, 98% workers in the Unorganised Sector(UOS) are of rural origin. This peculiar phenomenon has arisen partly due to the location of the units. For historical reasons most of the beedi factories are located in and around North Malabar rural areas. Local labors with experience in the beedi rolling got priority in recruitment to the beedi factories. The job seekers from villages having no educational qualifications thus have fair chances for getting selected to beedi factories.

The emergence of trade union movements in the beedi sector was a response to the deplorable labour conditions as well as the larger political and social currents in Malabar. The enactment of Trade Union Act in 1928 permitted the workers organization and thus helped the emergence of trade union movements in the beedi industry of Cannanore (North Malabar) in 1934.

In 1937 the Madras government through a notification extended the factories act to some traditional industrial sectors also. Thus most of the beedi establishments in Cannanore came under the regulation of factories Act. The restrictions brought by this factory regulation led to the implementation of certain restriction on beedi establishments. This led to the decentralization of beedi industry and compelled beedi unions to lead a strike in 1937. The beedi strike continued for long because of resistance by the beedi company managements.

With the failure of 1937 beedi strike the trade unions in North Malabar began to develop gradually. And followed this beedi workers took part in the heroic struggles for independence and in all struggles for the rights of the workers and for the betterment of their condition joined hands with the democratic forces. By 1939 more and more workers began to participate in the anti-war and anti-imperialist movements. In September 1940 the beedi and cigar workers came forward to hold a march against imperialism. In those days conditions of workers in the beedi units were deplorable.

After 1960's due to the strikes the beedi sector had lost many working days. In 1966 the parliament enacted for the first time the legislation for the benefit of beedi workers, viz the "Beedi and Cigar Workers (Conditions of Employment) Act". This act paved the way for the decentralization of beedi industry in large scale. As a result to solve the problems of workers and give a better life to the beedi rollers there emerged workers co operatives. Thus Kerala Dinesh Beedi Central Workers Co operative Society was started in 1969 at Cannanore under the control of workers themselves. But in unorganized sector the trade union activity is not very effective, as the authorities threatened that they will close down beedi rolling units. As such unionizing at UOS became loss of job for them. The workers at UOS are received lower wages than the workers in organized sector; this also became a reason for lower participation in trade union activities. Hence the workers in Organised Sector(OS) can be mobilized by the trade unions very easily and the majority of them have political party affiliations. In the OS majority of the workers belong to same trade union the Central Indian Trade Union(CITU).

The beedi sector was one of the recruiting centers of trade union leadership and political leadership of left wing parties in North Malabar. Many eminent political leaders with Marxist ideas emerged from the beedi sector. Most of the trade union leaders and the large section of membership of Kerala Dinesh beedi co operative have been inspired by Marxist ideas. They played a vital role to shape the political destiny of North Malabar. But the situation has changed drastically after 1995 and there aroused a female dominance in the beedi industry.

IV. Health Hazards Among Beedi Rollers

The beedi rollers are starting their profession at very early age of their life. A number of health problems have been reported especially for the woman beedi rollers. The continuous exposure to the tobacco dust became the source of some common diseases to all workers. The process of beedi rolling releases large amount of waste particles of tobacco and tendu leaves and that dusty work environment seriously affect the workers. The rollers are not using protective clothes, gloves or masks and are directly exposed to dusty environment. For the woman who worked at home in small huts with very little ventilation, the tobacco dust remains in the home where woman and their families eat, sleep and spend their entire time. This results they are being constantly exposed to conditions that are more hazards to their health. The beedi dust that is in the air therefore affects not only the beedi roller but also their entire family too leading to respiratory problems. The main health problems associated with beedi rolling are body ache and eye strain. The most commonly found problems are asthma, tuberculosis, back strain, spondelitis, swelling of lower limbs and digestion problems. For woman the problems related to menstruation and pregnancy where they have heavy bleeding and lower back pain during menstruation and pain in lower abdomen. And the woman employees are always affecting large number of miscarriages.

Accessibility to health care facilities is not in satisfactory levels to these employees. Because the accessibility to Beedi Workers Welfare Fund's (BWVF) health schemes have some usual problems due to the lack of identity cards and employer certification of health forms, and the number of hospitals and dispensaries set up under the beedi workers, welfare fund is inadequate in relation to the workers and their families. The existing long set of procedures prevents beedi workers from obtaining immediate health care and medical attention that they may need.

As per the provisions under the Welfare Fund Act for the benefits in the health sector the beedi workers are treated as a category of workers involved in health hazardous occupations. Though the laws which seek to protect the interest of beedi workers, the real benefit does not reach the workers. The law is flouted in various ways and the workers are exploited. They are helpless because of poverty and lack of awareness. The labour laws are evading by the middle men, contractors and manufacturers by resorting to various tactics.

The beedi sector started as a house hold occupation gradually changed in to organized sectors and also co operative societies are formed work together in beedi making process and to improve the conditions of workers. At present the main problem which faces the workers are their poor socio economic status, education and training, which force them to work in unsafe environmental conditions.

Our government has provided various welfare measures and schemes for the beedi workers, like health schemes, education schemes, housing scheme, and social security etc. But the socio economic status of the beedi workers remain at low level since the welfare measures are insufficient in comparison to the number of beedi workers. This poor socio economic status of beedi workers forced them to work continuously for hours in improper working postures and beyond the normal working capacities. This situation led to the development of

serious psychological problems also. So there is a need to identify the occupational health hazards and the problems associated with their safety.

The Govt. of India as well as various state governments with the support of judiciary has launched tobacco free initiatives in the form of legislations and notifications. But at present a number of issues that need special attention to beedi sector. Especially in unorganized sector these range from ensuring basic labour standards for home based women who employed by sub contractors, improving the work conditions, health care and social security, by finding some alternative source of income and employment and also special health programmes, educational schemes to the children's and recreation programmes etc.

As such uncertainties are in this industry due to the competition with cigarette industry and at the same time the impact of anti tobacco legislation. And the rollers have experienced the repercussions of these factors in the form of reduced availability of work. These reductions of work include competition with other tobacco based products. The growing consumption of Gutka and tobacco filled Panmasala are also affecting beedi industry apart from posing health hazards to woman and children in our society.

The co-operative experiment in North Kerala in the beedi sector due to the closure of some private beedi companies to reject the benefit to the workers envisaged in the Beedi and Cigar Workers (Conditions of Employment) Act 1966 led to the formation of Kerala Dinesh beedi(KDB) cooperative in 1969. The KDB could render job to beedi workers who became jobless due to the closure of private beedi companies. Through the 22 primary societies the KDB could provide employment to 42000 workers. But after 1991 the beedi industry went into recession due to various reasons aroused from the policies of government and it still continuous. To save the society from further weakening the management decided to diversify the activities in to other areas of food processing, information technology, and manufacture of some consumer items.

The international labour organization also cites that the beedi rolling causes significant health hazards such as tuberculosis, asthma, anemia, giddiness, postural and eye problems and gynecological difficulties. Though active trade unions are working in respective areas of beedi sector, they also not sufficiently aware about the significant health hazards. The beedi rollers were not aware about the safety measures. As such the unions should aware about the facilities provide for them, and should actively raise awareness regarding the benefits available for beedi workers and safety measures they should followed.

V. Globalization And The Safety Of Beedi Workers

Especially in the traditional industrial sectors in developing countries the health and safety of the workers have been affected with the emergence of new trade and financial regimes brought by the globalization. As a result of the new economic policy the Indian economy is in transition it could not ensure employment and social security. As a result of the world wide liberalization and trade related development, the occupational diseases and accidents are on rise. The big chunk of workers who work in informal sector do not enjoy health and safety rights, and also have no remedial measures assured. Workers in many countries still face the grimmest threat to their occupational safety and health.

According to the world health organization 3% of the global burden of deceases is caused by preventable injuries and exposure to toxic substances, noise and hazardous work patterns. The occupational accidents and ill health is the major cause of poverty. As a globalised issue, there is a deeper ideological reason that the aid communities and agencies ignoring the safety and health of workers. Most of the agencies under UN also ignore it as a work place issue and generally avoid the whole area of work relations and the labour process. As such the empowerment and the realization of the rights at work of poor people are possible only through trade unions. But the development model under the globalised agenda has is an anti- trade union one.

Third world countries have been forced to accept the worst possible terms and conditions. These terms and conditions seriously affect their traditional industrial sectors, which provides employment to large chunk of workers there. The terms and conditions reflecting through the new economic policy is crippling the work of trade union and its rights and at the same time reduce the rights of the workers in labour laws to solve their problems through legal proceedings. The beedi workers who took part in heroic struggles for independence now face severe threat to their job and have to struggle to preserve various safety and health measures which are provided through several legislations and ordinances. Our governments anti tobacco policy to help the multinational companies are only protecting the US tobacco monopolies.

VI. Conclusion

The beedi rolling has grown as a house hold occupation. But in North Malabar workers work in group in manufacturing process. However the occupational health hazards, such as poor environmental conditions, improper work procedures and the worsened working places, remain the same as in other areas. Due to the lack of education, training, and the poor socio economic conditions they are forced to work continuously in improper work posters; that led to the development of serious psychological problems and other respiratory illness. The

beedi rollers should be made aware about the adverse effects of their occupation and the safety measures to be taken to protect themselves from certain common occupational diseases.

In the era of liberalization unorganized and contract workers are increasing, where free flow of technologies are promoted; so it is necessary to be more vigilant towards the protection of traditional industrial sectors and their products against the multinational tobacco based products. The most crucial factor witnessed in the beedi Industry at present is the reduction of work in addition low wages. So there is an urgent need to provide social security to these vulnerable categories of beedi workers by implementing all of the welfare measures under the Beedi Workers Welfare Fund Act 1976.

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