Gender Perspectives and Occupational Safety and Health in India: Research and Research Sharing

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Contents

The World Health Organization, WHO, estimates occupational health risks as the tenth leading cause of morbidity and mortality. The World Health Report 2002 of WHO informs that occupational risk factors account globally for a number of morbid conditions, including 37 percent back pain, 16 percent hearing loss, 13 percent chronic obstructive lung disease, 11 percent asthma, 10 percent injuries, 9 percent cancer, and 2 percent leukaemia. It is approximated that 75 percent of the global workforce lives in the so called developing economies of which more than 125 million workers are victims of occupational accidents and diseases every year. The new work order has introduced changing job patterns, working relationships, rise in self-employment, outsourcing of work, etc. and this has brought about problems in the management of occupational safety and health risks the world over.

Occupational Safety and Health (OSH) in India is a fairly new field. In fact, even world wide, it has been neglected by social scientists for long, and occupation related health problems, risks and injuries have not been adequately researched (Quinlan 1997; 2001). Due to its sheer size and quick march towards economic transition, occupational morbidity in India is changing drastically but still our public health policy remains customarily concerned with communicable diseases, malnutrition, poor environment, sanitation and, for women in particular—reproductive health. In India statistics for the overall incidence/prevalence of occupational disease and injuries for the country is not adequate. Leigh et al. (1999) have estimated an annual incidence of occupational disease between 924,700 and 1,902,300 and 121,000 deaths in India. Based on the survey of injury incidence in agriculture, a study by Mohan and Patel (1992) in Northern India, an annual incidence of 17 million injuries per year, (2 million moderate to serious) and 53,000 deaths per year in agriculture alone was estimated. The picture today is more multifarious and there is an urgent need for research on incidence, prevalence and prevention that addresses the needs in terms of future occupational health policy in India (Agnihotram RV. 2005).

Occupational research in India is seen as a complex of many issues that includes child labour; poor industrial legislation; vast informal sector; less attention to industrial hygiene and poor surveillance data across the country. There is a general lack of awareness about occupational safety, and environmental hazards that affect all of us in general and the vulnerable and marginalized in particular. Cheap and abundant supply of labour, as well as lack of awareness has led to an almost cavalier attitude towards the occupational health of workers. When we consider that about 92

percent of the total workforce is part of the informal economy—where gaining accurate statistics, maintaining records of injuries/causes of death, implementation of labour laws, regulations etc are all monumental tasks—we can appreciate the problems of acquiring data, doing research, training workers and working towards more stringent and effective laws. Low levels of education leave the work force unaware of the hazards of their occupations. Further, the existence of general backwardness in sanitation, poor nutrition and climatic proneness of this geographic region to epidemics aggravate their health hazards from work environment (Vilanilam JV. 1980).

Some of the key problems faced on OSH issues

• Deficiency of specific laws

Presently, safety and health statutes for regulating Occupational Safety and Health of persons at work exist only in four sectors, namely factories, mining, ports, and construction. What ever is in place can merely be applied to other work sectors in a fragmented and limited way. The major legal provisions for the protection of health and safety of the working populations are the Factories Act and Mines Act. The Factories Act, 1948, for example, deals with occupational health and safety, as well as welfare of workers employed in a factory. But more than 90 percent of the Indian labour force does not work in factories; hence they fall outside the purview of the Act.

• Deficiency of Policies and Enforcement

In India, occupational health is not integrated with primary health care. In fact, occupational health is the mandate of the Ministry of Labour, not the Ministry of Health, hence does not factor in public health policy. Further, enforcement agencies operate mostly in the organized sector and unorganized sector gets neglected.

• Lack of thorough studies and poor research sharing

It is true that some studies have focused on occupational risks but the most of them suffer from small sample sizes, dependency on self-reporting, flawed interview procedures etc. Further the data is often not adequately analyzed and shared.

• Lack of consciousness amongst employers

Many large industries/public sector units provide medical services but concentrate on the curative, neglecting occupational health. This is because most entrepreneurs, bar a few exceptions, are not sensitized about the importance of occupational safety in their industries. This has led to insufficient budgetary allocations towards providing a safe working environment.

• Lack of consciousness amongst employees

Trade unions are not informed about OSH issues and its importance and therefore do not disseminate information. Often, due to lack of knowledge the workers themselves are unwilling to take precautionary measures like using protection gear because they have become used to working in a particular way for years, and hence resist change.

• Deficiency of trained medical staff

Indian doctors and nurses are very poorly trained to deal with occupation health related morbidity. Neither are many medical schools specialized in this faculty nor do they offer specialized training. The Occupational Health Physician, where employed, also takes up mostly curative work and liaison

work giving insufficient attention to occupational health. As a result there is under-diagnosis and under-reporting of occupational diseases. According to Dr. S.R. Pingle, Chief Medical Officer, Reliance Industries Ltd., Patalganga, there are only around 1000 qualified occupational health professionals in India and around 100 qualified hygienists.

Women and OSH

Speaking specifically about the occupational safety and health of women; the world over it has been weighed down by patriarchal structures and by the nature of women's work itself, which is primarily unorganized, home-based, domestic and hence invisible. However new research in this era of the shrinking globe demands that more attention be focused in the sphere of occupational health and labour connected with women's work. Over the last three decades, gender studies have helped significantly in the development of research and methods to better identify the problems in and improve working conditions. This research has shown that the social relations between the sexes are connected to the gender-based division of work and also to unequal work conditions. However, research on women's OSH issues in India is largely a neglected area and knowledge sharing even more so (Dogra 2008).

The past decades have seen an appreciable increase in the population of working women. The proportion of male: female working population, which was 78:22 in 1991, changed to 68:32 in 2001. This increase in the working female population leads to certain concerns, such as adverse effects on reproduction, exposure to toxic chemicals in the workplace, musculoskeletal disorders because neither the tasks nor the equipment women workers use, are adapted to their built and physiology. In addition, women workers have specific stress-related disorders, resulting from job discrimination (such as lower salaries and less decision-making), a double burden of work (workplace and home) and sexual harassment.

Arguably work related to OSH issues of women in India has had a late start, largely due to the fact that even the basic professional data collection on occupational accidents and diseases of women has been deficient if not absent. The effort of building a statistical record of women working both in the formal and informal sector, in India is just in its nascent state. National statistics on division of women's economic roles and employment are inadequate therefore knowledge about women's work related health issues is still insufficient. This has resulted in the exclusion of women employed in various groups and sub-groups of the economy—especially the informal economy—from statistics on injury compensation or on absence from work due to illness. In addition, domestic and household work is rarely if at all reflected in such records and 'Women's occupations are often missing from medical reports or death certificates'. (ILO 2002) The professional researcher will remain handicapped until a national record on occupational accidents and diseases by gender is made available. Such statistics will lead to the desired goal of the development of a national information strategy to collate and disseminate information on occupational health and safety of women workers.

Within the field of occupational health and safety, the tendency has been to adopt a gender-neutral approach. This has meant that there have been few studies about the differences in working conditions and work-related health problems between men and women in the same occupation. In India, women comprise about one third of the informal workforce. In urban areas, over 80 percent of women workers are working in the informal economy where earnings are extremely low, hours of work long, no paid leave, no medical insurance or pension or any other social security benefits. In both the formal and informal sector, women generally have a greater degree of monotonous and repetitive motion in their work. Further, a lot of the work that women do is home-based and invisible; therefore their work does not fall in the purview of mainstream OSH discussions. The only

exclusively female aspect of health that is discussed is reproductive health. Considering that there has been a huge increase in the size of women's workforce, it becomes imperative to integrate OSH into policies on women's health and well being.

Research Sharing: The Scenario Today

Workplace injury and disease can be reduced by good risk management, therefore, it becomes essential for organizations and the workers to have access to OSH information. There is a great deal of information available in this field internationally, but the problem is how and where to find and adapt it to our needs. What further complicates the issue is that OSH covers a number of disciplines and to find information, it is necessary to look at a variety of subjects such as occupational medicine, industrial hygiene, ergonomics and behavioural sciences (Caminschi & Gabriel 2008). Also, as mentioned above, Indian occupational health is a complex issue and it is almost impossible to assess the occupational disease burden in this country because of deficient surveillance. On one hand there is need to understand the risk factors of modern occupations and on other hand the hazards from traditional occupations are yet to be explored.

Occupational Safety and Health is a field that is technical in nature, and hence the challenges of bringing it into popular consciousness are that much greater. Conveying information in a simple and precise way; increasing awareness about health hazards, injury-related laws, compensation etc; bringing about change in attitudes and behaviour towards their own health are some of the key areas that require to be taken into account when approaching workers, both men and women. Other targeted initiatives are necessary to sensitize employers and law makers. The first step would be to undertake rigorous and extensive gender-sensitive research on OSH in both the formal and informal sectors. From the very inception of the research process, the dissemination of results should be a critical consideration and is of utmost importance for policy planning.

In recent years, occupational health training has started being carried out in a few medical colleges for graduate and postgraduate diplomas and degrees. The following Occupational Health Institutes in India provide training and carry out research in occupational health:

Central Labor Institute (CLI), Mumbai

National Institute of Occupational Health (NIOH), Ahmedabad

Industrial Toxicology Research Centre (ITRC), Lucknow

Central Mining Research Station, Dhanbad

Regional OHCs at Calcutta and Bangalore

Regional Labour Institutes at Calcutta, Madras and Kanpur

These institutes are working on research issues like Asbestos and Silica related diseases, pesticide poisoning, and musculoskeletal disorders but widening of research to include OSH issues in various sectors and sub sectors of the economy is an urgent requirement. Cohesive documentation and research sharing is needed in order to avoid. Further, the results of studies rarely reach the people who could directly benefit from the information.

Conclusion

Management of health and safety in the workplace is not just a legal and moral obligation; it also makes good economic sense. Attention to safety and employee welfare issues can yield valuable returns in improving employee morale, reducing absenteeism and maintaining productivity, while cutting costs arising from accidents and compensations thereof. Health and safety are often regarded as being separate from other workplace issues. As health and safety laws often involve technical issues, laypersons feel that only experts can deal with such matters. This is a myth. Most accidents happen because they have not been prevented; thus safety is a key issue. The need of the hour, so to speak, is that India urgently requires modern OSH legislations that address the needs of the new work order.

Action Plan

1. Generation of data in priority areas through research studies. Collection of data, research and analysis on occupational health should not be gender-neutral.

2. Creating awareness at various levels: workers, contractors, employers, government agencies and policy makers, and media

3. We need to develop a national network on occupational health in our country. All stakeholders—the employers, employees, government, research organizations and NGOs —should come together to develop a strategy for Occupational Health and Safety to improve the coverage.

4. It is recommended that generating a pool of human resources in occupational health researchers, creation of environmental and occupational health cells at all district levels may help us to develop some databases or information systems across the country. There should be trained inspectors for technical inspection of health and safety in the workplace; trained medical practitioners; systems for redressal etc.

5. Simple technology for prevention and control of occupational diseases for small and cottage industries should be developed.

6. Develop gender-sensitive training programs for employers as well as employees

The new National Policy on Safety, Health and Environment at Workplaces and OSH Bill 2002, have envisaged some of the above actions. In order to accelerate the process of providing OSH in the organized sector, government may initiate local level organizations with industrialists, medical professionals, and researchers and trade unions as partners. Pilot studies are required to address some solutions in informal sectors. Help from international agencies, such as WHO and ILO can act as a catalyst and play a major role in this process.

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