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Health Status of Women Labourers in Wakari

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Abstract: *Health of women is dependent on their social status, their working condition and well-being of their family. The nature of Occupation and working condition affects health of the labourers. In this context, this article examines the working condition and its effects on the Women, working at Areca nut Wakari. Wakari is a place where, large number of labourers engaged in the process of cutting, de-husking, drying and separating the Areca nut. The process is entirely depending on hand labour, and women are the essential part of this process. The nature of work, working environment and wages are entirely different from other occupations. This study was conducted in Sirsi Taluq a Malnad region of Karnataka State India. Areca nut is cultivated in a larger scale and marketed after processing. Field work was carried out by adopting personal interview method to study the Health condition of these Women. Further, the effects of working condition and its environment on their health condition is examined and analyzed. The findings of the study highlighted that, Women labourers working at wakari had adverse consequences for their health and well-beings. Long working hours resulted in extreme fatigue and also it becomes difficult for them to find a time to attend to their own health problems.*

Keywords: *Health, Women labourer, Wakari Areca nut processing.*

I. Introduction

Background

The health and well-being of women has a profound impact on the over all health and well-being of a Community. This is more important and true about woman in India who bears more physical and mental work and share more responsibilities of their family. Women's general health and well-being is often not a high priority not only for their family, but also for their own. The large majority of women who work in the informal sector face health problems emerging from the workplace, nature of work and their domestic situation.

The health condition of women workers in India due to unfavorable working condition, work place and the nature of work they suffer from various illnesses. In this connection the National Commission on Self Employed Women and Women in the Informal Sector had stated that, "in order to understand the occupational aspect of physical and mental health, it is necessary to have detailed examination of Women's work and its effects in terms of physical and mental health. It is necessary to analyze their health in terms of physical stress, the postural position and their effects and occupational related health problems". Many characteristics of women's work activities have adverse consequences for their health and well-beings.

The Socio-Economic factors related health such as malnutrition, overburden of physical work, and lack of approach to available facilities reflect gender discrimination and related problems. For women, it made them more vulnerable to diseases and ill-health. The poor dietary intake due to heavy physical labour, performing all house- hold duties along with work out side the home leads to chronic energy deficiency and severe anemic condition. The status of women's health is largely reflected by female mortality and morbidly, disease burden, reproductive behaviors, nutrition, work environment, violence and its consequences on the health care system. Hence, still there is a need to look at women's health and some of their social and physical environment and experiences to understand their status..

With this background the present work is intended to study the health status of Women Labourers involved in the process of cutting and de-husking the areca nuts. Areca nuts are the seeds of Areca catachalinn. The betel-nut palm is now cultivated across the Asian tropics as a cash crop. The recent statistics indicate that, total area under crop has increased. It contributes about more then 250 cores towards National Income. The tree is widely cultivated through out India. The seeds of betel nut popularly known as supari are so important and they form an integral part of most rituals from birth to death in Indian society. Offering of betel nuts are made at social and religious occasions as a lucky token for all relationships. In recent years commercially manufactured non perghle forms of betel quid (pan masala or betel void, mixture & Gutka) have been marketed with in the short period.

Betel nuts or Areca nuts are cut in to small pieces with the help of shredder knives and soaked in sugar syrup for 72 hrs and drained. Pealing the nut to get kernel is an important activity in the entire areca nut

processing. The raw fruit has to be pealed in order to get its kernel. Kernel are separated from the husk and cut in to half. It has to be done within a day or two after harvesting. Other wise the cutting will not be easy. Since it is heavy and intensive manual work, people work up 6 to 12 hrs a day with little break. It is highly skilled and dangerous work. This traditional method of de-husking Areca nut is still practiced in Karnataka. This work is generally done by women of house hold and some times rarely by men. Now a day in a large scale the work of cutting and de-husking of Areca nuts is done by out side workers. The place where the whole process of de-husking, cutting and separating Areca nut is done is called '**Wakari**'

There are mainly two types of Areca nut consumed in South India based on method of processing. In North, Central Eastern and western India it is processed by sun drying for 40-45 days before de-husking. The other type mainly in Karnataka, Tamilnadu and Andhrapradesh the tender nuts of seed is processed by de-husking & cocking them in water to make them very tender and flat.

In Karnataka Uttara Kannada district has unique distinction for the different Agro Climatic Zones. The Farmers are mainly dependent on Coco-nut and Areca-nut. The Wkaries of Uttara Kannada Districts have provided opportunities of Employment for Women of low socio- economic class. Many new workers find work in the Wakari since it offer easy entry for new comers and often do not require formal trade skills or large amount of capital or machinery. The processes of de-husking and cutting of nuts is entirely depending on hand labour.

The study has been chosen because the processing of Areca nut particularly cutting, de–husking of nuts is labour intensive and traditionally women play important role in it and very little study has been done into the employment of women in Wakari. The nature of work and working environment and wages in Areca nut processing are entirely different from other occupations. The process has harmful effects on health. It is noted that, health status of women labourers is related to their work. Along with the poor nutrition, lack of sufficient rest and exposure to the dust can increase the effect of workplace illness. Women working in Wakaries are not documented as Labourers on any Official record. There fore they are not legally entitled to any compensations or benefits. Their work in this informal sector in not recognized and therefore undermined.

II. Objectives

The study was carried out with the following Objectives.

1) To examine the health status of women labourers working in Wakaries where involved in Areca nut processing.
2) To understand and empirically record, the socio- economic conditions of these Women.
3) To suggest and recommend pragmatic means to meet the health and well-being of these Women.

III. Methodology

This study was conducted in Sirsi Taluk, a Malnad region of Karnataka State India, where there is a concentration of women engaged in Arecanut processing. Women working in Wakari are all poor. Especially, those below the poverty line, have to perform domestic duties and also supplement family income. In this area, Areca nut is cultivated in a larger scale and marketed after Processing. There are about 20-25 Areca nut Wakaries in Sirsi Taluk involved in Areca nut Processing at larger scale. The wakaries and women respondents where the study was carried out were chosen by random sampling method. Since these labourers are not documented on any official records, the total number of workers is not available. Information was collected by interviewing the worker and it is supported by Observation. The total sample size of the respondents selected for the study was 80. The study sample was consisted of women between 18-60 years of age group.

The study was based on primary data. The framework used to study the health status of these women was designed by analyzing their situation, working condition, education, income, occupation related infrastructure and health problems. The question that is sought to be answered is how the working condition affects their health. It is examined with the help of data collected by the women labourers. The finding and conclusions of the study are presented with empirical data.

Scio- Economic Status

Among the total number of 80 respondents, 60 percent of the respondents are illiterate. 40 percent of women are literates. Among them, only 15 percent had school education. There were many school dropouts. The educational status of women showed backwardness in formal education. It is evidenced from the data presented in the table I; out of 80 respondents Women labourers of 30-45 years of age group are more in number.

Table I

Socio- Demographic profile of the study population (n-80)		
	No	Percentage
Age range years		
15-30	15	18.75
30-45	41	51.25
45-60	24	30.00
Marital status		
Married	66	82.5
Unmarried	14	17.5
Educational Status		
Literate	32	40
Illiterate	48	60
School education	12	15
College education	--	--

Table II

Occupation related information (n-80)		
	No	Percentage
Duration of work in year		
<5	16	20
5-10	20	25
>10	44	55
Hours of work per day		
6-8	18	22.5
8-10	62	77.5

It is evident by the above table that, 22.5 percent of women work for 6-8 hours a day in Wakari. And 77.5 percent of women work for 8-10 hours. 20 percent are working in Wakaries from 1-5 years. 25 percent are associated in this work from 5-10 years, and 55 percent of the respondents for more than 10 years. Most of them spend about 10-20 years over and above their house-hold work.

Health status

Table III

Health problems of the study population (n-80) Multiple responses		
	No	Percentage
General weakness	42	52.5
Musculoskeletal problem	66	82.5
Acidity and heart burn	20	25
Head ache	16	20
Cough	22	27.5
Skin Allergies	32	40

Table IV

Relationship between duration of occupation and joint pain problem			
Duration of occupation	Muscular & joint pain present	Symptoms absent	Total
< 5 year	6	10	16
> 10 years	57	7	64
Total	63	17	80

x^2 =20.11, df= 1, P= <0.001, significant

Table 3 shows, the health profile of the study population. Joint pain and back-ache are their common health problem. Neck is the most common affected part followed by low back. A statistically significant relationship x^2 =20.11, df= 1, P= <0.001, significant was found to exist between duration of muscular and joint pain. Their other problem include 52.5 percent of general weakness,25 percent of Acidity, 20 percent of Head ache, 40 percent Skin allergies were found. The work place and nature of work in which the labourers spend more time exposed them to health hazards that contribute ill health.

Musculoskeletal problems and cough were found to be common among women especially, above 35 years. The reason for these problems is lack of proper rest, leisure and continues work. Due to the Posture at work and constant contact with dust, poor ventilation, lack of space, and long hours of work and non-availability of rest health problems get aggravated. More than 20 percent were reported eye problems, headache and back ache that are due to abnormal or constrained working posture and environment. Prolonged sitting has strain in the musculoskeletal system that leads to backache, leg pain and swelling in the legs and feet. The

repetitive movements of work caused dullness of the mind, extreme fatigue aches and pains related to workers postural, since women sit with their backs bent for more hours.

It is found that, 80 percent of the respondents had an access to Public Health Centers within 15 k ms. Most of the workers were using the facilities of Government Health Care System for treatment. The use of Private Hospitals was very low. Workers are not covered by social welfare system. These women have no coverage against accidents and diseases. If they are ill there is no question of medical leave. In case of injuries or illness during work, the cost of medical treatment is born by the worker themselves or by their family members.

Income and wage

There is no retirement age for these workers, as it is a daily work at any age. The workers are wage labourers and they generally get weekly payment (six days) on the basis of working hours and daily wage rate that is, minimum of 150-250 Rs. and maximum of 450-500 Rs. The rate is generally the same for adult and young labourers. The maximum rate is given only to the labourers who are experienced and permanently attached to the services. The Laboures considered that, they are less paid and their pay must increase. The level of work satisfaction was undecided by them. It was neither liked nor disliked. They are doing this work because; they do not know other work to do. They do not have any protective association to support them when necessary. They never thought of sexual harassment, lack of access to basic needs, health and safety issues. They have accepted the existing situation only few had shared interest in having trade union.

IV. Conclusion

The study is focused upon the health status of Women Labourers in Wakari. The finding of the study has cleared that, Work place hazards have greater impact on their health. It has a profound impact on social status and social well-being of the workers. The work that Women do in Wakaries exposes them to toxic substances. The women workers in Wakari do not have access to occupational health services. They have no protective masks, gloves and no health facilities. Long working hours resulted in extreme fatigue and also it becomes difficult for them to find a time to attend to their own health problems. Moreover, work related stress leads to an increased risk of diseases other than toxic risks. The nature of work caused monotony, insecurity and relative powerlessness. . Hence, many of those working in Wakaries are suffering adverse health impacts. Workers themselves are not aware of these consequences. Health problems arise but they are not neither notified nor registered. They are doing both home and outside work effectively. By their labour they are subsidizing the maintenance of the family. It means it is done at the expenses of their own health and well-being.

Most of the Women laboures are not aware of the health safety and health care. They do not consider workplace, health and safety issues as a priority. Lack of information on the working condition and health can lead to negative health effects. As a provider woman has right to have a safe working condition protected from illness and dangers. for that, it is necessary to educate workers about health and safety corners. The study revealed that, these women are reluctant to become involved in union activities; because they were unable to form Union activities with their domestic responsibilities. Here gender still operates as a major aspect in deciding their health and well-being.

Based on the analysis of the data, the study concludes with the suggestions that, the Wakari labourers in general, are outside the preview of protective labour laws and trade Union Organization. There is a need for Government intervention in this sector to provide health and legal facilities. Women working in informal sector is out of Occupational and safety legislation it should be enforced. Occupational health and safety measures are necessary to ensure the maintenance of health of workers. To ensure the health and well-being of workers measures must be taken to a healthy working environment and to prevent illness related to working condition.

Women workers are casualized and marginalized due to daily wages. Hence these workers no longer come under factory legislation. Owners receive more profit and no fringe benefits are paid to the workers. Sufficient wages are essential for the maintenance of good health and well-being. Without assuring adequate wages we cannot ensure good health. Hence, sufficient wage is necessary to afford nutritious and adequate food, proper accommodation and safe environment.

There is a need to establish and strengthen the social protection of the Women Labourers. The presence of social protection and good working condition will result in organization and mobilization of labourers. Forming organization is a step forward gaining recognition and it will give social security measures covering ill health and improving wages and working conditions. Formation of Unions and Associations provide support services to members. These Women can format finance group, supporting Women's Organization and awareness raising efforts to increase participation in social protection initiatives. Health infrastructures education awareness for health must be ensured to theses Women. Education provides women with an understanding of basic health and gives them power to decide over their own health,

At the same time it is true and cannot be denied that, work may also has many positive health benefits for women if there is a positive association between women's work and employment. The workplace environment offers the opportunity to obtain social support from co-workers it can result in greater happiness and good health. Unless they become conscious of their health it will not possible for them to protect their well-being.

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