



A Study on the Health Problems of Women Working in a Textile Unit in Coimbatore

Sherly Thomas

Department of Economics

Avinashilingam Institute for Home science and Higher Education Deemed University for women, Coimbatore-43

ABSTRACT

The economic status of women is now accepted as an indicator of a society's stage of development. Textile industry is the only industry to have employed women workers since long time. Women workers unlike the majority in the informal sector have been exposed to rigorous work, discipline, fixed working hours, specific production norms etc. In TamilNadu, the garment industry is female dominated field. There are many health problems to which the women workers in textile industry is exposed to. To examine the health problems of women workers in the textile unit a study is undertaken. The data was collected with the help of a questionnaire administered to 60 women. The study found out that many of them suffered from backache, joint pains, headache and general tiredness. The medical expenses were a big burden for these women. The women do not give much importance to their health. They try to work even when they are sick and weak, just to supplement the family income. The health hazards of the women working in the textile industry are much higher compared to their counter parts in other sectors. It is therefore an urgent need on the part of the policy makers to take effective steps to better the condition of women in textile industry.

Keywords: *Women, Health Hazards, Textile Mills, Medical Expense and Household*

1. INTRODUCTION

Women throughout the world play critical role in economic growth and development and their contribution have an impact on households, communities and national economies. Women contribute to the family economy, by participating in the labour force, thereby earning an income and contributing to the family and also by undertaking the primary responsibility for household maintenance, childcare and there by sustain the family.

The status of women is directly connected with their economic position, which in turn depends on opportunities for participation in economic activities. The economic status of women is now accepted as an indicator of a society's stage of development. Participation of women in the work force has also been found to be an important element in the adoption of the small family norm, essential for the achievement of the twin goals of economic development and population planning. It is of utmost importance therefore that the country makes full and effective use of its human resources by providing economic empowerment to women who constitute 50 percent of it. The long term objectives of the developmental programmes for women would be to raise their economic and social status in order to bring them into the mainstream of national development.

In UK, the industrial revolution with its invention of machines had a huge impact on the lives of women who made textiles. Women were needed in the mills to run the machines and would be paid for their work. The mills opened up an opportunity for unattached women dependent on relatives to feel useful and independent by earning their own living. Textile mills employed mostly young women because they were docile and could be paid lower wages than male. In India too there are many textile

mills which are employing women in an extensive manner.

Textile industry is the only industry to have employed women workers since long time. Women workers unlike the majority in the informal sector have been exposed to rigorous work, discipline, fixed working hours, specific production norms etc. They have also enjoyed the benefits of being part of an organized workforce in receiving security of employment, bonus, sickness benefits etc.

The women are ready to work for very low wages and for longer hours under exceedingly inhospitable conditions of work. Their "oriental docility" normally does not let them join unions and agitate against the management. The sole reason behind the differential distribution of male and female workers of different branches of industry is the gender gap in wages in manufacturing. Moreover, garment manufacturing has been one of the most women intensive sectors in India from the beginning.

In Tamilnadu, the garment industry is female dominated. There are certain unskilled and semi skilled job categories which are specifically ear marked for women. It was found that if there is a temporary shortage of women workers, available male workers with similar background demand a higher wage. The predominance of small firms, low qualification of the workforce and limited trade union presence, contribute to the fact that exploitation and discrimination particularly in terms of women, continues to exist in the textile and garment industry.

Over the decades, women have been gradually replaced by men in most of the mills. The decline of women's employment has been gradual but quite steep in the textile sector. There are, however, regional variations.



They are found in large numbers in south India than in the textile centers of Ahmedabad (or) Bombay.

The economic conditions of women have profound effect not only on women's own but also on that of their children and families and on subsequent generations. It is well recognized now that women make most healthcare decision at the family level and provide most of the informal health care. They look after the sick and the elderly, determine diet, maintain the immediate environment of the family and transmit attitudes and life styles. It is generally women's rather than men's' education, income and time that determine the health and nutritional status of children.

Women in developing countries are often in poor health and are overburdened with work, they are tired, most are anemic and many suffer from malnutrition and parasitism and chronic ill health especially, during pregnancy and childbirth. Women's special needs have often been ignored by health planners and women have thus had to bear a disproportionate share of unmet health needs (Raj kumar, 2000)

Textile workers exposed to the textile related cotton dust and some other type of illness throughout the manufacturing process are of great health hazards. In dyeing and printing operations workers are frequently exposed to dyes, organic solvents and fixatives. In the dyeing, printing and finishing processes, workers typically have multiple exposures, which can vary with time and process. In the textile manufacturing factories workers are exposed to variety of toxic and possibly carcinogenic compounds: formaldehyde, phenol, different organic acids, and aromatic amines. During spinning, weaving and knitting operations, exposure to chemicals is generally limited. Spinners and weavers are exposed to cotton dust that contains minor amounts of pesticides and herbicides, silica dioxide and some other organic. Some of the exposures could result in an increased risk of cancer; although in the studies of other countries of the increased cancer risk is not convincing. Several investigations have reported increased risks of lung cancer among workers in the cotton textile industries. For the women employed in the cotton textile processing, the cancer risk was 35 percent higher than compared to their counter parts in other organized sectors. In the light of this an attempt was made to study the health problems of women workers in a textile mill situated at Coimbatore district.

2. REVIEW OF LITERATURE

In the early stage of economic development the scope for women's employment contracts because of contraction in agriculture and the expanding modern sector prefers men, in a situation of general unemployment and under employment. On the supply side rising incomes reduces the 'need' for work by women. In the second stage the growth of demand in the modern sector exceeds the contraction in the traditional sector and women's motive for work increase as the opportunity cost of their leisure increases (Sinha, 1995).

An analysis of labour productivity in cotton textile industry in Bangladesh has been undertaken. The analysis carried out of two stages, the first stage involved explanation of labour productivity at an aggregate level. The second stage was concerned with productivity study of the inter firm level. It has been found at the aggregate level that the size of the firm, ratio together explains 80.25 percent of the variation of the labour productivity. Under nationalized management there were variables namely man capital ration of an hours lose to actual hours and the size of the variation in labour productivity (Mafasul Islam, 1990).

Mala (1991) analyzed the economic contribution of women, working in the textile mills in Coimbatore district. Women contribute to the family economy by participating in the labourforce and thereby earning an income and also by undertaking the primary responsibility for household maintenance, childcare and family health care. The time use pattern showed that male workers had 16 hours of leisure per day but the female workers however devoted 15 hours per day for discharging their domestic responsibilities of which two hours per day was spent on child care. Hence they had relatively less leisure time than that of their husbands, which meant lack of rest, or no time for any skill training if needed.

A study of the female labour force in Thailand by Archavanitkul (1998) reported that most of the female labourers belonged to the age of 20-40 years. They were poor and had only elementary education. About 20 percent of these women had been exposed to the evil effect of pesticides which were due to the poor practices followed. The health problems reported included headache, nausea, vomiting and skin rash. The study also found that young children were exposed to pesticides residues on their mother's clothes. The women workers were usually unaware of any minor symptoms and unlikely to seek treatment to change their behaviour.

The implementation of the counseling and retraining and redeployment of displaced textile mill workers was given to women workers in Ahmedabad and in other centers in Gujarat, where considerable worker outflow had taken place in last few years. The scheme consist of the activities line counseling and survey of displaced workers, identification of suitable trades and training centers, setting up of effective supervision etc (Suraj, 1996).

In a study by the National Institute of Occupational Health (1998), the work stresses of 107 women engaged in sewing in small -scale garment manufacturing units found that 68 percent of the women complained of back pain and these problems had persisted over a long duration

WHO (1998) carried out a study on ready made garment workers in Bangladesh, on a sample size of 150 women who reported health problems like pain in the upper and lower limbs and other aches and pains. Around 80 percent of the workers experienced this kind of illness quite often. This was followed by backache, which was



reported by 47 percent. The major reason was the posture adopted while working.

UN Report (1998) indicated that because of multiple tasks and responsibilities, women workers did not have time for health care. Above 63 percent of the private plantation labourers suffered from lack of time for cleaning their house and rearing domestic animal, around 57 percent of the government labourers also reported on a similar line. Almost 50-60 percent of the women labourers in private and government plantation found no time for recreational activities regardless of the type of plantation.

3. METHODOLOGY

The particular textile mill which was taken for the study is located in a semi-urban area in Coimbatore. Most of the workers were from near by area. Women workers constituted only a small proportion in the total work force. The study made use of primary data collected from a sample size of 60 women who were permanent employees of this particular mill. The required information was collected with the help of a well structured questionnaire. The information gathered through the survey related to family background, reasons for opting this particular employment, working atmosphere, wages, reaction from the family members and matters relating to health. For the current paper only aspects relating to health is considered.

4. RESULTS AND DISCUSSION

The women workers in the textile mill were divided according to their skills and eligibility to do a particular activity. Twenty women (33.3%) were engaged in spinning activity, 19 women (31.67%) were engaged in cone weaving activity, 15 women (25%) were employed in tailoring activity and remaining six women (10%) were involved in packing activity.

The most significant and vital factor which has its bearing on the economic status of the family is its income. The standard of living of a family is based on the economic condition of that family. It is, therefore, imperative to have a glance at the economic returns of the household under the study. In this particular study women contribute a substantial amount towards family income. The following table gives an account of the monthly income earned by the women workers in the textile mill.

Table 1: Monthly Income Earned By Women Workers

Monthly income (in Rs)	Number stating	Percentage
Less than 3500	38	63.4
Above 5000	22	36.6
Total	60	100.0

Source: field survey

Thirty eight women (63%) were earning an income less than Rs 3500 per month and only 22 women (36.61%) had more than Rs 5000 per month. This amount is very meager, but still women carried on the job to supplement the family income or to maintain the family on a subsistence level.

As stated earlier this paper examined certain aspects relating to the health of the women workers. The following table gives a glimpse of certain selected indicators of their general health.

Table 2: General Health Indicators of Women Workers

Indicators	Number stating	Percentage
General Appearance		
Good	3	5
Moderate	57	95
Height		
Less than 5 feet	5	8.33
5.1-5.3 feet	7	11.67
5.4-5.5 feet	28	46.67
Above 5.5 feet	20	33.33
Weight		
Less than 50 kg	8	13.33
51-54 kg	27	45
55-58 kg	18	30
More than 58 kg	7	11.67
Eye sight		
Clear	55	91.67
Dull	5	8.33
Hair		
Rough	20	33.33
Tangle	33	55
Normal	7	11.67
Skin		
Rough	20	33.33
Wrinkle	35	58.34
Smooth	5	8.33
Angular stomatitis		
Prevalent	10	16.67
Not Prevalent	50	83.33
Hygiene		
Good	6	10
Moderate	50	83.33
Poor	4	16.67
Total	60	100.0

Source: field survey

Women's health is basic to women's advancement in all fields of endeavor. The weight of the women were analysed and it was found that of the total sample, the weight of eight women (13.33%) was below 50kg, 27 women (45%) had weight between 51 to 54 kg, 18 women (30%) had weight between 55 to 58 kg and the rest seven women (11.67%) weighed more than 58 but less than 60 kg. Out of the total sample, 10 women (16.67%) had angular stomatitis and 50 women (83.33%) had no such problems. Angular Stomatitis is one indication of poor health.



From the study it was revealed that 50 women (31.65%) use to get head ache frequently and 15 women (9.49%) were affected by fever once a month. Forty two women (26.58%) suffered from backache due to the long hours of work in standing position. Many women had certain ailments very often, viz; nineteen women (12.03%) suffered from cough, 20 women (12.66%) had knee pain, nine women (5.906%) had stomach pain and three women (1.9%) suffered from the blood pressure.

Among the total sample, most of them experienced the job hazards. The mill has lots of machineries and it is a cause for many major injuries. Thirty six women (60%) had been succumbed to injuries at the work place. This demands a call for the proper protection of women from such injuries. Fifty three women (88%) reported that they do work for long hours. Eyestrain is a common problem in the workplace, 27 women (45%) had eye problems. Dust, heat and noise are the worst occupational hazards in the mills. In the blow-room where the cotton bales are opened and cleaned the dust level is very high. The high dust level gives rise to asthma and respiratory problems. Among the sample size, 18 women (30%) were affected by asthma, 11 women (18%) had respiratory problems and six women (10%) had congestion in the chest and breathlessness. The various health hazards are accentuated by the long hours of work in standing position and this leads to certain health problems, especially back ache, leg pain, joint pains and fatigue. Forty two women (70%) were affected by the back pain problem and pains in joints of arms/legs were found among 20 women (33%).

Four women (66.7%) spent up to Rs200 and for seven women (11.67%) expenses were between Rs.201 to Rs.300 and 30 women (50%) had medical expenses above Rs.300 per month. The remaining 19 women (31.66%) who preferred the government hospitals did not spent much on consultation and medicine as it was supplied by the hospital itself. The medical expenses were a big burden for these women. Twenty one women (35%) had stress of the job, 49 women (82%) experienced mental tension, 45 women (75%) had work pressure and for 32 women (53%) there was no co-operation the colleagues. but women continue to work and put up with these difficulties.

The medical expenses were a big burden for these women. The women do not give much importance to their health. They try to work even when they are sick and weak, just to supplement the family income. If they abstain from work the family is liable to get into poverty trap. Therefore as long as they can they try to put up with all difficult situations and manage. This is a peculiar and unique feature we see in women.

5. CONCLUSION

There exists wealth of evidence to show that women contribute towards economic and social development. To continue to do this they should have sound health. It is an astonishing fact that most of the women working in various fields do not enjoy good health .The health hazards of the women working in the textile industry is much higher compared to their counter parts in other sectors. It is there fore an urgent need on the part of the policy makers to take effective steps to better the condition of women in textile industry not only to improve their condition but also to make effective contribution to the society.

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