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A STUDY ON OCCUPATIONAL HEALTH HAZARDS AMONG CHILD BEEDI ROLLERS

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Abstract:

KEY WORDS:

health,hazards,beedi,rollers,child labour.

INTRODUCTION

Child Labour in Bidi Industry

The most reliable pointer to the character and culture of a society is the way it treats its children. Childhood is considered to be the dawn of our humanity. It was promised in the constitution of India, Article 24, "No child shall be employed to work . But it is an alarming fact that one third of world's child labour are found to be in India which is around 17.4 million as per official estimation (Kulshrestha, 1994)

The Article 39 of Constitution of India ensures that children are not exploited and abused and they can avail opportunity which is needed for their physical, mental and ethical development. Article 24 says, "The state shall

Endeavour to provide, within a period of 10 years from the commencement of this constitution, free and compulsory education for all children until they complete the age of fourteen years". Unfortunately, among 10 crore children in the age group 6-10 years, approximately 3.3 crore have never entered in the school. As a matter of fact many of them, who entered in the school, dropped out even before completion of fourth standard. It's not only amazing but distressing too that even in Delhi some 2 lakh children are out of school (Gupta and Kalu, 1987). Even after introduction Sarva Siksha Mission and Mid-day Meal schemes, situation of drop-out has not improved considerably.

The Government of India has enacted much legislation which prohibit children from working in the particularly 'dangerous and hazardous' activities. (1986) are particularly relevant in this context. Even after a decade of enactment, preponderance of child labour

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can be seen in many unorganized and informal sector activities (Burra, 1991).

Privatization-Casualization and Child Labour: With the ongoing economic reform one can find some relation of incidence of child labour with the process. 12 million children at their tender age contributed 20 percent of the Gross National Product (GNP) in the mid-nineties (Sandhya, 1994). What is more alarming is that when 12 million children are at work, some 23 million adults are unemployed. Some studies put the figure even higher. “About 65 million children are working 8-10 hours a day that many adults who are, hence, out of employment” (Agnivesh, 2001).

Among other unorganized sectors, where lot of casual laoburs is engaged, Bidi rolling is one of them. Carpet weaving, Gem polishing, Slate cutting, Lock manufacturing, Pottery industry, Match and Firework industry, Brass ware manufacturing, Zari and Silk weaving/work are some of the industries where child labours contribute a major part of workforce (Anwaruzzaman, 2001).

Longer duration of work with poor working environment coupled with hazardous nature of activities put a serious threat to children's' health.

Operation Research Group, a Gujarat based Nongovernment Organization, points out that over 83 percent of the children working in urban areas work for seven hours or more. In 1986, 25th February, the Financial Express carried a report which shows that as high as 67.5 percent of child labours work between 11 to 15 hours a day in Calcutta. A survey in 1996, conducted by the author, among the child labours working in Glass industry at Firozabad, Uttar Pradesh shows that as high as 66 percent child labour start working below the age of 8 years, and 68.5 percent of them work eight hours or more which may start at 06:30 am and continue up to even 09:30 pm flouting all labour laws (Anwaruzzaman, 1996).

The child labour is one of the major problems India is facing over the last many years. From the beginning of mankind, child labour has been unrestrained. Its genesis, growth and magnitude are conditioned by the historical and social circumstances. Its nature and dynamics are concomitant with the changing trends and characteristics of the productive system in society. Before the dawn of factory mode of production, when family was the primary unit of economic production, children were seen cooperating with their parents and other adult and family members in the accomplishment of the traditional family occupations. Each family was an impersonalized and informal social milieu – a workplace, where children were engaged in pursuance of their family occupations under the direct supervision of adult family members. Thus child labour has a long historical association with the extended nature of family system in India.

The problem of child labour is a major challenge in front of the nation. Issue is complicated but in absence of due investigation on the problems and non finding remedies thereon gradually it is becoming grave and grave, hence it is necessitated this submission. The nation where those children are being exploited and forced into labour is a concern with many more. India can be considered one of the examples of a nation plagued by the problem of child labour.

History reveled that child labour is in existence in the most of countries but presently it appears that child labor's problems are in existence in developing countries mostly. Data about the numbers of children working through the world can not be thoroughly estimated however it is very large about hundreds of millions. In the recent year child labour problems and its ill effects have received several attentions. Undoubtedly this increased attention is due to in part to the fact that child labour often has serious social, moral, economic, demographic implications for children, households, communities, societies in the world. Therefore, the elimination or reduction of child labour has been the aim of numerous fields in different parts of the world.

The child labour constitutes a substantial portion of total labour force, especially in developing countries of Asia and Africa. There is a paucity of statistics exactly showing the number of children gainfully employed in agriculture, trade and business, industry, mining, plantation, transport and many other organized and unorganized sector of economy, until recently. However, our common sense and to day observation of the surroundings tell us that a larger proportion of the children at the early stage of life is engaged in varied forms of labouring activities in different, business establishments, trade and industrial concerns at the cost of their education recreation and psychic pleasure. Most of these children, who go to work are either school drop outs or they have not seen the face of a school at all. These children are engaged in agriculture, they graze the cattle and sheep, protect the crops in the farm from birds and cattle, help their parents at the time of showing seeds and harvesting the crops. At home, they look after the younger siblings, collect firewood, carry water in small pots, and participate in various other domestics and non-domestics work. In the urban sector, they engage themselves in a wide variety of economy activities in organized as well as unorganized sectors of labour force viz., road side cafes, scooter repairing workshops, selling fruits in thelas, bidi making, construction work, domestic services and even organized street business.

Bidi industry over 1.7 million children work as labourers in India's bidi rolling industry. Children are engaged as their nimble fingers .more adept at rolling bidies. Children work up with no

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breaks or holidays. Earning is as little as Rs 30 per 1000 bidies on an average and the children hardly get anything suffered from tuberculosis, postural and eye problems, anemia, lung cancer and skin diseases.

BACKGROUND OF GONDIA DISTRICT:

Gondia district was carved out by division Bhandara district. Gondia district situated on North-Eastern side of Maharashtra state having state borders of Madhya Pradesh and Chattisgarh, between north altitudes 20.39 to 21.38 and east longitudes from 79.27 to 80.42.

Nagpur division has six district Gondia is one of them thus now Vidarbha have eleven (11) district including Gondia. The whole population of the District is 1200151. The male and female population is 598447 and 601704 respectively. Urban population is 11.95%. Area of district is 4843 km (1,870 sq mi). Literacy 67.67%.¹⁹

BIDI MAKING IN GONDIA DISTRICT:

Prominent among the large and small scale industries in Gondia district is the manufacture of bidis. Tendu leaves required for bidis are found abundantly in the forest and there are a number of large-scale and small-scale factories were located at Bhandara, Gondia, Tirora, Arjuni, Sihari, Warthi, Tumsar. These factories were mainly engaged in sorting and packing or bidis.

As the manufacture of bidis mainly goes on a small-scale basis and also through co-operating societies. Bidis prepared by them were then sold on wholesale basis to large-scale factories engaged in sorting and packing for export. There were 29 large and small-scale factories manufacturing bidis registered under the factories Act. And employing 3.412 persons in the district in 1961.

SIGNIFICANCE OF THE STUDY:

It is leaned that when we read the related literature. Very few researchers tried to study after meeting the child labours which the information.

The present research is definitely a different type of research as well as important. The information is revealed as it is in the research. The research of the researcher is focused particularly on the study at the problems of the child labour and by getting well acquainted with the problems and their rehabilitation, the important research will be completed, and after studying completely and study, the researcher is directing some important information which is not seen in any research of anybody. So it is definitely said that the present research is surely different from any other research.

The data in the present research has the nature of the scientific data. The basic reason of the problem of the bidi rolling child labour will be shown. So it is definitely seen that the present research will minimize the problems of the finding from the present research would indirectly or directly help to rehabilitate the child labour or its helps for getting the basic rights and the services of the labour thus the opinion of the child labour will be reached to the government, Scope and Limitation of the Study:

This study was carried out in the Gondia District of Maharashtra State. Furthermore, specifically the child labour involved in regular Bidi Rolling activity was selected for the purpose of data collection. Although Bidi rolling activity is prevalent throughout the study area i.e. Gondia District, only those areas where bidi rolling is highly prevalent were selected. The study considered bidi rolling child labour of all castes, religions, socio-economic and educational background. Moreover, child labour belonging to age group 3 to 14 years were considered for data generation.

Population details regarding child labour could not be obtained neither governmental and non-governmental sources. Even though then are data in the websites, they are neither accurate nor authentic all the information gathered from the respondents. The employers do not admit the use child labour. This made it impossible to cross cheque the information.

Methodology
Statement of the problem

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Objectives of the study

The objectives of the subject in the present research are as fallow:

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- 1) To document the nature and type of the work done by the children.
- 2) To study the problems related to the health of the child labour.

Hypotheses of the study

The hypotheses of the present research are as follow

- .1) The profession affected on their health.

Working definition of variables

- a) ‘Adult’ means a person who has completed eighteen years of age.
- b) ‘Child’ means a person who has not completed his fourteen years of age.
- c) ‘Childlabour’ means the employment of boys and girls when they are too young to work for hire ,or when they are employed at jobs unsuitable or unsafe for children of their ages and under conditions injurious to their welfare.
- d) ‘Bidi’ means which is useful for smoking and which is prepared by using Tendu Leaf and Tobacco.
- e) ‘Bidi rolling’ means to roll the product by using Tendu leaf in tobacco.
- f) ‘Problem’ means question to which there is no obvious, immediate answer, a question that requires some work done on it before a solution can be available.
- g) ‘Health’ means by which physical, mental fitness and nutritional deficiency can be decided.

Area of study:

In the study region the large scale bidi factories are located at Bhandara, Gondia, Tirora, Arjuni, Sihari, Warthi, Tumsar, etc. These factories are mainly engaged in sorting and packing of bidis. The INDUS project has been carried out in the Gondia District and the researcher has actively worked in this project on child labour. There she came in close contact with the bidi rolling child labour. Hence, in view of her interaction and the association with these workers, she has selected the area of study i.e. “Gondia District”.

Universe and sampling method:

The universe of the study consists of all working children engaged in bidi rolling occupational category widely scattered over the Gondia district as the universe of the study was quite vast in view of containing as many as 1935 child working population thus a sample of 400 working children.

The bidi making Child have been enrolled because of the INDUS project of bidi making child labour in Gondia dist. that’s why number of the child labour were counted and for that probability sampling method was appropriate for this study so systematic sampling method from probability sampling method was used for selection of sample. Child labour was selected by sequential list from fifteen prime locations. The sample is fully representative of the population.

Research unit:

At present bidi rolling child labour who are involved in bidi rolling profession. For the present study the child labour as research unit of age group between 10 and 14 was selected.

Sources and techniques of data collection

and cross
survey was also done about the

Both primary and secondary nature of data was used in this study. The primary data, which emanates from the people source of data collection, constitutes the major part of the data. For the study, interview schedule was adopted as a major technique of data collection keeping in view the background of illiteracy and extremely low educational qualification of the working children. However, this technique was supplemented by the personal observation of the working children by researcher herself. These techniques proved to be effective in terms of helping the researcher to elicit required responses from the working children.

Primary data collection

The primary data collection in view of the objectives of the study involved preparation of research instrument (interview schedule). Though development and measurement of research constructs is neither simple nor straightforward, instrumentation techniques are available that allows us to construct research instruments that constitute acceptable levels of reliability and validity. The process of developing the research instrument for this study was based on generally accepted psychometric principles of instrument design, and was carried out according to the standard methodology.

Statistical Analysis of Data and Significance Level

Analysis of data was done with the help of suitable statistical tests. The descriptive statistics, such as mode, frequency, percentage, minimum and maximum, etc. The comparative assessment was done using suitable graphs. The significance level was chosen to be 0.05 (or equivalently, 5%) by keeping in view the consequences of such an error. That is, researcher wants to make the significance level as small as possible in order to protect the null hypothesis and to prevent, as far as possible, from inadvertently arriving at false conclusions..

Health

Under the UN Convention on the Rights of the Child, all children have an explicit right to achieve their developmental potential and to sustain the highest possible standard of health. They also have a right to appropriate health services to facilitate attainment of these goals.

Protecting and promoting the health of children is an important goal in itself. As children's early experiences are central to shaping their long term health and well-being, it is also critical to improving the health of the whole population and reducing inequalities in health over the longer term. In view of this the health service obviously plays an important part in promoting the health and well-being of children. Often the Government health service also provides additional ad hoc and ongoing care to children with minor illnesses or more serious long term medical problems. In view of the importance of the health of children, this section of the chapter presents analysis and results of the data collected from bidi rolling child labourers regarding the issues concerning to the health of bidi rolling profession.

**Table -1
Views of the bidi rolling child labourers regarding impact of profession on their health**

Statements	Bidi making inherently poses tremendous health risks for the worker		Child labour Constantly exposed to tobacco dust and fumes.		Bidi workers are highly prone to respiratory problems		You are suffering by Prolonged Sitting		Working condition is unhygienic		Tobacco dust filled the air in your working area.		Lack of ventilation in your work place		Air borne levels of tobacco dust/fumes in your work place		Lack of drinking water and toilet in your work place		Constant inhalation of tobacco and sitting posture caused health problems.		Odour of wet leaf and tobacco make the work place very unhealthy	
	Fre	Per.	Fre	Per.	Fre.	Per.	Fre	Per.	Fre	Per.	Fre	Per.	Fre.	Per.	Fre	Per.	Fre	Per.	Fre	Per.	Fre.	Per.
Strongly disagree	58	14.5	124	31.0	144	36.0	68	17.0	188	47.0	64	16.0	48	12.0	44	11.0	244	61.0	36	9.0	42	10.5
Disagree	124	31.0	52	13.0	74	18.5	104	26.0	54	13.5	72	18.0	128	32.0	86	21.5	68	17.0	42	10.5	108	27.0
Undecided	68	17.0	86	21.5	38	9.5	66	16.5	68	17.0	148	37.0	134	33.5	62	15.5	16	4.0	86	21.5	102	25.5
Agree	150	37.5	138	34.5	144	36.0	162	40.5	90	22.5	116	29.0	90	22.5	208	52.0	72	18.0	236	59.0	148	37.0
Strongly Agree	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	400	100	400	100	400	100	400	100	400	100	400	100	400	100	400	100	400	100	400	100	400	100

Fre:- Frequency; Per.- Percentage

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Table-1 shows results of the data analysis carried out pertaining to the views of the bidi rolling child labourers regarding impact of profession on the health.

The results indicated that 37.5% bidi rolling child labourers agreed that bidi making inherently poses tremendous health risks for them, whereas, 31.0% and 14.5% respondents disagreed and strongly disagreed respectively that bidi making inherently poses tremendous health risks for them. However 17.0% respondents were unsure about the statement.

Furthermore, it was observed that 34.5% respondents agreed that the child labour is constantly exposed to tobacco dust and fumes, whereas 21.5% respondents were unsure about the statement. Also 31.0% and 13.0% respondents strongly disagreed and disagreed respectively that the child labour is constantly exposed to tobacco dust and fumes.

36.0% bidi rolling child labour strongly disagreed and agreed respectively that bidi workers are highly prone to respiratory problems, whereas, 18.5%, and 9.5% respondents disagreed, and were unsure respectively that bidi workers are highly prone to respiratory problems.

40.5%, bidi rolling child labourers agreed that due to their profession of bidi rolling there is bad impact on their health, they are suffering by prolonged sitting. 17.0%, 26.0% respondents strongly disagreed and disagreed respectively that due to profession of they are suffering by prolonged sitting and 16.5% children engaged in the bidi rolling activity were unsure about the statement.

22.5% bidi rolling child labourers agreed that their working condition is unhygienic. 47.0%, 13.5% respondents strongly disagreed and disagreed respectively that their working condition is unhygienic, 17.0% children engaged in the bidi rolling activity were unsure about their unhygienic working condition.

16.0% and 18.0% bidi rolling child labourers strongly disagreed and just disagreed respectively that the tobacco dust is filled in the air in their working area. 29.0% respondents agreed that their working area is filled with tobacco dust, 37.0% children engaged in the bidi rolling activity were unsure about the statement.

12.0% and 32.0% bidi rolling child labourers strongly disagreed and disagreed respectively that there is lack of ventilation in their working place. 22.5% respondents agreed that there is lack of ventilation in their working place, 33.5% children engaged in the bidi rolling activity were unsure about the statement.

11.0% and 21.5% bidi rolling child labourers indicated their strong disagreement and just disagreement that air borne levels of tobacco dust/fumes are present in their work place. 52.0% respondents agreed that air borne levels of tobacco dust/fumes in their work place. 15.5% children engaged in the bidi rolling activity were unsure about the statement.

18.0% bidi rolling child labourers agreed that there is lack of drinking water and toilet in their working place. 61.0%, 17.0% respondents strongly disagreed and disagreed respectively there is lack of drinking water and toilet in their working place, 4.0% children engaged in the bidi rolling activity were unsure about their unhygienic working condition.

59.0% bidi rolling child labourers agreed that constant inhalation of tobacco and sitting posture caused health problems. 9.0%, 10.5% respondents strongly disagreed and disagreed respectively that constant inhalation of tobacco and sitting posture caused health problems, 21.5% children engaged in the bidi rolling activity were unsure about the statement.

37.0% bidi rolling child labourers agreed that odour of wet leaf and tobacco make the work place very unhealthy. 10.5%, 27.0% respondents strongly disagreed and disagreed respectively that odour of wet leaf and tobacco make the work place very unhealthy, 25.5% children engaged in the bidi rolling activity were unsure about the statement.

It may be concluded from the study results that majority of children engaged in the bidi rolling activity agreed to

- 1) Bidi making inherently poses tremendous health risks for them
- 2) The child labour is constantly exposed to tobacco dust and fumes
- 3) Due to their profession of bidi rolling there is bad impact on their health
- 4) Air borne levels of tobacco dust/fumes in their work place
- 5) Constant inhalation of tobacco and sitting posture caused health problems
- 6) Odour of wet leaf and tobacco make the work place very unhealthy

It may be concluded from the study results that majority of children engaged in the bidi rolling activity disagreed that

- 1) Strongly disagreed that bidi workers are highly prone to respiratory problems
- 2) Their working condition is unhygienic

3) There is lack of drinking water and toilet in their working place.

It may be also concluded that

- 1) Respondents were unsure that tobacco dust is filled in the air in their working area.
- 2) Respondents were unsure that there is lack of ventilation in their working place

Effect of Bidi rolling profession on health

For children engaged in rolling beedis myriad of occupational hazards exist. The bidi rolling process releases large amounts of coarse particles and dust into the work environment (typically the home). Bidi Rollers do not wear protective clothing, gloves or masks, and are exposed to tobacco dust through their skin and by inhaling the harmful particles. The Factory Advisory Services and Labour Institute in Bombay, a unit of the Labour Ministry of India, found the incidence of bronchial asthma and tuberculosis to be higher among beedi workers than any other group in the general population. Further health effects include pain and cramping in the shoulders, neck, back, lower abdomen, anemia and eye problems. Thus, in view of the importance of health of these children systematic assessment of the health concerns were investigated and the results are presented hereunder.

Fig-1
Responses of bidi rolling children regarding the statement that bidi rolling profession affects overall health

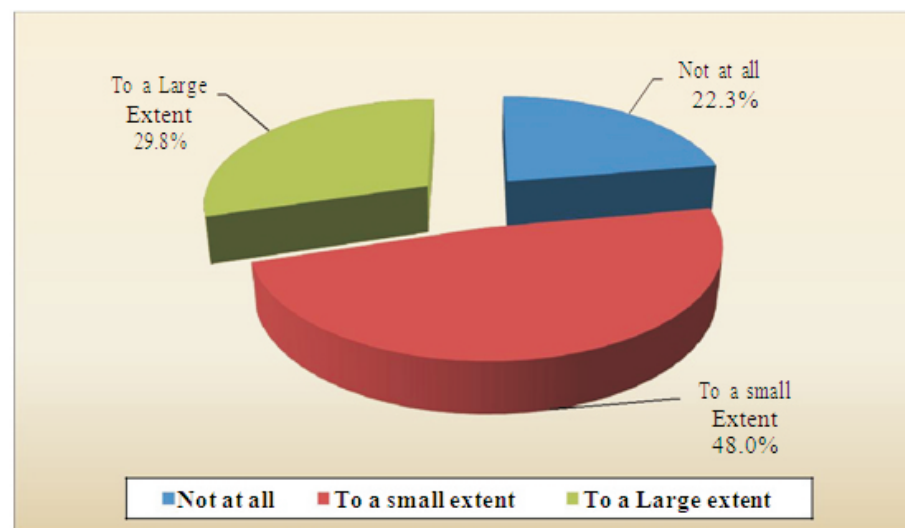


Fig-1 shows responses of bidi rolling children regarding the statement that bidi rolling profession affects overall health.

It was apparent from the table that according to 48% bidi rolling children bidi rolling profession affects their overall health to a small extent, whereas according to 29.8% bidi rolling children bidi rolling profession affects their overall health to a large extent.

However 22.2% children responded that bidi rolling profession not at all affects their overall health. It was apparent from the information that according to majority of bidi rolling children bidi rolling profession affects their overall health to a small extent.

Fig-2
Responses of bidi rolling children regarding the statement that tobacco dust is a big problem associated with the bidi rolling profession

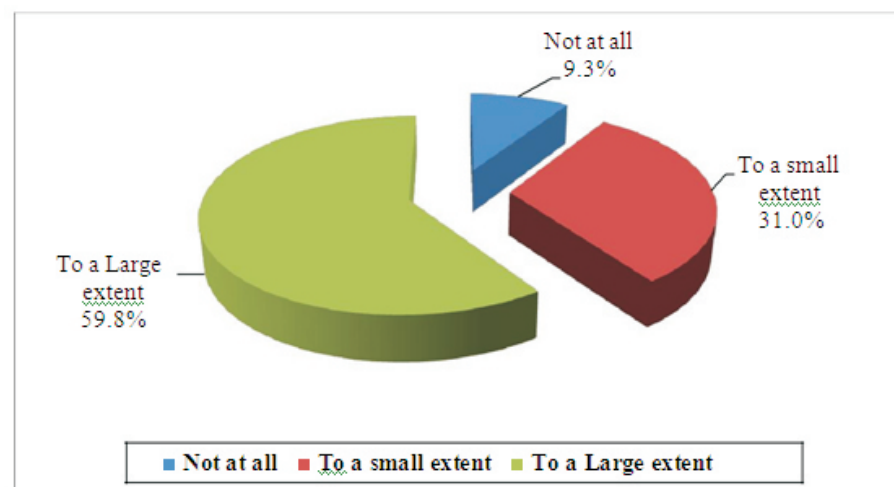


Fig-2 shows responses of bidi rolling children regarding the statement that tobacco dust is a big problem associated with the bidi rolling profession.

It was apparent from the table that 59.8% bidi rolling children agreed to a large extent that tobacco dust is a big problem associated with bidi rolling profession, whereas 31.8% bidi rolling children agreed to a small extent that tobacco dust is a big problem associated with bidi rolling profession.

However 9.2% bidi rolling children not at all agreed with the statement which states that tobacco dust is a big problem associated with bidi rolling profession.

It was evident from the information that significantly ($P < 0.05$) high percentage of bidi rolling children agreed to a large extent that tobacco dust is a big problem associated with bidi rolling profession.

Tobacco dust is very harmful for health many child labour suffered by the cough and the asthma due to tobacco dust.

Table -2
Information pertaining to the physical effect of bidi rolling profession on health of bidi rolling children

Profession affected on Health	Your fingers are paining					Strain on your eyes					Eyes have burning irritation				
	Always paining	Sometimes paining	Never Pain	Rarely paining	Very rarely paining	Always strain	Sometimes strain	Never strain	Rarely strain	Very Rarely strain	Always	Sometimes	Never	Rarely	Very Rarely
Always Affected	146 (36.5)	54 (13.5)	-	8 (2)	16 (4)	64 (16)	34 (8.5)	84 (41)	32 (8)	10 (2.5)	62 (15.5)	28 (7)	68 (17)	48 (12)	18 (4.5)
Sometimes Affected	46 (11.5)	32 (8)	-	16 (4)	-	-	52 (13)	20 (5)	-	22 (5.5)	-	30 (7.5)	40 (10)	-	24 (6)
Never Affected	-	-	42 (10.5)	22 (4.4)	-	-	28 (7)	36 (9)	-	-	-	18 (4.5)	26 (6.5)	-	20 (5)
Rarely Affected	-	-	-	-	18 (4.5)	-	-	10 (2.5)	8 (2)	-	-	6 (1.5)	-	12 (3)	-
Very Rarely Affected	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Add the total value															

VALUES IN THE BRACKETS INDICATE PERCENTAGE

Table-2 shows information pertaining to the physical effect of bidi rolling profession on health of bidi rolling children. It was observed that 56% children always affected physically by their profession, 23.5% children sometimes physically affected by profession, 16% children were physically never affected

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by profession, whereas 4.5% children rarely affected by profession.

Out of total always affected children 36.5% children have always pain in their fingers, 13.5% children have sometimes pain in their finger, 2% children rarely experienced pain in their finger and 4% children vary rarely experienced pain in their finger. Out of total sometimes physically affected children 11.5% children always have pain in their finger, 8% children sometimes have pain in their finger and 4% children have rarely experienced pain in finger. Out total children never affected physically by their profession, 10.5% children have never experienced pain in their finger and 4.4% children rarely experienced pain in their finger, whereas all 4.5% children rarely affected physically by profession very rarely experienced pain in finger.

Furthermore out of total always affected children 16% children always have strain in their eyes, 8.5% children have sometimes strain in their eyes, 41% children never experienced strain in their eyes, 8% children rarely experienced strain in their eyes and 2.5% children vary rarely experienced strain in their eyes. Out of total sometimes physically affected children 13% children sometimes have strain in their eyes, 5% children never have strain in their eyes and 5.5% children have very rarely experienced strain in eyes. Out of total children never affected physically by their profession, 7% children have sometimes experienced strain in their eyes and 9% children never experienced strain in their eyes, whereas 2.5% and 2% children rarely affected physically by profession never and rarely experienced strain in eyes.

Moreover out of total always affected children 15.5% children always have burning irritation in their eyes, 7% children sometimes have burning irritation in their eyes, 17% children never experienced burning irritation in their eyes, 12% children rarely experienced burning irritation in their eyes and 4.5% children vary rarely experienced burning irritation in their eyes. Out of total sometimes physically affected children 7.5% children sometimes have burning irritation in their eyes, 10% children never have burning irritation in their eyes and 6% children very rarely experienced burning irritation in eyes. Out of total children never affected physically by their profession, 4.5% children have sometimes experienced burning irritation in their eyes 6.5% children never experienced burning irritation in their eyes and 5% very rarely experienced burning irritation in eyes, whereas 1.5% and 3% children rarely affected physically by profession sometimes and rarely experienced burning irritation in eyes.

It is concluded from the study results that

Significantly ($P < 0.05$) high percentage of bidi rolling children always affected physically by their profession

Majority of bidi rolling children always experienced pain in their finger

Majority of bidi rolling children never experienced strain in their eyes

Majority of bidi rolling children never experienced burning irritation in eyes

CONCLUSION-

Child labourers are aware that the bidi making inherently poses tremendous health risks to them, however, they do not receive information easily regarding the health hazards of bidi making as well as that of various Government scheme.

Health

Views of child labourers regarding impact of profession on their health

It is concluded from the study results that majority of children engaged in the bidi rolling activity agreed to

Bidi making inherently poses tremendous health risks for them

The child labour is constantly exposed to tobacco dust and fumes

Due to their profession of bidi rolling there is bad impact on their health

Air borne levels of tobacco dust/fumes in their work place

Constant inhalation of tobacco and sitting posture caused health problems

Odour of wet leaf and tobacco make the work place very unhealthy

It is concluded from the study results that majority of children engaged in the bidi rolling activity disagreed that

Strongly disagreed that bidi workers are highly prone to respiratory problems

Their working condition is unhygienic

There is lack of drinking water and toilet in their working place.

It is also concluded that

Respondents were unsure that tobacco dust is filled in the air in their working area.

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Respondents were unsure that there is lack of ventilation in their working place Receipt of information for preventing health hazards due to bidi making

It was evident from the information that significantly ($P < 0.05$) high percentage of bidi rolling children did not receive information regarding preventive measures with respect to health hazards of bidi making.

Government has appropriate schemes to preserve your health

It was evident from the information that significantly ($P < 0.05$) high percentage of bidi rolling children did not know regarding Government scheme to preserve their health.

Awareness regarding safety measures regarding your health

It was apparent from the information that significantly ($P < 0.05$) high percentage of bidi rolling children did not aware of their health.

Effect of Bidi rolling profession on health

Bidi rolling profession affects overall health

It is concluded from the information that according to majority of bidi rolling children bidi rolling profession affects their overall health to a small extent.

The tobacco dust is a big problem associated with the bidi rolling profession

It is concluded from the information that significantly ($P < 0.05$) high percentage of bidi rolling children agreed to a large extent that tobacco dust is a big problem associated with bidi rolling profession.

If proper care is taken bidi rolling profession has no adverse impact on the health of

child labourers

It is concluded from the information that according to significantly ($P < 0.05$) high percentage of bidi rolling children that if proper care is taken the adverse impact of bidi rolling profession on health of child labour can be eliminated

There is increased incidence of health problem amongst child labourers involved in bidi rolling work

It is concluded from the information that according to significantly ($P < 0.05$) high percentage of bidi rolling children there is increased incidence of health problems amongst child labourers involved in bidi rolling work.

Physical effect of bidi rolling profession on health of bidi rolling children

It is concluded from the study results that

Significantly ($P < 0.05$) high percentage of bidi rolling children always affected physically by their profession

Majority of bidi rolling children always experienced pain in their finger

Majority of bidi rolling children never experienced strain in their eyes

Majority of bidi rolling children never experienced burning irritation in eyes

Medical health checkup in the schools

It is concluded from the study results that

Majority of bidi rolling children belonging to open category had never received benefits of regular health checkup in their schools

Majority of bidi rolling children belonging to OBC category sometimes or very rarely received regular medical health checkup in their schools

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Majority of bidi rolling children belonging to SC category received regular medical health checkup in their schools.

Majority of bidi rolling children belonging to ST category very rarely received benefits of regular health checkup in their schools

Majority of bidi rolling children belonging to NT category never and very rarely received benefits of regular medical health checkup in their schools.

Majority of bidi rolling children belonging to VJNT category had rarely received benefits of regular health checkup in their schools

Majority of bidi rolling children belonging to SBC category had very rarely received benefits of regular health checkup in their schools

Majority of bidi rolling children belonging to other categories respectively never and very rarely received benefits of regular medical health checkup in their schools.

Hypotheses Testing

1.The bidi rolling profession adversely affected children’s health

study results (4.11), it was observed that bidi making inherently poses tremendous health risks for bidi rolling children, child labour is constantly exposed to tobacco dust and fumes, due to their profession of bidi rolling there is bad impact on their health, constant inhalation of tobacco and sitting posture caused health problems and odour of wet leaf and tobacco make the work place very unhealthy. Hence, the hypothesis, which states that “The bidi rolling profession adversely affected children’s health” is accepted.

Social Work Intervention

Social work intervention is an effective strategy by social workers to offer which enables them to meet their needs and issues. The main purpose of these interventions is and improving their well-being. Social work intervention is done in different settings such as hospitals, schools, child welfare centres and guidance clinics. In the present study, it was observed that the Government initiatives with respect to legislation, policy, programmes and other interventions can result in betterment of the bidi rolling child labourers.

Furthermore, it is necessary that the law enforcement agencies should look to implement (1986) with more conviction so as to expect a better life for the bidi rolling child labourers of Gondia District. In addition to this, is also important who can intervene etc. These programs and services may vary with respect to the type of problems faced by the bidi rolling child labourers of Gondia District. Thus, the proactive can help in overall development of the bidi rolling child labourers of Gondia District.

Hence, prior to intervention, proper deliberations should be carried out with all the stakeholders.

SUGGESTIONS

Similar studies should be carried out in other district of India where bidi making industry is established. Studies focusing in detail on the economic aspect of the bidi making industry in view of different stakeholders should be carried out.

The health related problems should be assessed in future studies with respect to the socio-economic status of the bidi rolling workers.

The role of law enforcement agencies should be investigated in view of the bidi rolling industry. Comparative assessments of the ability of different NGOs with respect to their work towards bidi rolling industry should be carried out.

The intervention by Govt. and NGOs in view of the development of the people working in the bidi rolling industry should be investigated.

The rehabilitation related initiatives of the NGOs and Govt. departments should be assessed in future studies.

RECOMMENDATIONS

For Government

Evaluation of different Govt. schemes directed towards the bidi rolling industry should be carried out.
Government should ensure that 100% children working in bidi industry get proper education
Government should provide more and more scholarships to labourers working in bidi industry for completing their education
Government should assess the role of its employees in implementing various schemes floated for the bidi workers.
Government should provide adequate resources for implementing various schemes floated for the bidi workers.
Government should vigorously communicate or promote various schemes floated for the bidi workers.
Government should take feedback from the bidi workers for delineating future policies for the bidi industry

For NGOs

The NGOs should help the Govt. officers for implementing various welfare schemes for the bidi rolling industry.
NGOs should conduct impartial studies to unearth the actual problems faced by the bidi industry workers.
Role of NGOs should be proactive in promoting various schemes floated for the bidi industry workers.

For Society

The society should consider the plight of the bidi industry workers.
Society should undertake small projects to improve life of the children working in bidi industry.

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