

## CHAPTER V

### SUMMARY AND CONCLUSIONS

#### 1. SUMMARY

Occupational health is comprised of measures for protecting the workers against any health hazards arising out of their work or conditions under which it is carried on. It should aim at the promotion and maintenance of the highest degree of physical, mental and social well-being of the workers. Proper promotion of occupational health results in reduction in labour turnover, reduction in absenteeism, reduction in incidence of disease, lengthened span of working hours, improved morale and increased productivity.

Inspite of so many potential benefits of maintaining occupational health, this aspect in many of the Indian industries is far from being satisfactory. Many Indian workers work in deplorable conditions and are extremely exposed to severe occupational hazards. Due to poor occupational health, industrial workers suffer from injuries, diseases and many types of other health disorders. Their occupational health disorders interfere with their job performance and lower their output. It is well-known that if a worker is kept fit physically, mentally and emotionally, he is sure to give the maximum output.

Women have also become an integral part of manpower resources as new industrial organisations have opened new opportunities for women. They take up different jobs to eke out

their livelihood and 90 per cent of them depend upon unorganised industrial sector. Against their significant participation in this sector, women workers are subject to various forms of unfavourable work conditions and occupational health problems. Lack of skill, heavy physical work of different types, long hours of work with limited payment, sex discrimination, lack of comprehensive legislation, deprivation of minimum wages and lack of minimum facilities at work place are some of the characteristics of their employment. Their work environment is often designed to suit machines and they are treated as appendages to machines. The environment of their work place is chaotically occupied, unsystematically developed and generally neglected area which is overcrowded and overpopulated with its unrepaired and neglected structures.

Due to poor work conditions, women workers suffer from injuries, diseases, mental tensions and strains. Women workers are forced to suffer their problems in silence and are not allowed to open their mouths. There is non-recognition and tactical silence regarding their problems. Due to lack of power at the work place, their occupational health problems are overlooked and their seriousness is downgraded.

For poor households, women's earnings are essential for their survival. If they suffer from health problems, then the reduction in their working capacity would affect their wages earned and may hinder the development of their households. This calls for actual appraisal, deeper understanding and objective analysis of the complexities, intricacies and magnitude of

occupational health problems faced by women workers. There is a need for reliable and factual information relating to occupational health problems on the basis of which the labour departments can make a strong case for the introduction of ameliorative or protective measures for women workers.

This study was designed to gain insight into the suitability of occupational environment and to assess its impact on health of the women workers. It was also aimed at ascertaining the impact of occupational health problems on output of the workers. The influence of women worker's earnings (from their output) on their household development was also ascertained.

The present study was conducted on women workers of rural and urban handloom industries of Panipat district as three-fourths of the industries are located in this district only. It is expected that findings of the study will bring a ray of hope in the lives of underprivileged women to ameliorate their conditions. From the family resource management specialist's point of view, this study will help in identifying the constraints of poor women workers which they face outside the family. The study will show how these constraints influence the earning capacity and contribution of women workers towards their family development. The information collected will provide database which will fill up the lacunae in research work on women and development.

## **Objectives of the Study**

The specific objectives of the study were :

1. To study the demographic and socio-economic characteristics of women workers and their households.
2. To study the occupational profile of women workers.
3. To assess the extent of suitability of occupational environment to women workers in terms of (i) work factors (ii) work place factors (iii) organizational factors.
4. To analyse the extent of awareness of women workers about sources of occupational health problems.
5. To assess the impact of occupational environment on women workers in terms of their occupational health problems.
6. To find out employers' view points about facilities provided to workers and improvements they want to make.
7. To ascertain the impact of occupational health problems on the output of women workers as perceived by them.
8. To ascertain the impact of women workers' earnings on their household development.

## **Assumption of the Study**

The study is based on the following assumption :

1. Many occupational health problems exist in handloom industries.

### **Hypotheses of the Study**

1. Occupational health problems of women workers will be the function of occupational environment.
2. The location of industry will cause variation in (i) occupational environment (ii) frequency of occurrence of occupational health problems of women workers (iii) awareness level of women workers about sources of occupational health problems.
3. There will be an association between awareness level of women workers about sources of occupational health problems and (i) age of women workers (ii) education of women workers.
4. Number of occupational health problems of women workers will be associated with the duration of employment and age of women workers.
5. There will be an association between occupational environment and women workers' output.
6. There will be a variation in the income earned and household development of rural and urban women workers.
7. There will be an interrelationship between frequency of occurrence of occupational health problems, workers' output and household development of women workers.

### **Delimitations of the Study**

1. The study was carried out in handloom industries in Panipat district.
2. The study was limited to a sample of 252 women workers.

### **Methodology**

A descriptive research design was used for the present study.

The study was conducted in Panipat district of Haryana state.

### **Sample Selection**

A multistage purposive sampling design was adopted. The stages comprised of selection of area, selection of industries and selection of workers. Accordingly 252 women workers from 18 industrial establishments were selected (126 workers from nine rural industries and 126 workers from nine urban industries). These workers were engaged in six different production processes i.e., rag ripping, wool sorting, drying of yarn, winding of yarn, weaving of carpet and clipping of carpet. In each production process, 42 workers (21 from rural and 21 from urban industries) were selected.

### **Tool Construction**

An interview schedule was constructed for the study. The tool comprised of six sections. Section I gave information about

the respondent's personal and family characteristics. Section II was designed to elicit information on occupational profile of women workers, various factors of occupational environment, awareness level of women workers about sources of occupational health problems and satisfaction level of women workers with various factors of occupational environment. Section III dealt with occupational health problems arising from work factors, work place factors and organisational factors, type of medical facility provided by the employers, work done during illness, number of days leave taken, type of treatment taken, reasons for not taking the treatment and steps taken by women workers to overcome their difficulties. Section IV contained questions on employers' view points about women workers' output, categories of jobs reserved for women, facilities provided to the workers and improvements they wanted to make. Section V contained questions to assess the impact of occupational health problems on household work, respondents' control over family finances, role played by respondents in household decisions, respondents' participation in social/community activities, sharing of household work, health status of family members, education and acquiring of skills by family members, self help work in the family, housing conditions, saving, loan taken, possession of consumer durable items, expenditure pattern and dietary pattern, satisfaction with family living and future goals of the respondents. Section VI contained observation proforma about work place factors and some visible symptoms of health problems of workers. The instrument was validated by seeking expert opinion of a panel of judges. The schedule so developed was pretested on a sample of 30 women

workers. Minor changes were made in the schedule on the basis of pre-testing. Reliability of the awareness scale was established and the reliability coefficient computed was 0.81.

#### **Method of Data Collection**

Data were gathered personally by the investigator from women workers using the interview schedule. Eighteen employers of the industries were also interviewed to get some information and also to cross validate the data given by the workers. Indepth observation of various work place factors and facilities available at work place was also carried out and recorded. Women worker's visible symptoms of health problems were also observed and noted down. A clinical examination of symptoms of chest problems was carried on 60 women workers by the doctor - a chest specialist.

#### **Analysis of Data**

Both descriptive statistics; frequency, percentage, mean and relational statistics : Chi-square, t-test, linear stepwise multiple regression and Karl Person Product Moment Correlation were used for analysing the data. All data were analysed for rural/urban comparisons.

#### **Major Findings of the Study**

Highlights of the findings of this investigation were :



### **Sample Characteristics**

1. The mean age of the respondents was 44.05 years. Nearly 43 per cent of respondents were illiterate. More than one-half of the rural sample were illiterate. Nearly 46 per cent of respondents' families were migrants. Percentage of migrants was more in urban sample (56.34 per cent) than in rural sample (34.92 per cent). More than two-thirds of respondents' families belonged to Hindu religion. Schedule caste families were dominant among the sample.

On the whole, 79.36 per cent of respondents had nuclear families. Percentage of nuclear families was more in urban sample (84.12 per cent) than in rural sample (74.60 per cent). The mean size of rural families (5.30, members) was larger than the urban families (4.71, members). Nearly 74 per cent of heads of the family were labourers. Percentage of labourer heads in rural group (80.15 per cent) was more than in urban group (67.46 per cent). Mean monthly income of the family was Rs. 2820.53. Mean income of urban families (Rs.2931.98) was more than rural families (Rs. 2755.03).

### **Occupational Profile of Women Workers**

2. An overwhelming majority of women workers had temporary jobs. Half the number of workers were engaged in semi-skilled work. The mean duration of employment of the total sample was 13.66 years. The mean duration of employment of urban sample (12.79 years) was less than that of rural sample (14.41 years). All the workers worked for 9 hours

daily. About 77 per cent of women workers had only one break for an hour. Mean monthly wages earned by women workers were Rs. 862.99. Mean monthly earnings of urban sample (Rs. 919.84) was more than that of rural sample (Rs. 806.15). The mode of payment of wage was monthly.

### **Suitability of Occupational Environment to women workers**

3. The findings showed that overwork, strenuous work posture and repetitious work movements were felt to a great extent by more percentage of women workers. These workers were mostly from wool sorting, rag ripping, drying of yarn and carpet weaving processes. Recognition of job, feedback regarding performance of work, long work duration, job security and prospects for promotion were felt to a less extent by more percentage of workers.
4. Almost 67 per cent of industries were noisy and 61 per cent had damp floor. More than one-third of women workers reported that they had to handle dirty material. Tools or equipments were reported to be inadequate by 20.23 per cent of workers.
5. Discrimination by employers between male and female workers in terms of kind of work and wage rates was always felt by 42 to 43 per cent of women workers. More than half the percentage of workers reported that it was sometimes that their supervisors had understanding of their problems. Almost 39 per cent felt that their male colleagues were

always suspicious of their movements. About 45 per cent opined that their female colleagues were always envious of their relationship with bosses.

More than three-fourths of the industries provided loans to their workers. Not even a single industry provided any leave with pay to women workers. None of the factories had labour unions.

6. Rural and urban occupational environment showed significant variation ( $t = 5.79$ , Sig. at 0.01 level) with comparatively better environment in urban than in rural industries. On the whole, suitability of work factors, work place factors and organisational factors was observed to a less extent in maximum percentage of women workers.
7. Nearly 78 per cent of women workers had average level of awareness about sources of occupational health problems. Age, education of workers and location of industry had significant influence on awareness level.
8. Dissatisfaction with wages and safety measures was expressed by about 44 to 48 per cent of women workers. On the whole satisfaction level with the various factors of occupational environment was low.

#### **Occupational Health Problems of Women Workers**

9. About three-fourths of women workers always experienced strain on shoulders due to strenuous work posture and 45.23 per cent reported this problem as severe. These workers were

mostly from carpet weaving. The other problems faced by maximum percentage of workers were pain in the hips, neck and back discomforts. These workers were mostly engaged in wool sorting, rag ripping, carpet weaving and drying of yarn.

More than half the number of women workers had always experienced headache due to long work duration and 46.03 per cent reported the problem as severe. These workers were mostly from wool sorting process. The other most frequent problems felt were drowsiness and frustration. Nearly two-thirds always experienced pain in shoulders due to repetitious work movements and 56.34 percent reported that the pain was severe. Next most frequent problem faced by 61 per cent workers was pain in hands and fingers and arms and 42 to 45 per cent reported the pain as severe. These workers were from wool sorting, rag ripping and carpet weaving. Due to lack of job security, 59.12 percent of women workers always felt that their self-esteem was hurt and 23.44 per cent reported this problem as severe. Physical fatigue due to overwork was always felt by 61.50 per cent of workers and almost 34 per cent reported the problem as severe. Inefficiency due to lack of job recognition was always felt by 49.20 per cent and 30.15 per cent reported the problem as severe.

10. Half the number of women workers suffered from frequent cold due to poor physical work conditions and about one-third

reported severe cold. About 50 per cent always felt uneasiness and 25 per cent reported the problems as severe. Hardening of skin due to working with inadequate tools was reported always by 58.33 per cent and 39.28 per cent reported the problem as severe. About 50 to 52 per cent always reported redness of skin and abrasions on hands and nearly 25 to 26 per cent reported the problems as severe. Nausea was always experienced by 52.38 per cent due to contact with particulate matter and 32.93 per cent reported the problem as severe. The next most frequent problem was irritation in throat and nose. Almost 37 per cent of women workers always felt irritation of skin due to fungal/insect contacts at work place and 16.66 per cent reported it to be severe.

11. Almost 35 per cent of women workers always experienced conflicts due to poor relations at work place and 14.25 per cent reported the problem as severe. Due to lack of labour welfare benefits, 46.42 per cent of workers always felt discontented and 25 per cent reported the problem as severe.
12. Majority of the problems resulting from work factors and all the problems from work place factors affected the physical health of women workers. Organisational factors caused only mental health problems. The mean number of physical health problems was 39.82, mental health problems was 14.05 and all types of health problems was 53.84. More percentage of workers suffered between 29 to 32 number of problems due to work factors, between 24 to 27 due to work place factors,

upto 7 problems due to organisational factors and between 52 to 66 due to all factors of occupational environment.

13. Chronic bronchitis was diagnosed in about 37 per cent of sub-sample, bronchial asthma in 23.33 per cent and pulmonary tuberculosis was diagnosed in 15 per cent of workers of sub-sample.
14. All the factors of occupational environment except biological factors accounted for significant influence on health of women workers. Frequency of occurrence of occupational health problems was significantly more ( $t = 4.57$ , Sig. at 0.01 level) in rural sample than in urban sample.
15. Large percentage of women workers in wool sorting process suffered from too many number of problems. The next in order were workers in rag ripping, winding of yarn, drying of yarn, clipping of carpet and weaving of carpet.
16. A significant association existed between number of occupational health problems and duration of employment (Chi-square = 31.03, Sig. at 0.01 level) and age of the workers (Chi-square = 5.59, Sig. at 0.05 level).
17. More than one-half of the industries provided medical facility to the workers. Medical allowance was given only whenever there was any health problem.

18. Work during illness was not done by 61.50 per cent of women workers. About 84 per cent of workers took the treatment during illness. More of urban workers (90.47 per cent) than rural workers (76.98 per cent) took the treatment during illness.
19. Regarding steps taken by women workers to overcome their problems, 44.04 per cent presented their problems to the employers, whereas one-fourth reported of not lodging any complaint.

#### **Employers' View Points**

20. Not even a single employer reported that women's output was more than the men's. Employers reported of reserving such categories of jobs for females that required manual operations. Almost 78 per cent of employers reported of providing training to workers especially to the males. Not even a single employer provided creche facility, maternity benefits and sitting and rest rooms to workers. Employers wanted to develop abilities and work competence of workers and to keep up workers' benefits with time especially of male workers. Employers did not want to employ more number of women workers as they were physically weak, had higher rate of absenteeism and also due to extra costs involved in providing support services to women workers.

### **Output of Women Workers**

21. The mean actual output of women workers was less than their mean expected output in all production processes. The mean actual output of the workers in carpet weaving was more than the workers in all the other processes. The mean actual output of urban workers was significantly more ( $t = 5.86$ , Sig. at 0.01 level) than that of the rural workers.
22. A negative significant correlation ( $r = -0.961$ , Sig. at 0.01 level) was found between frequency of occurrence of occupational health problems and output of women workers. Occupational health problems due to particulate matter emerged as most important determinant causing 63.9 per cent of variation in output. Problems due to work movements did not cause any variation. On the whole 92.8 per cent of variation in output was caused by problems due to all factors of occupational environment except work movements. In rag ripping problems due to particulate matter caused 75 per cent of variation in output and in carpet weaving, it was 66.2 per cent and in wool sorting, it was 63.2 per cent. Physical work conditions caused about 65.1 per cent of variation in output of workers in production process of drying of yarn. Problems due to mechanical factors in winding of yarn resulted in 64.9 per cent of variation in output of workers. In carpet clipping, problems due to lack of labour welfare benefits caused 54.3 per cent of variation in output.



### Household Development of Women Workers

23. Due to occupational health problems almost 83 per cent of respondents felt tired and were unable to use finger and palm strength while doing household work. A negative significant correlation ( $r = -0.932$ , Sig. at 0.01 level) was found between frequency of occurrence of occupational health problems and household development.
24. Nearly 79 per cent of respondents contributed between 15 to 39 per cent to the monthly family income. The mean percentage share was 32.51 per cent per month. Before employment, only 12.69 per cent of respondents had control over family finances but after employment about 28 per cent had this type of control. Percentage of women workers who had control over family finances was more in urban sample (39.68 per cent) than in rural sample (15.87 percent). Before employment only 14.28 per cent played dominant role in decisions related to expenditure of daily necessities and in other activities their role was negligible. But after employment, the percentage of respondents who played dominant role in household decisions had increased. The increase varied from almost 12 to 42 per cent of respondents. Maximum percentage of respondents played dominant role in decision related to recreation, spending money on festivals and daily necessities. There was also an increase in percentage of respondents who participated in social/community activities independently after their employment. The increase varied from about 19 to 49 per cent

of respondents. Majority of respondents participated independently in religious ceremonies. Before employment, respondents received negligible help from family members in household work except in activities of fetching fuel and fetching/storing water. After employment, there was an increase in percentage of respondents who received help from their family members. This increase varied from 13 to 53 per cent. Maximum help was received in tasks of fetching fuel, fetching/storing water and cleaning of house.

25. As a result of their employment, respondents were able to spend some money in taking care of the health of their family members and due to this 27.77 per cent of respondents reported the health status of their family members as good after they took the employment. About 60 per cent reported improvement in education of children after their employment. Almost 43 per cent were able to spare money to teach some skills to their family members.
26. Percentage of respondents who had owned houses before employment was about 41 per cent but after employment it increased to nearly 54 per cent. Before employment, 50.39 per cent of respondents stayed in 'kaccha' houses but after employment this percentage was only 19.04 per cent. Before employment, only 5.15 per cent of families had separate kitchen but after employment about 17 per cent could afford to have separate kitchen. There was an increase in percentage of respondents who had different facilities

(Toilet, bathroom, water and electricity facility) in the house after employment. This increase varied from about 18 to 34 per cent. Maximum percentage of respondents had electricity facility at home. Nearly 81 per cent of the respondents felt that they were able to save more amount of money than they could before employment but the result showed no significant relationship between earnings and savings.

There was an increase in percentage of respondents who possessed different durable items after their employment. This increase varied from about 17 to 64 per cent of the respondents. Cent per cent could get charpoy in their homes. Other than this item, maximum percentage were able to get fan and folding bed in their homes. Much change was also observed in consumption expenditure pattern of 42.06 per cent of respondent's families after the respondents' employment. Improvement was observed in dietary pattern of respondent's families after the respondents' employment. More percentage of respondents' families were able to consume daily pulses, vegetables, fruits, and milk after the employment of respondents.

27. Rural and Urban sample accounted for significant difference in development in terms of development of respondents ( $t = 4.38$ , Sig. at 0.01 level); development of family members ( $t = 4.00$ , Sig. at 0.01 level); development in terms of level of living of the family ( $t = 6.13$ , Sig. at 0.01 level) and overall household development ( $t = 5.6$ , Sig. at 0.01 level).

Households of urban respondents were comparatively more developed than households of rural respondents. . . .

28. A positive significant correlation was found between income earned and development of respondents ( $r = 0.87$ , Sig. at 0.01 level); development of family members ( $r = 0.55$ , Sig. at 0.01 level); development in terms of level of living of family ( $r = 0.84$ , Sig. at 0.01 level) and the overall household development ( $r = 0.946$ , Sig. at 0.01 level). Data showed that income earned by the respondents did have some impact on the development of their households but still half the number of respondents had their households less developed.
29. Before employment, 55.55 per cent of respondents were not at all satisfied with their family living but after employment, the percentage decreased to 38.88 per cent.
30. Buying of more number of durable assets was reported as their future goal by 95.23 per cent of respondents, about 88 per cent wanted to marry their children, 70.20 per cent wanted to provide higher education to children and 51.19 per cent reported construction of house as their future goal.

## **2. Conclusions**

On the basis of the findings of this investigation, the following conclusions are drawn :

1. Occupational health problems were the result of all the factors of occupational environment except biological factors. Less the suitability of the occupational environment, more were the occupational health problems of women workers.
2. Occupational environment in urban industries was comparatively better than in rural industries.
3. Awareness level of women workers about sources of occupational health problems increased with the increase of education and decreased with the increase of age. The awareness level of urban workers was better than that of the rural workers.
4. Frequency of occurrence of occupational health problems of women workers was comparatively more in rural industries than in urban industries.
5. The carpet weavers faced the least number of problems and wool sorters had the most.
6. The number of occupational health problems increased with the increase in duration of employment and increase in age of women workers.
7. More the suitability of the occupational environment, more was women workers' output.
8. Output of women workers decreased with the increase in frequency of occurrence of occupational health problems.

Problems due to particulate matter emerged as an important determinant of output variation.

9. Output of urban women workers was more than that of rural women workers.
10. Carpet weavers had more output and wool sorters had the least output.
11. Increase in frequency of occurrence of occupational health problems decreased the development of households of respondents.
12. More output of women workers enhanced the development of their households and less output suppressed the development of their households.
13. Development of households of urban respondents was more than the development of households of rural respondents.

#### **Implications of the Study**

The findings of the investigation brought out a number of important implications for employers, government and educational institutions.

##### **For Employers**

1. Employers should give the minimum wages to women workers as prescribed by law. They should understand the fact that high productivity which they clamoured for will be possible only when workers are given fair wages. They should also share

the additional gains of productivity with their workers. Employers should promote women workers' development by providing them skilled, better paid and permanent jobs. It is only through this that committed labour force can be promoted.

2. Employers should not indulge in any sort of discrimination. They should regard women workers as equal partners in the production process. They should not hamper the freedom of workers. They should try to establish an atmosphere of mutual understanding and co-operation.
3. Employers should make greater efforts in maintaining proper work place conditions. They should understand the fact that congenial work conditions are instrumental in preventing many diseases. They should make provisions for adequate tools and superior quality of raw materials so as to reduce work related health hazards.
4. Sufficient number of labour welfare benefits should be provided. These should be comprehensive and continuous in operation. These would help to strengthen the human element which is involved in production. It is suggested that some incentive wage payments such as productivity linked bonus should be evolved by all the employers. It will have its own impact on efficiency, production and level of performance of workers.
5. Employers should understand that for satisfactory utilization of manpower in industry optimal work conditions

are essential. Therefore, employers should recognise the importance of maintaining occupational health. They should give as much attention to human aspect as is usually given to material aspect. There should be minimum disruption of well-being and health of the workers.

#### **For Government**

The findings exemplified the distressing state of work environment. The situation is depressing as women workers are too weak to revolt and on the other hand, their employers are too strong to evade their obligations. This warrants the special attention of government. The prevailing situation needs better vigilance on the implementation of existing laws. Law, no doubt, is a powerful instrument in bringing about changes, but it is also important to bear in mind that law is not self enforceable. The following measures need to be undertaken by the government :

1. If the standards laid down by law are to have any practical effect, the government concerned will have to make their labour inspection system more efficient and effective. Regular inspection of work places by labour officers including a number of women labour officers should be done frequently. These inspections should be conducted with a view to assess the extent of implementation of various laws and regulations which afford protection to workers. Establishment of special women's cell in industrial development committee is needed to develop programmes for safeguarding the rights and status of women workers.



2. Government should also ensure strict enforcement of minimum wages to workers. Standardised pay slips should be made compulsory which would ensure that employers have to supply the relevant information stating clearly calculation of various payments and deductions made. It would discourage employers from exploiting workers.
3. Government should strive for eradication of discrimination against women workers. Government policies should take into consideration gender issues to encourage employers to upgrade women's skills and to increase their access to more remunerative jobs. Government should force the employers to extend every benefit and facility to all without any discrimination. Government can grant pioneer status and tax benefits to the employers who employ more number of women workers and do not indulge in any sort of discrimination.
4. Government can also help the employers in providing social security services to women workers. A better way is to impose tax on all employers and this tax along with government contribution equivalent to tax should be used for providing support services to women workers.
5. Proper need for medical care was felt. There was general negligence on the part of employers in meeting ESI statutory requirements. It was observed that the number of factories attached to ESI hospital was decreasing inspite of the fact that industrial health is deteriorating day by day. Hospital services were not being utilized properly. The government

should ensure that adequate health services are made available to all workers. Government should also provide consultative services to employers to make them realise that ill health is not something which is inevitable. It is important to make them aware of existing health problems and their causes as well as methods to prevent and control them. It should be made compulsory for them to get the workers medically examined from time to time, at least annually, in order to detect early the adverse effects of occupational ill health and to consider suitable medical care. Keeping in view the pervasive nature of health and also the social interest involved therein, it should be the first and foremost obligation of the state to protect and promote health of workers by strict enforcement of their acts. Since more than half of the total work force in industries consists of women, they need special consideration due to their tenderness as well as their varied responsibilities as housewives. Government can also make arrangements for good number of mobile dispensaries for providing on the spot medical treatment to all workers. Mobile dispensary staff should pay a visit to every establishment twice a week positively. Free medical treatment should be provided.

6. Unions were virtually absent, so the legal rights of workers were not protected. Formation of union was suppressed by employers. Need for trade union was felt by workers for better bargaining and for bringing improvement in their work conditions. Government should seriously think of developing

labour unions for workers that would represent the interest of the actual target group. Though government has limitations in direct involvement in unionizing or organizing the workers, they can facilitate this task. Further, to look after the problems of women workers and to mobilise them to participate in union activities, formation of women cell in all labour unions should be made essential. Labour union is the only channel through which they can vent their feelings, represent their cases effectively and can exert a strong influence. Without this collective pressure, occupational health conditions are not likely to improve.

7. It is not enough that there should be legal protection. Women workers must also be made aware of their legal rights. Regular channels of information operated by government agency should be established and women workers must know these channels of redressal and information should be made available to them.
8. Many employers did not register their industries to avoid compliance with statutory rules and regulations applicable to workers. Government should strictly enforce registration laws and government should also help in recruitment of labour which would help to overcome the problem of employment security.
9. The study showed that despite the low wage rates, women had to stick to their job. This is indicative of the fact that they had strong economic need for the sake of survival. This

has implication for policies relating to female employment. Separate cells in the ministry for women's affairs or any organisation should generate substantial employment opportunities by taking care of women's interests.

#### **For Educational Institutions**

1. The study indicated improper work place design and ill structured jobs. These were fundamental ergonomic deficiencies which led to job induced discomforts and diseases. Home management specialists can play a significant role in achieving a closer integration between operator and equipment.
2. For reducing the drudgery of women workers at home, there is need to make arrangements through cooperatives or voluntary organisations to provide them time and labour saving devices on hire purchase basis.
3. Home management specialists can publicise the concept of more equitable division of labour within the household. It will enable women workers to respond better to their work place needs. Home management specialists can also educate women workers about work simplification method and cheap sources of nutrients.
4. In the task of upliftment of women especially women workers, educational institutions e.g., Home Science institutions and various women organisations should come forward with fresh programmes, projects and suggestions

devoted to the improvement of work conditions of women workers. They should take the lead and pave the way to their development.

In the end it can be said that any step taken to protect the health of workers should not be considered as a step for their exclusive benefit only but as taken in the interests of the whole nation. Better output due to better occupational health will be the key to all-round welfare/development of the family and society as a whole.

#### **Recommendations for Further Research**

A few suggestions for future research are as below :

1. Similar studies can be conducted on workers in different occupations e.g., construction workers, agriculture workers and sweepers.
2. Occupational health problems of child labour can be studied.
3. A study can be planned to design work room conditions and effective tools to suit workers and also to evaluate the comfortable work posture.