

**A STUDY OF HEALTH PROBLEMS OF WOMEN BEEDI ROLLERS IN  
AHMEDNAGAR DISTRICT: WITH SPECIAL REFERENCE TO AKOLE AND  
SANGAMNER TAHSILS OF AHMEDNAGAR DISTRICT MAHARASHTRA**

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**Abstract**

*Beedi rolling is one of the major unorganized sector activities in India, which employs a large number of women. Women constitute a very high percentage of labour force in the beedi manufacturing industry. These women Beedi rollers tend to suffer from a number of health problems due to continue contact with tobacco dust. The occupational health risk and health problems are many and medical facilities are very inadequate for the beedi rollers. A survey study was conducted in purposively selected blocks of Ahmednagar district of Maharashtra to understand various occupational health problems faced by the women Beedi rollers. Through this study author has examined the various problems faced by women Beedi rollers in availing health services in the hospital. Efforts have been made to understand whether the beedi rollers are aware about the adverse effects of beedi rolling on their health and whether the available facilities are adequate to provide preventive and curative health of these beedi rollers. It is observed that majority of the women Beedi rollers are not aware about the ill effect of the beedi rolling and facing many health problems. There are several constraints in availing medical services from beedi kamgar hospitals.*

**Keywords** – Women Beedi rollers, occupational health problems, tobacco dust.



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**1) Introduction-** Good health is an integral part of Socio- Economic development of any person. There are many factors, which are influencing on the health of the person; these factors are housing conditions, provision for sewage and waste disposal, nutrition and education etc. Apart from this, health of person is also influenced by the nature of occupation and working environment. Beedi manufacturing is the second largest industry in India which provides employment to thousands of women and children belonging to poor families. Beedi industry is an unorganized sector and large part of it unregulated and home based. It is very difficult to regulate the working conditions and implement welfare activities as per laws. Actually, the work of Beedi rolling causes serious occupational hazards to the women Beedi rollers and their families. Due to constant handling of tobacco flakes and inhaling tobacco

dust, and the components of tobacco in their work environment they are constant exposed to tobacco dust and face various health problems. Most of Beedi rollers are not using protective cloths, gloves or masks and they are directly exposed to dusty environment. Due to inhaling the tobacco dust the women Beedi roller is continuously exposed and develop illnesses like Conjunctivitis mucous dryness , bronchitis and respiratory problems . Beedi rolling work is such type of work in which women Beedi rollers cannot take their eyes out of it even for a moment if they are to make a targeted number of Beedies for a day. Making of Beedi is performed in a sitting posture, that is sitting on a floor with crossed legs , left leg bent at knee or with legs extended, prolonged with towards trunk bent leads to sustained static contractions of the back muscles. Therefore, majority of the women Beedi rollers suffer from back aches, leg pain and spinal problems. They are bearing the brunt of all the health related problems and ignore them still the disease takes a serious stage. The main objective of this study is to focus on the problems of beedi rollers that they face in day to day life and not taking proper care due to ignorance. The present study was carried out with a view to understand the health conditions and health problems of women Beedi rollers of Akole and Sangamner blocks of Ahmednagar district of Maharashtra.

**2) Significance of the study:-** Occupational health hazards are the emerging issues all over the world. In the developing country like India, majority of the labours are belongs to unorganized sector. The Beedi manufacturing industry is traditionally women dominated informal sector specifically is tobacco processing and Beedi rolling. Beedi rolling is a home based work and engaged large number of women labours on a daily wage basis. These women labours are constantly exposed to several types of hazardous substances. There are very few studies have been done related to occupational health hazards of women Beedi rollers. Therefore it is important to focus on the occupational health problems and examine the awareness among the women Beedi rollers about the adverse impact of Beedi rolling job on their health. It is important to know women Beedi rollers are getting medical facility and whether these facilities are adequate and whether these women are taking benefit of these facilities. It is also significant to identify the major problems faced by women Beedi rollers in availing health services from the hospital.

**3) Objectives of the Study:-** The present study is planned with the following objectives-

1. To understand the various health problems faced by women Beedi rollers.

2. To understand the constraints faced by women Beedi rollers in availing health services from Beedi workers hospital and Govt. hospital.
3. To find out whether the women Beedi rollers are aware about the adverse impact of their occupation on their health or not.
4. To know whether the employers or contractors provide any health facilities to the women Beedi rollers or not.

#### **4) Review of Literature:-**

**i. A.D. Gupta (2003)**, has attempted to focus on the health hazards of the women Beedi rollers in Karnataka. Through the study author has found that, the women Beedi rollers have faced many health problems. They suffer from lung infection and bronchial problems, contact dermatitis and other health hazards. Through the study author has pointed out that majority of the women beedi rollers are illiterate and they do not have any medical and health facilities in the factory. Their miseries are doubled when they do not have any provision for their livelihood during illness. Author has observed that the employers or contractors is not providing any health services to these beedi rollers.

**ii. D.M. Chaudhari (2005)**, has observed that, the nature of job involves, long time sitting with forward trunk bent, the excessive utilization of fingers and the constant high tension levels to meet the targets cause a severe health issues to women beedi rollers. Author has observed that, the sitting position leads to a static construction of back muscles resulting in head, neck, legs and back aches as there is no frequent movements of body. Majority of women beedi rollers are suffer from piles rheumatism, anemia and malnutrition. Trough the study author has also found that, exposure to tobacco dust and lack of good care women beedi rollers are also suffer from intestinal and reproductive problems.

**iii.A. K. Rajatsingh and C. Padmalata (1995)**, have found that, women beedi rollers were affected by respiratory disorder, gastrointestinal illness and gynecological issues and susceptible to fungal diseases, peptic ulcer, diarrhea and they also have a high degree of the leucorrhoea. According to the study, authors have found that, about 60% of women beedi rollers are suffer from one or more diseases and 95% of them believed that it was caused by tobacco dust. Author have further stated that, expecting the women beedi rollers, the family members even the children are being affected by various beedi manufacturing related diseases.

**iv. S. Srinivasan (2013)**, has aimed at gaining insight to the occupational health problems faced by women beedi rollers. According to the study author has found that 76% women beedi rollers are facing the problems like respiratory problems, body pain, asthma etc. which possibly due to the nature of occupation. Through the study author has also observed that, women beedi rollers spend many hours for blending or rolling tobacco in unhygienic and overcrowded work places and having little health facilities and basic facilities such as drinking water, toilet, washing room and first aid box etc. Author has observed that, factory places are very small and airless without windows, lack of proper ventilation which is adversely affected on the health of women beedi rollers.

**v. Sanat Kumar P and B.K. Sardar (2005)**, have portrayed the causes and also the remedial measures like awareness programme, health education, proper implementation of various schemes to mitigate the health problems of women beedi rollers. Through the study, a large number of health problems have observed by the author among the women beedi rollers. They found that, the most common problem which are suffer due to the inhalation of tobacco dust and secondly, to the position requires sitting at same place and same position for hours . To overcome the health problems, author have suggested that, health dispensaries should be settled in beedi workers concentrated blocks, imparting proper health education and increase the awareness among the women beedi rollers about their health care.

#### **5) Scope and limitations of the Study:-**

1. The present study deals with the hazards of unorganized labors like women beedi rollers in the selected blocks of Ahmednagar district of Maharashtra.

2. Only health problems, availability of medical facilities and effect of beedi rolling work on their livelihood are selected as a variables for the study purpose.

3. The survey of the study is confined limited areas, therefore, the results of the study cannot be generalized to other beedi industries situated in the different districts of India.

#### **6) Geographical limitations of the Study:-**

The study survey has been conducted in Sangamner and Akole blocks of Ahmednagar district of Maharashtra. The geographical limitations set for the survey population in total 20 villages (out of 76 villages of Sangamner and Akole blocks).

**7) Selection of sample :** Considering the nature of the study and various constraints there has selected total 303 women beedi rollers samples from Akole and Sangamner blocks of Ahmednagar district, to benefits the requirements of the study. Around 3031 women beedi

rollers are engaged in the selected blocks. Out of 3031 beedi rollers 10% sample selected for the study (10% of 3031= 303) 58 respondents from Akole blocks and 245 respondents from Sangamner blocks.

**8) Research Methodology:-**

Descriptive method of research has been selected for conducting the study . Survey conducted by using interview method,( Interview schedule), focus group discussions, personal discussions with women beedi rollers. Apart from this observation method for collection data has been also used. To fulfill the objectives of the study, primary data has been collected directly from the women beedi rollers. The questions included in the interview schedule have been developed to get responses specific to the objectives of the study. The collected primary data have been analyzed by using simple percentage method.

**9) Sources of Data collection:-**

Primary data have been collected through interview schedule observations and personal discussions with the women beedi rollers, beedi factory owners, union leaders, social experts etc. Secondary data have been collected through articles, study papers published in various journals, periodicals and published books.

**10) Results and Discussion :**

**Table number.1 Educational status of beedi rollers.**

Educational status	Number of respondents	Percentage
Illiterate	100	33.0%
Primary education	10	36.3%
Secondary education	85	28.1%
Higher secondary education	08	2.6%
<b>Total</b>	<b>303</b>	<b>100%</b>

It is clearly evident from the above table that there is a illiteracy among the 33.0% respondents. 36.3% respondents have completed their primary education, 28.1% respondents have completed their secondary education and only 2.6% respondents have completed their higher secondary education. Poverty, ignorance , lack of importance toward education, lack of educational opportunities in the area are the main causes of illiteracy or less education rate among the women beedi rollers.

The following table shows the various health problems faced by the women beedi rollers due to beedi rolling job.

**Table no. 2 Various occupational health problems faced by women beedi rollers**

Health problems	Number of respondents	Percentage
Headache, backache, neck pain, leg pain etc	48	15.9%
Spondylosis	57	18.9%
Respiratory disorder	47	15.6%
Gastrointestinal illness	12	3.9%
Asthma	49	16.1%
Tuberculosis	46	15.1%
Other health problems	44	14.5%
Total	303	100%

From the above table it is revealed that, 15.9% respondents are facing the problems like headache, backache, neck pain, leg pain due to beedi rolling job. 18.9% respondents are suffering from the problem of spondylosis. 15.6% respondents have stated that, they are suffering from respiratory disorder. 3.9% of the respondents are facing the problem of gastrointestinal illness, and 16.1% are facing the problem or Asthma due to constant contact with tobacco dust. Tuberculosis is also one of the major health problem facing by 15.1% respondents. Apart from this 14.5% respondents have stated that, they are facing the problems of piles, rheumatism diarrhea, peptic ulcer etc. it is revealed that, women beedi rollers are facing many health problems possibly due to direct inhalation of tobacco flakes and dust. As per the collected information, majority of women beedi rollers are having one or more health problems like headache, backache, spondylosis, respiratory disorder, asthma etc. The following table indicates the adverse effects of beedi rolling work on the overall livelihood of the women beedi rollers.

**Table No.3 Adverse effects of beedi rolling work on the livelihood of the women beedi rollers**

Adverse effects	No. of respondents	Percentage
Giddiness	42	13.8%
Experiencing nausea	37	12.2%
Spoiling of food due to storage of tobacco in house	17	5.6%
Adverse effects on children's health	30	9.9%
All the above	177	58.4%
Total	303	100%

Due to poor residential environment, poor working conditions there are several adverse effects on the overall livelihood of the respondents. As per the information provided by the respondents, 13.8% of them facing a problem of giddiness and breathlessness due to direct inhalation of tobacco. 12.2% of the respondents have stated that they are facing the neurological disease like nausea. Their family members are also experiencing the nausea.

When tobacco and beedies are stored in the house, food spoils quicker stated by 5.6 respondents. 9.9% respondents have stated that, there are adverse effects on the children's health due to home based working of beedi rolling. Majority of the respondents (58.4) have stated that all above mentioned adverse effects occurred their overall livelihood.

**Table No.4 Various constraints faced by the women beedi rollers in availing services from hospitals ( multiple response)**

Constraints	No. of respondents	Percentage
Unavailability of doctors	218	71.9%
Prescribing medicines from outside	113	37.3
Non availability women doctor	221	72.9%
Loss of daily wages due to frequent visits to hospital	296	97.7%

From the above table it is revealed that, majority of the respondents (97.7%) had to lose that days wages when they go to the beedi worker's hospital or government hospital to get medical treatment. 71.9% respondents have stated that, whenever they visited to the hospital Doctors were not there. 72.9% have stated that, there were no lady doctors in the hospital to treat them. 37.3% respondents have complained that, doctors prescribing medicine and they have to purchase the some from outside by spending their money. All these constraints faced by women beedi rollers in availing services from beedi worker's hospital or government hospital. Apart from that transportation problems, transportation costs, family members not allowing to go alone to Sangamner these problems are also stated by majority of women beedi rollers.

The following table presents the information about the awareness about the adverse effects of beedi rolling work on health .

**Table No.5 Awareness among women beedi rollers about adverse effects of beedi rolling work on health.**

Awareness	No. of respondents	Percentage
Yes	227	74.9%
No	76	25.1
Total	303	100%

The above table depicts that, majority of the respondents, (74.9%) are aware about the adverse or negative effects of beedi rolling work on their health. 25.1 of respondents are not aware about the negative or adverse effects of beedi rolling work. It shows that, awareness about adverse effects of occupation is significantly high but still majority of women are continue to work in the same occupation due to poverty and unavailability of other job opportunity in their villages. Lack of awareness is because of illiteracy and ignorance and

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therefore some women beedi rollers are not aware about the adverse effects of their occupation on their health. Due to increasing literacy rate among women, they are well aware about the ill effects of the occupation which they have adopted to earn money.

To know whether the medical facilities provided by the employer or contractors to the women beedi rollers such as medical camps etc. or not is also one of the significant objectives of the study. The following tables shows the facts in this regards

**Table no.6 Medical Services available by the employer or contractor**

<b>Availability of medical facilities</b>	<b>No. of respondents</b>	<b>Percentage</b>
No	266	87.8%
Yes	37	12.8
Total	303	100%

The above table shows the opinions of the women beedi rollers regarding the availability of medical facilities, such as specialized medical camps etc. to them by their employer or contractor. Majority of the respondents (87.8%) have stated that they are not getting medical facilities by the employer or contractor only 12.8% respondents have stated that the factory owner or contractor are organized health or medical camps for them. All the medical facilities are availability at block level at the beedi kamgar hospital or Government hospital. But due to various difficulties they are finding it difficult to avail these facilities and delays the treatment.

**Table No. 7 Status of Immediate Treatment after getting sick**

<b>Take treatment Immediately</b>	<b>No. of respondents</b>	<b>Percentage</b>
Yes	37	12.2%
No	183	60.4 %
Some Time	83	27.4%
Total	303	100%

The above tale shows that the beedi rollers after getting sick only 12.2% beedi rollers are taking timely treatment. Almost 60.4% beedi rollers avoid to take treatment because of the fear that they will lose that days wages, not able to bear the transportation and other expenses, transportation problems or not willing to treat from the male doctors. Because of not taking timely treatment or avoiding treatment the disease taking serious step and the beedi rollers suffer more due to that.

**Table No. 8 Addiction in Family of Respondents**

<b>Addicts in Family</b>	<b>No. of respondents</b>	<b>Percentage</b>
Yes	279	92.10 %
No	24	7.90 %
Total	303	100%

The above table shows almost 92.10% beedi rollers and their family members are addict to chewing tobacco or mishri, beedies or alcohol. To avoid sleep and concentrate on beedi rolling work the beedi rollers generally chew tobacco or apply mishri. The male members are addict to chewing tobacco, beedies and alcohol. This addiction also put negative effect on the health of the beedi rollers and their family members.

#### **11) Major observations:**

- 1) it is observed that, working conditions that directly or indirectly affect health or increase risks to the health of the women beedi rollers. Many health problems are occurs due to the sitting in the same position for longer hours.
- 2) It is also observed that, the flavor of the tobacco and dust of tobacco pervades the entire vicinity of work. This not only putting adverse effect on the health of beedi rollers but also on their family members and children.
- 3) It is found that, in the case of availing services from beedi worker's hospital or government hospital women beedi rollers are facing several constraints and hence, they were not prompt in taking timely medical treatment from the hospital. Apart from these constraints, majority of the beedi rollers said that they have to lose that day's wages. Due to poverty majority of women beedi rollers are not able to take a medical treatment from the private doctors or hospitals because there are no private doctor or hospitals available in their villages and it is not possible for them to pay fees of the town doctors and also spend for medicine and transportation.
- 4) It is observed that, majority of the women beedi rollers are having awareness about negative or adverse effects of beedi rolling work, due to increased literacy rate . Majority of women beedi rollers understand that their present occupation put negative impact not only on their health but also on the health of their family members and children.
- 5) It is observed that, majority of women beedi rollers generally do not take medical treatment timely due to various reasons. These reasons are lack of money for treatment, fear of loss of daily wages, borrow money, lack of transportation facilities, etc. Due to this beedi rollers avoid to take timely treatment still the disease reaches to a serious stage.
- 6) It is observed that majority of beedi rollers chews or apply mistri. Their male family members are also addict to beedies, alcohol etc. This also put negative impact on the health of beedi rollers and their family members.

## 12) suggestions :

- 1) There is a need to minimize tobacco risk by taking preventive measures like use of gloves, masks, sitting arrangements etc.
- 2) There is a need to start mobile medical units, specialized camps, out patients departments at village level so that the beedi rollers and their children can avail free medical treatment at their village itself.
- 3) Lady doctor should be appointed in sufficient number in all dispensaries.
- 4) There should be specialized camps and timely diagnosis camps and free treatment for the beedi rollers on the disease like asthma, tuberculosis, cancer etc.
- 5) There is a need to implement income generation schemes for beedi rollers and their families so that their dependency on beedi rolling will get reduced.
6. Government can partner good NGOs and Unions to implement various health, awareness, livelihood and developmental programs for the beedi rollers, their families and children.
- 7) There should be a provision for reimbursement of expenditure as a financial support to women workers in respect of medical treatment taken from private doctor or private hospital.

**13) Conclusion :** Majority of the women beedi rollers are facing several health problems. These women beedi rollers are belonging to poor families. Illiteracy or less education, ignorance, lack of awareness are major problems. Women beedi rollers contracted diseases due to over exposure to the harmful tobacco dust, longer working hours sitting in same position, anemia, poor diet etc. Lack of ventilated housing or karkhana settings, lack of proper health facilities, lack of health management and poor services, poor working conditions, etc. are some of the major reasons for developing several types of diseases or health problems among women beedi rollers. Awareness and health education about the tobacco health hazards is very much necessary for the beedi rollers. Therefore, the dimensions of the present study variables reveals that the health hazards existing in the beedi rolling work and experienced by the women beedi rollers is at dangerous level.

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