

# A STUDY ON THE OCCUPATIONAL PROBLEMS OF BEEDI WORKERS IN INDIA

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## Abstract:

The beedi industry occupies a prominent place in rural development in terms of its capacity to offer potential employment opportunities to a large number of people. For the beedi industry Tamil Nadu is one of the major hub in India. It is estimated that around one million workers mostly woman and children are employed in Beedi making. It is an arduous, labour intensive task because each beedi is rolled individually. Beedi industry is almost an unorganized sector hence even the government officials finding it difficult to enforce the various legal requirements. Apart from the other legal implications the health hazards which the women employees who are rolling the beedis are enormous. This study aims to explore the level of health hazards experienced by the woman beedi rollers.

**Keywords:** *Beedi ,Exploitation, Health Hazards ,ILO,GOI,NSSO.*

## I. INTRODUCTION

A vast majority of the workforce in India is engaged in informal employment. Informal employment comprises not only workers in the unorganised sector but also informal workers in the organised sector .The *beedi* industry rests on informal employment operating mainly in the interface between the unorganised and organised sector (GOI 2015). The latter lack formal recognition for their work, depriving them of social security benefits at their workplace.

The beedi industry is a labour-intensive cottage industry. With an estimated 48.12 lakh workers across the country, it employs a large section of the poor and vulnerable in country. Most units in the beedi industry operate with minimal state regulation resulting in poor working conditions and labour-related malpractices. It is found that more than 70% of the beedi rollers suffered from eye, gastrointestinal and nervous problems while more than 50% of the beedi workers suffered from respiratory problems, mostly throat burning and cough. More than 75% of the beedi workers faced osteological problems. From the study is it understood that the health hazards level is very high.

## II. OBJECTIVE OF THE STUDY

- To understand the policy framework related to the regulation of the beedi industry.
- To know the various social welfare schemes of beedi workers.
- To identify and document key concerns related to their health and social welfare and efforts to address their problems.

## III. METHODOLOGY

The study is a descriptive study based on the secondary data. The secondary data is collected from government publications and research articles in various journals and website.

## IV. BEEDI – AT A GLANCE

“Bidis” or “beedis” are slim, hand-rolled, unfiltered cigarettes. A bidi consists of about 0.2 gram of sun-dried and processed tobacco flakes, rolled in a tendu leaf (*Diospyros Melanoxylon*) or temburni leaf and held together by a cotton thread. The tobacco rolled in bidis is different from that used in cigarettes and is referred to as bidi tobacco. Dark and sun-dried tobacco varieties are used in bidi production.

The relatively low combustibility and non-porous nature of the tendu leaves requires more frequent and deeper puffs by the smoker to keep bidis lit, and is therefore harder on the smoker’s lungs than cigarettes rolled in paper. Tar levels delivered by bidis are high, at 45-50 mg/bidi. One study found that bidis produced approximately three times the amount of carbon monoxide and nicotine and approximately five times the amount of tar as cigarettes. Bidis are known as the “poor man’s cigarettes”, as they are smaller and cheaper than cigarettes.

### 4.1 BEEDI MANUFACTURING IN INDIA:

India is currently the third largest producer of tobacco in the world after China and Brazil with a production of 8300 lakh kgs (FAO 2013). The varieties of tobacco grown in the country include flue-cured tobacco, country tobacco, burley, beedi, rustica and chewing tobacco. The raw materials used for manufacturing of beedi are tobacco and tendu leaves. In this section, we look at tobacco production followed by tendu leaves collection and then finally, the operation of manufacturing units where beedis are made.

Beedi, a rabi crop, is usually planted in August and harvested in January. Beedi tobacco is cultivated in black silt loam soil without any irrigation and in sandy loam soil with deep ploughing and irrigation.

The beedi industry is a labour-intensive cottage industry. The beedi manufacturing process commences with the procurement of tobacco and tendu leaves by beedi manufacturers or their representatives. Most large companies operate through

representatives who bid on their behalf at state tendu leaves' auctions while others procure raw materials from suppliers. Tendu leaves and tobacco are stored in godowns at the company headquarters before distribution to the contractors or factories. The raw materials are then handed over to contractors or directly to beedi rollers who are either home-based or work out of the manufacturers' factories. The beedi rollers follow six steps in the preparation of beedis viz. soaking, drying and cutting of tendu leaves before filling the leaf with tobacco, rolling the leaf and finally, tying the beedi with a thread.

#### 4.2 ACTS FOR THE BEEDI ROLLERS IN COMMON AND SPECIFIC:

##### 4.2.1. COMMON:

- The Trade Union Act 1926 -To provide for the registration of trade unions and define laws relating to registered trade unions
- Industrial Employment (Standing Orders) 1946 -To direct employers to formally define the conditions of employment in an establishment
- The Minimum Wage Act 1948 -To provide directions for fixing wage rates in certain employments
- The Employees State Insurance Act 1948 -To provide insurance in case of sickness, maternity or work injury
- The Provident Fund Act 1952 -To provide for provide funds, pension scheme and deposit-linked insurance fund for employees in factories and establishments
- The Maternity Benefit Act 1961 -To regulate employment of women before and after childbirth and to provide maternity benefits
- The Payment of Bonus Act 1965 -To provide the payment of bonus to workers in certain establishments
- The Contract Labour (Regulation and Abolition) Act 1970 -To regulate contract labour in certain establishments
- The Payment of Gratuity Act 1972 -To provide for the payment of gratuity to employees after considerable years of employment
- The Equal Remuneration Act 1976 -To ensure equal pay to women and men
- Child Labour (P&R) Act, 1986,

##### 4.2.2. SPECIFIC:

- Beedi and Cigar workers (Conditions of Employment) Act 1966 -To regulate the conditions of employment of workers employed in the beedi manufacturing units.
- Beedi Workers Welfare Fund 1976 -To finance welfare measures for beedi workers
- Beedi Workers Welfare Cess Act 1976 -To levy a cess on manufactured beedis for the purpose of the Beedi Workers Welfare Fund

#### 4.3. SOCIAL SECURITY MEASURES IN BEEDI MANUFACTURING UNITS

- Employee Provident Fund
- Payment of Bonus
- Payment of Gratuity
- Workmen's Compensation Act
- Maternity benefit
- Payment of DA as separate component
- Group insurance

#### 4.4 LEGISLATIONS:

The legislations that are applicable to the registered companies delineated above are not applicable to unregistered companies except for the Minimum Wage Act. Beedi workers in unregistered companies are entitled to minimum wages as fixed by the government. They are not eligible for any other social security benefits such as maternity benefit, insurance, provident fund etc. The Unorganised Workers' Social Security Act was passed in 2008 for the welfare of workers in the unorganised sector , to provide for the social security and welfare of workers in the unorganised sector

#### V. Beedi workers - Status and condition

The official estimate of 48 lakh beedi workers in the country that was cited in the Parliament in response to a question in December 2015 regarding the population of beedi workers, actually dates back to 2006 (Tobacco Institute of India 2015: 16).

The states with the highest percentage share of workers were West Bengal (30.7%), Madhya Pradesh (23.34%) and Tamil Nadu (10.89%).

The 1998 NSSO data revealed that 78% of beedi workers resided in rural India. The percentage of women in the workforce was as high as 65%. Women also made up 81% of the total number of household workers engaged in the industry. A total of 93% of the workers directly associated with the manufacturing process were household workers. Of this, 80% were female and 22% were children. 11% of the total workforce comprised children. Other studies also evince the active involvement of children in the manufacturing process.

According to state-specific studies, 85% of workers were full-time beedi rollers and worked for 12-16 hours a day to roll 1000 beedis. Of the total 1000 beedis, an average of 50-100 beedis were rejected by the supervisor or contractor ostensibly owing to poor quality. Studies revealed that beedis were rejected if they were the wrong size, made with poor quality leaves or were loose. 86% contractors admitted to either keeping or destroying the rejected beedis. In some areas, rejected beedis were reportedly sold as 'seconds'.

## VI. MALPRACTICES IDENTIFIED INCLUDE:

- Worker was charged a few beedis as compensation for electricity used for lighting purposes in case she stayed back in the factory to complete her quota (EPW 1981)
- In some areas the workers purchased the thread and gum used for rolling beedis (EPW 1981, GOI cited in ILO 2003).
- Workers in the unorganised sector did not receive basic work tools to make beedis
- Workers were charged for cards on which records of leave and tobacco provided were recorded (EPW 1981)
- Records of leave, wages etc. was not regularly maintained by employers (GOI cited in ILO 2003)
- Passbooks were not issued for home-based workers (Gopal 1999, GOI cited in ILO 2003)
- Home-based workers were made to sign for higher wages than what was paid to them in Madhya Pradesh (NCW 2005)
- Regular deductions of PF amount from wages did not eventually reach the workers (NCW 2005)
- In the sale-purchase method of production documented in Karnataka and Gujarat, raw material was sold to the workers by the company and then, the finished product was purchased back from the workers.

A study in Tamil Nadu revealed that beedi work was deemed inferior, as it was largely perceived as 'women's work'. Most of the home-based workers are women who roll beedis on a piece-rate basis within the confines of their homes. In beedi-producing villages, several exploitative practices that hinged on women's subordination in society and their vulnerabilities.

## VII. OCCUPATIONAL HEALTH HAZARDS

Long-term exposure to tobacco and poor working conditions wreak havoc on the health of beedi workers. The presence of large quantities of tobacco in the house invariably puts all the members of the family at risk. Women were seen to be breastfeeding their babies while rolling beedis and without washing their hands (Gopal 2000, Pande 2001). The pressure to meet beedi targets or to report to the units on time led to undue stress among girls and women (Gopal 2000, Pande 2001). It was common for women to skip or delay their meals, work for long hours in the seated position and not take adequate rest. Most women workers were seen to be burdened with household chores and care for children apart from working as beedi rollers. Older children supported the women by helping out in the chores and the beedi work.

Women workers identified their symptoms or ailments stemming from beedi work as aches and pains, coughs, giddiness, stomach pains, burning of the eyes, leg pain, and numbness in fingers, breathlessness, gas, spasmodic pains, piles, urinary burning, white discharge, palpitation, wheezing, fever, worry, joint pains and swelling. Appearance of boils in the mouth, severe burning in the throat and discomfort in the stomach was reported. Cancer was seen in more than half the respondents in a study carried out in the year 2013 with 100 beedi workers in age group of 18 to 50 years in Andhra Pradesh (Nagalakshmi, T. and Sudhakar, A. 2013).

The main disease groups identified are musculo-skeletal problems, gastrointestinal problems, respiratory disorders, neurological disorders, eye problems, skin diseases, gynaecological concerns, cytogenic problems and blood related concerns. The loss of sleep, irregular working hours, back breaking monotonous work, poor nutrition, high stress levels and unhygienic working conditions leave the beedi workers susceptible to all kinds of diseases

## VIII. SUGGESTIONS TO IMPROVE THE WORKING CONDITIONS OF BEEDI WORKERS:

There is a need to address the dearth of research related to tobacco cultivators and tendu leaves collectors.

- Annual data related to production and cultivation should be made available.
- Annual data related to implementation of all welfare schemes should be made readily available.
- Census of all beedi-manufacturing units whether small or big, registered or unregistered should be undertaken to build a comprehensive database that would provide all information related to units, workers, contractors etc.
- Research on alternative livelihoods for beedi workers should be undertaken.
- Research on awareness of beedi workers regarding statutory benefits under different welfare schemes should be carried out
- The concerns of tendu leave collectors and tobacco cultivators should be understood and highlighted as a part of the welfare concerns of beedi workers on the whole. For instance, the collection wage for tendu leaves collectors must be increased for the welfare of the collectors.
- Strict implementation of all industry related legislations should be ensured in order to improve working conditions, provide welfare benefits, regulate production systems etc.
- Registration of all beedi companies should be done immediately. Valid IDs should be provided to all beedi workers, regardless of the type of worker-company relation and the nature of company or engagement,
- A review of the taxation policy must be carried out to reconsider exemption to companies making less than 20 lakh beedis a year, difference between tax levied on hand-made beedis and machine made beedis etc.

- Health conditions commonly seen among beedi workers should be treated without any charge in government and private health facilities. The treatment for these conditions need not be subject to any insurance cover.
- Setting of a national wage rate would ensure uniformity across the country and prevent of shifting of units from one state to another.
- Alternative livelihoods for beedi workers should be identified based on local context. Beedi making is hazardous and housed within an overly oppressive and exploitative system. Beedi workers should be provided livelihoods that pose no health risks and allow them to lead a life of dignity. There should be nation-wide efforts to organise beedi worker for these demands.

## IX. CONCLUSION:

Beedi production constitutes a sizeable portion of the tobacco smoking industry. It is clear from the above discussions that there is little regulation of this industry that benefits from incentives and exemptions on account of the large segment of the poor that it employs. The industry in its myriad forms, is misusing the exemptions and lack of regulation to exploit labour, under-report production and make unfair profit.

In terms of consumption, beedi continues to be most commonly smoked tobacco product in the country, despite a more recent shift in favour of cigarettes. The production and supply of beedis is undeterred in the face of this shift witnessed especially among younger and illiterate men.

The production of beedi tobacco is the highest among all other varieties of tobacco. Tobacco farmers consider beedi tobacco as a labour intensive crop with high returns on investment. There is a lack of incentives and schemes for beedi tobacco growers that the stat. Also, the tobacco industry does not pay much heed to beedi tobacco cultivators. Reliable and updated data related to tobacco cultivation and tendu leaves collection is not readily available. The collection rate of tendu leaves, however, has increased exponentially over the same period.

Despite beedi's sizeable share in the total tobacco consumption in the country, taxation on beedis has been relaxed over the years. Most legislations and welfare schemes for beedi workers are applicable only to registered companies and workers can benefit as long as they have valid IDs. There is also considerable underreporting of workers by companies to avoid providing statutory benefits. Companies also shift from factory-based production to home-based production through contractors to circumvent labour laws. There are fewer safety measures for workers in unregistered companies.

Beedi workers are among the worst paid workers across industries. The welfare benefits received are marginal, especially in the case of workers in unregistered manufacturing units or in the contractual system without ID cards. Unregistered companies are not legally bound to provide any social security benefits to their workers. Studies have clearly shown several malpractices and tactics employed by companies and contractors to exploit beedi workers. Beedi workers' lives are riddled with poor working conditions, violence and security concerns along with discrimination against women. There is also much resistance from companies and their operatives towards unionisation of workers. Long-term exposure to tobacco and poor working conditions wreak havoc on the health of beedi workers. Workers are seen to have a wide range of adverse health conditions owing to beedi related work. Government should take urgent measures to address this issue.

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