

OCCUPATIONAL HEALTH AND SAFETY OF WOMEN WORKERS IN GUJARAT: CASE STUDIES

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Abstract:

Gujarat is most industrialized State in India. Around 100,000 women workers are employed in manufacturing units registered under Factories Act. The Act has many provisions for protection of women workers. There was only one violation reported by Factories Inspectorate in year 2000. There is only one Woman Factory Inspector for whole of the State. There is law for social security under which woman worker can claim maternity benefit. But, law is violated and the woman worker can not take advantage of this benefit. Even basic needs like toilets or separate toilets are not provided in the most factories. Large numbers of women workers are engaged in unorganized sector for whom, there is no legal cover available for the protection of Health and safety at work available. Women workers in this sector face severe conditions. Representative case studies of women workers in Agate industry, Manufacturing sector, Stone crushing, Ceramic, Construction, Agriculture etc have been presented to show the prevailing grave situation and the areas of work to be done.

Key Words: Women workers; Occupational Health; Silicosis; Gujarat

WOMEN WORKERS IN GUJARAT :

Gujarat is an industrially developed state. There are 25,000 registered factories and more than one and half lakh registered small industries. In factories, the percentage of women workers participating is estimated between 10 and 20 percent. In registered factories their number is from 70,000 to 1,00,000. Women are seen more in electronics, ceramics, pharmaceuticals, diamond cutting, watch manufacturing, tobacco rolling etc. Once upon a time, participation of women in the textile mills was on a large scale. They are also seen in accounts, welfare, administration and cleaning work as well. There are a few women engineers also. But in this paper, blue collared women workers and their problems are mainly discussed.

The number of women workers in agriculture and animal husbandry, forestation and marginal forest produces, construction, salt farms, brick kilns, quarries and mines is on a large scale. Moreover large population is engaged in the *bidi*, *agarbatti* (incensed sticks), *khadi* weaving and spinning, embroidery, tailoring and household jobs. Banking and insurance, education, municipal services including Panchayats, road cleaning and sanitation, post and telegraph, police and security and other government offices also have a large number of women work force. They are there in huge numbers in *masala* (spices) grinding, , cleaning of grains, picking up plastics- papers and rags, cleaning plastic woven sacks and metal boxes or readying them for recycling process and various jobs being done in the house. They are there in the distribution of vegetables, fruits and old cloths especially in urban areas. In Ahemedabad, many women pull hand-carts

OCCUPATIONAL HEALTH AND SAFETY PROBLEMS:

Questions regarding the safety and health at the workplace include chemical, noise, lifting of heavy weight, physical risks, mechanical risks and many social risks too. There are problems of violence, sexual exploitation and harassment at the workplace. But for the purpose of this paper, we are limiting to problems regarding various diseases and accidents caused due to occupation.

Registered factories have to follow the Factories Act. Under the Act and Rules made by the State government under it, there exist wide range of provisions for the health and safety and welfare of workers at the workplace. In the eighteenth century in Britain when there was Industrial Revolution, women and children were enrolled in cloth mills and were badly exploited. The Factories Act was enacted to protect women and children and later this act was enforced in 1881 in India due to the demands of Indian labor leaders and British mill owners. The main objective of this act was to provide safety at work to the working women and children. Perhaps due to this reason only, women were ousted from the manufacturing sector. Until recently, the Act

prohibited women from working at night. There is a provision for separate bathrooms and toilets for women workers in this act. Special provisions have been made with regards to employing women in hazardous processes listed in the rules.

The women are blessed with certain specific natural duties to be fulfilled for the mankind. And that is reproduction. Their body structure is differentiated with those of the men in this way. In women's body, fatty tissues are more - - compared to those of men. Some chemicals have affinity to fat and hence women workers are at more risk when exposed to such chemicals than their male counterparts. Chemicals may be teratogenic or mutagenic. Exposure to such chemicals at work could result into the birth of defective children or it may affect the genes affecting all later generations. Specific provisions are made to prevent this in the Act. Only 1 woman factory inspector is recruited under the Act to monitor the implementation of these provisions. But, if around 1 Lakh women are working in the manufacturing sector of the state, then should they not recruit more supervisors? It seems that the Govt. will not accept these types of suggestions in the prevailing situation of LPG (Liberalization, Privatization and Globalization); Civil society should find out its own ways for the protection of health through the proper implementation of laws and also where ever necessary, getting the laws amended to suit the needs. Workers themselves or their union or pro-people voluntary organizations can play such role.

In 2000, only one company was punished for violating the provisions of the Factories Act regarding the women in Gujarat. In the same year, 423 complaints were registered against 94 industries. These complaints were registered after inspecting more than 15,000 factories. The strength of the unionized workers is very less among the workers in manufacturing sector. Again the unionized workers and their unions are weak & participation of women workers is very less in these unions. Women workers are not adequately represented in union executive committee. There may be some

exceptions. Social, political environment is not conducive for the workers to get united. Organizing women workers and increasing their political awareness, for raising participation of women in these activities call for efforts for long. But now, after 73^{ed} amendment in constitution and the changes in *Panchayati Raj*, the participation of women has increased. We can therefore hope that it leads to more participation of women workers in getting them organized.

It is mandatory for the units registered under Factories Act to notify certain accidents and dangerous occurrences occurring in course and out of employment. State Govt. maintains these data. But in these data, separate data for female & male are not maintained. Due to that reason, the frequency of accidents among women workers is not known to us. A separate cell, with enough resources, should be created in the Directorate of Occupational Health & Safety for implementing the provisions for women workers; an advisory committee consisting representatives of women workers, independent experts, industry, trade unions and NGOs may be appointed to monitor and evaluate the working of the cell. The annual report of this cell should be available to the people.

In this country reliable data about occupational diseases is not available. In such situation how is it possible to get separate data about prevalence of occupational diseases of women workers? Industrial Hygiene Laboratory has been established under the Directorate of Occupational safety and health. The level of pollution at work place (in work environment) is measured by this laboratory by visiting industries. Under the same Act, Govt. recruits the certifying surgeon, who is a medical doctor. Both of these can take care of the occupational Health of women workers. But not much information is available through them for this area. This activity can be done through the women cell which we recommend.

In this paper I share with you some of the representative case studies which we have come across in course of our work to exhibit the prevailing conditions of women workers in Gujarat.

Agate Stone Grinding, Khambhat:

Taherabanu Yusufbhai died in October, 2004. She was only 36 years. And she left behind her 5 children. Youngest one- Muskan - is 3 years old & eldest son is 12 years old. Her husband had died even before the birth of the youngest girl. Her husband worked on with Agate stone.



After 10 years of doing that work, he got the deadly disease named "Silicosis". Taherabanu also learnt to shape the Agate stone on grinding wheel. She also got the disease in course of time & died.

Dhuliben doesn't know her age but she looks old. She may be around 50 years old. Her husband Chhaganbhai started grinding the Agate since 1971. Gradually she also started to grind. Then they inspired their elder son Pravin to take up this work. Young son Geman & daughter Jadi also started working with stones. They got their son Pravin married. Daughter-in-law came to their home. They also made their daughter-in-law to join the same work. Younger one Geman contracted Silicosis first. After his death, Chhaganbhai also died of silicosis after sometime. Eldest son Pravin died in 2001 even before the completion of 2 years of the death of his father. 9 years old daughter Rameela, wife Manjula & mother "Dhuliben" were the only ones left in the family. After the death of her husband, in just 6 months, Manjula too died. Today, Dhuliben is alone & for the livelihood, she also has to sit behind the grinding wheel. She regrets that she never got happiness in her life.

Husband of Kashiben, Haribhai died of Silicosis. Three children were left behind. After the death of her husband, brother-in-laws asked for the

property (of house). So she got the house valued & borrowed around Rs.40,000/- & paid to her brother-in-laws. She polishes Agate for livelihood. She had to pay back the debt from whom she had borrowed. Money lender and employer exploited her sexually. Other people of village also move around at night to exploit her. Gradually, she got addicted with liquor & "Gutkha" (tobacco). The children were expelled from the school. She got her daughter married but she came back in 6 months only. Her daughter also joined that work with her mother. Now, they lead their life with these addictions, silica dust at work, physical exploitation, mental tension and other hazards.

Women, who polish the Agate, hold the stone between the fingers & press against the grinding wheel moving with high speed. Stone becomes very hot due to friction. Hot stone and vibrations bruise the fingers. With these fingers, they make *roti*, wash the clothes, clean the vessels, cut the vegetables & carry out routine many other household chores. With burning fingers they are unable to do these activities but still they have to do it. They have to face these types of difficulties for the whole life.

MANUFACTURING:



Pepiben Dhanaji Rathod lives in Sardar Chali, Nr. Power House, Sabarmati, Ahmedabad; worked in Power house. On 10th Nov.2000, she was loading coal to the truck. To climb up on the truck, wooden plank was used. She used to climb that plank to empty the trough

containing coal. Once, she fell down from a height of about 10 feet, from the top of the plank. She got injured. Immediately she was given the first aid treatment in the company & then was taken to Employees State Insurance

(ESI) Hospital. She was referred to Civil hospital by ESI looking at the seriousness of the injury. She was given discharged on 24th Nov.2000. When she went to ESI Corporation Local office to get her disablement benefit, she came to know that the company had not filled up the accident form. She had serious head injuries which lead to brain hemorrhage. She worked as a contract worker. Still, she was deprived of the legal benefit because of the Company's attitude. After this accident, contractor fired her from her job. She has filed claim in ESI court for the compensation. Nowadays, she lives in penury.

There is a village named Zoz in Chhota Udepur Taluka in Vadodara district. Dital, daughter of Viriyabhai died at the age of 15 years. Viriyabhai loved his daughter very much. She suffered from T.B. He spent Rs. 4000/- for her treatment, but she could not survive.

Viriyabhai had one daughter & one son. After the death of his daughter, his son Ravji also died of the same disease. Both the children had worked in the stone crushing factory of Godhara. In course of this employment, they were exposed to



fine particles of silica. As a result they contracted deadly occupational disease - Silicosis. There were the symptoms of T.B. & so people called it T.B. In Chorvana village of the same Tauka, Nukiben also has the same disease. Chhabali, wife of Babu Jagala, also died due to the same disease. Rangaliben & Kantibhai's daughter Geeta also died. Both, Rangalibahen & Kantibhai are suffering from this disease. "Nanjali", daughter of Guliyabhbai of Sadak Faliya worked in Bharat Silica of Godhara for 3 years. Then, she became sick. Daughter of Devji Nanya, Kapuri & Mathuri, both worked in the same factory "Bharat Silica". When we visited them, Kapuri had died one & half year ago while Mathuri was sick. Her in-laws kicked her out from the house. Manjula, daughter of Sadiyabhai of Jaloda village worked in "Hindustan Silica" of Godhara. When we visited her, she was counting last

days of her life. Kapuri, her neighbor, hiding behind a tree told us coyly, "In every village, the married women who are suffering of Silicosis have returned to their parent's home. Please do something for them".

CERAMIC:

Savitaben was working for last 15 years in ceramic. She was working on molding which is very dusty. When she had chest pain, she went to ESI dispensary where she was told not to worry, she had no serious problem. Since pain persisted, she went to another hospital where they told her to get admitted. She had small baby to be looked after so she didn't get admitted. When she went to third hospital then they took the x-ray of chest and started the medication. She was given the medicine of TB but probably she was suffering from silicosis.

Bhikhiben is working in ceramic. She is given a room to stay inside the factory. In this room or any where in factory there isn't any facility of latrine. One can go to latrine in the open ground behind the factory. To reach there, one has to climb 6 ft high factory boundary wall. For pregnant women it is very difficult. One 8 year old girl tried to climb it but she fell down fracturing her hand. Bhikhiben was working for last 14 years and she has three sons and she is covered under ESI but she didn't get maternity benefit from ESI during any of her pregnancies. Women workers need to work for continuous 80 days to avail maternity benefit from ESI. But in the record book of factory, only 10 days were recorded. Only those 10 days were considered for her benefits from ESI and Provident Fund. If their attendance is low in the record book then she is not eligible to have all the benefit. When Bhikhiben produce 80 sets of the product then she gets Rs. 30 as salary. To complete these 80 sets in time she would avoid going to toilet or for drinking water. There are 50% women in ceramic industry. They have to work in an environment where in there is continuous noise, heat, dust and chemicals.

CONSTRUCTION:

17 year old Vaniben Damor came to Ahmedabad for labor. On 30-08-97, they went to the site by truck no. GRR 3060, to dump the sand and then were going back to bring more sand. When they were returning Vaniben was seating resting her back to the side-plank of the truck. Accidentally, that side plank opened and Vaniben fell on the road. She died on the spot. Construction Workers Union has filed compensation claim under Workmen's Compensation Act.



It was the year of 1999. The day before *Uttarayan* (i.e.13th January). Anjali tower, near Judges Bungalows, Ahmedabad. A 22 year old woman named Savitaben Bhabhor of Talasia village near Dahod was working with her husband in this building. Slab was being laid at 10th floor. She had her small child slept near her. When baby cried, she gave her water and consoled. When she went to put back her child she lost her balance. She fell down with her child. The baby fell on 8th floor and Savitaben fell on the ground floor. Contractor didn't inform the police but her colleagues informed the Satellite police. Police registered FIR at 1am. The contractor then paid Rs.20,000. He was also ready to give compensation up to Rs.1 lakh. But legal compensation should be Rs.1,45,000, for which Contractor was not prepared. Ultimately union filed the claim in the court.

Savitaben Bhuriya was working in the construction of Gujarat Bhavan near Ellisebridge. On 22/5/99 a wall fell down and she, along with her son, was buried under this wall. They both got serious injuries. Contractor admitted both of them in private hospital. But due to non payment doctor stopped the service. When union came to know about this they filed a complaint in police station. They met the contractor and restarted their treatment. After that they were paid Rs.12,000 towards treatment and salary for three months.

AGRICULTURE:

Women work for peeling groundnuts at their home in a region where groundnuts is the main crop. They do this with their mouth; in process injure their lips and mouth. Then they can't even bear hot tea-cup. Women engaged in cotton farms, complain of problems with eyes and eye sight, irregular periods etc. Women working in tobacco have problem like nausea, headache, vomiting. NIOH study found 47% prevalence of these Green Symptoms among tobacco workers.¹ Nicotine in the green leaves of tobacco enter through the skin of workers while picking up axillary buds, harvesting plant and separation of leaves. As they work with bare hands, hands get smeared with sticky, thick and bitter plant sap (as that of tobacco). The stickiness and bitterness do not go in spite of washing with soap several times. During the whole season their hands remain as sticky, bitter and yellowish brownish in color. Then, they prepare their food with the same hands so the food also gets bitter in taste.

Diagnosis And Compensation:

We have two separate laws under which worker can claim compensation for death or injury occurred in course and out of employment. One is ESI Act and another is Workmen's Compensation Act. To claim under ESI Act, one has to be Insured Person under the Act. This is contributory Scheme, where worker and employer both contribute towards insurance. The Act is applicable in certain geographical areas and cover manufacturing sector and part of entertainment and hospitality industry. For rest, only avenue open is W.C.Act. In the case studies presented here not is known to be compensated. But, we have in Gujarat several cases of compensation for Silicosis and other occupational diseases under ESI Act. This has happened in glass industry in Baorda where large numbers of workers have been compensated after long legal battle. Workers working with foundry and ceramic have also been compensated for Silicosis. We also have cases of

Byssinosis working in textile mills in Ahmedabad and other cities. Incidences of noise induced deafness, Asbestosis, Asthma, Chromium toxicity, Contact dermatitis also have been compensated under ESI Act. But, if I do not miss, not a single woman worker has been compensated for occupational disease. A woman worker died of Silicosis and her husband claimed compensation for Silicosis, which was rejected by ESI on the ground that the claimant was not 'dependent'.

For any claim to be made we need to have diagnosis first. The process for workers covered under ESI Act may be like this: The TU or OHS activist comes to know about the person. The person is contacted to get complete information about the employment and exposure history. After looking at the materials handled by the worker at work and the hazards of the material, if the activist suspects the case to be that of Occupational Disease, then S/he may seek medical advice or may send the worker to the ESI expert. In Baroda and Ahmedabad, ESI Hospitals have opened Occupational Diseases Centre. The In-charge doctor may be contacted and explained why we suspect it to be a case of OD. Then the OD Centre may make diagnosis and send the case to Special Medical Board for confirmation. In Bombay, Occupational Health & Safety Centre run their clinic where the expert doctor examine the workers, carry out the required tests and issue a certificate to that effect. The certificate issued by a medical person has its own value and is helpful in successful claims. The prestige OHSC has generated in course of time lead to successful claims. Some times we have to seek help from National Institute of Occupational Health, Ahmedabad for diagnosis. Media advocacy has its own role to play in influencing different stake holders to get justice. Getting diagnosis done is difficult for an individual as general practitioners and public sector health services refuse to enter in this area. There is a great need to train doctors to explain them the legal perspective and the role they can play. There is also need to support the OHS groups and their programs for research and legal help.

SUGGESTIONS:

1. Large proportion of the men and women work in unorganized sector. These workers don't have any legal cover for health and safety at work. Government of India has not ratified ILO resolution no. 155. If it ratifies it then workers working in all economic sectors will get rights for protection of health and safety at work. Government should ratify this resolution and make necessary changes in existing laws in accordance with it as soon as possible.
2. Factory Act and other laws regarding OHS should be amended to involve workers and trade unions in implementation.
3. Government should publish yearly report of implementation of all the laws regarding health and safety. There should be separate data for men and women workers for fatalities, injuries and diseases.
4. Government should create a separate cell for women workers to monitor implementation of legal provisions regarding Occupational Health and Safety. Adequate numbers of women inspectors should be appointed. At least one in each district is recommended. An independent Citizens committee may be formed by Labor department to monitor and advice this cell.
5. Organizations working with women and trade unions need to be more sensitive toward occupational health and safety. There is an urgent need for more research, training and work on diagnosis and compensation issues.
6. For compensating the workers dieing or injuring of either fatal accidents or occupational diseases, Central Government should enact central law in line with a law in Tamilnadu under which Govt. pay the compensation.
7. Need to support OHS groups for setting up clinics for diagnosis of occupational diseases, sensitizing doctors, research and legal counseling and help.

Credits:

1. For sharing Case Study of Power plant: Raghunath Manvar, OHSA, Ahemedabad
2. For sharing Case Study of construction: Bandhkam Mazdoor Sangathan, Ahemedabad.

Reference:

1. Acute and chronic health effects due to green tobacco exposure in Agricultural workers.- Dr.J.R.Parikh et al. American Journal of Industrial Medicine, 47: 494-499 (2005)

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