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### **Cover Page Footnote**

We acknowledge the female beedi workers for their willingness to participate in the study

# Awareness on health and social welfare benefits among beedi workers – a community survey

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## Abstract

**Introduction:** Beedi rolling is the major occupation of the women and children residing in many villages in the country providing employment to about 4.2 million beedi workers with the highest number in MadhyaPradesh (18.3%), followed by Andhra Pradesh (14.4%) and Tamil Nadu(13.8%). The beedi workers' welfare fund consists of combination of schemes to improve the living conditions of beedi workers and their families. The study aimed at identifying awareness regarding these benefits among the beedi workers of the selected villages in Karnataka. **Material and Methods:** A descriptive study design was carried out among conveniently selected two hundred women between 20 to 70 years of age. The awareness on medical and social benefits was measured by a structured knowledge questionnaire. **Results:** Among these 200 beedi workers, 67.5 percent had average awareness and 32.5 percent poor awareness on the available benefits. There was a statistically significant association found between the knowledge score and the age of the women ( $\chi^2=9.204$ ,  $p = 0.01$ ). **Conclusion:** Lack of awareness on the available benefits reduces the utilization by the beedi workers making them vulnerable to exploitation. This ignorance also affects their health and quality of life. Imparting knowledge is imperative so that their quality of life can be improved.

**Key words:** Awareness, beedi, beedi rolling, benefits, social welfare, beedi workers.

## INTRODUCTION

Beedi manufacturing is about a century old business in India. Beedi rolling is the major occupation of the women as well as children mostly females residing in the villages throughout the country (Nakkeeran & Bharathi, 2010). The state of Karnataka alone has more than four lakh workers in the beedi industry. Beedi rolling is the procedure in which the moistened tendu leaves are cut roughly in rectangular shape and the processed tobacco is filled by hand and then rolled (Annalakshmi, 2015). Most of the beedi workers work at home on a daily wages system, women and children are employed for their proficiency, yet ironically paid lower wages (Rustagi, Srivastave, Bhardwaj, Saha, Vyas, & Shree, (2001). The beedi rolling causes harm to body and the beedi workers should get medical support to protect themselves from diseases. About 55 lakh beedi workers are expected to get medical insurance benefits throughout India (Sen, 2011). For beedi

workers healthcare benefits are offered by means of seven hospitals and 204 dispensaries all through the country. Many social and medical welfare schemes under the umbrella of the beedi workers' welfare fund have been instituted to widen the government's efforts in providing healthcare, housing benefits, school and college education benefits and safe community living to the workers and their families (Press Information Bureau, Government of India, 2011).

## OBJECTIVES

Objectives of the study were to:

1. Assess the awareness regarding benefits among beedi workers by using a structured knowledge questionnaire regarding benefits.
2. Find the association between awareness score and demographic variables such as age, education, marital status, type of family, family income and work experience.

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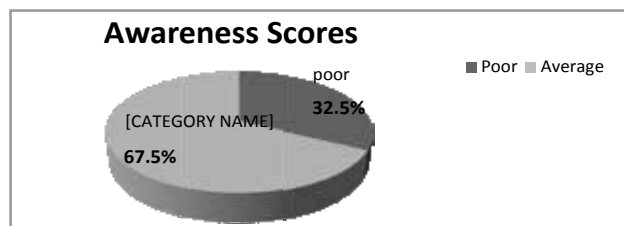
## MATERIAL AND METHODS

In this study the beedi workers were selected by convenience sampling method and descriptive survey design was used for the study. A structured knowledge questionnaire was used to assess the awareness on benefits. The questionnaire consisted of 26 items categorized under benefits such as cash, medical, education, maternity and other benefits. The scores are arbitrarily classified as: poor (0-9), average (10-18) and good (19-26). The content validity of the tools was determined and reliability of tool was established, the reliability coefficient was 0.80. Institutional ethical clearance was obtained for the study. The main study was conducted in Athrady, Hirebettu and Marne villages among 200 beedi workers. The female beedi workers were selected for the study. They were engaged in beedi rolling, aged between 20-70 years and having more than one year of experience as a beedi workers. Data was collected at their homes by interview, with each person requiring about 15-18 minutes. The obtained data were analysed based on the objective of the study by using SPSS 16.0.

## RESULTS

**Sample characteristics:** The study findings show that 121 (60.5%) subjects belonged to the age group of 36 – 50 years, 150 (75%) workers had completed primary education and 194 (97%) were married. Majority (93.5%) of the workers were Hindus, 110 (55%) beedi workers belonged to joint family and 185 (92.5%) of them were having monthly family income of less than Rs 5,000.

### Awareness level:



**Fig 1:** Pie diagram showing awareness on medical and social benefits for beedi workers

The findings of the study revealed that 67.5 per cent of the subjects had average level of awareness, 32.5 per cent had poor level of awareness (Figure 1)

**Table 1:** Frequency and percentage distribution of awareness on benefits for beedi workers. (n=200)

Benefits for a beedi worker	No awareness		Awareness	
	Frequency	Percentage	Frequency	Percentage
<b>Cash benefits</b>				
Provident fund	127	63.5	73	36.5
Pension scheme	78	39.0	122	61.0
Age of retirement	74	37.0	126	63.0
Amount of bonus available	167	83.5	33	16.5
Bonus available method	2	1.0	198	99.0
Leave with wages	166	83.0	34	17.0
Festival leave with wages	179	89.5	21	10.5
<b>Medical benefits</b>				
Agency providing medical facility	22	11.0	178	89.0
New spectacles	148	74.0	52	26.0
Heart problem	153	76.5	47	23.5
Kidney problem	182	91.0	18	9.0
Tuberculosis disease	190	95.0	10	5.0
Cancer treatment	165	82.5	35	17.5
Follow up treatment	162	81.0	38	19.0
Mental illness	144	72.0	56	28.0
<b>Educational benefits</b>				
Standard 1-4	17	8.5	183	91.5
Standard 5-8	16	8.0	184	92.0
Standard 9 and 10	70	35.0	130	65.0
Standard 11 and 12	125	62.5	75	37.5
Diploma and graduation	168	84.0	32	16.0
<b>Maternity benefits</b>				
Availability of cash: up to two delivery	39	19.5	161	80.5
Family planning scheme	186	93.0	14	7.0
<b>Other benefits</b>				
House building	171	85.5	29	14.5
Natural death	131	65.5	69	34.5
Accidental death	197	98.5	03	1.5
Minimum wage for 1000 beedi	1	0.5	199	99.5

The present study findings (table 1) revealed that among the 200 beedi workers, about 73 (36.5%) were aware about provident fund, 122 (61%) were aware about pension scheme, 126 (63%) on age of retirement, about 33 (16.5%) were aware about the bonus amount, 198 (99%) on bonus available method, 34 (17%) aware about the availability of leave with wages and 21 (10.5%) aware about the festival leave with wages. Majority (89%) of workers were aware about the various agencies providing medical facility, 52 (26%) knew about provision of new spectacles, 47 (23.5%) aware about heart problem, 18 (9%) aware about kidney problems, 10 (5%) of them aware about tuberculosis disease treatment and 35 (17.5%) had awareness about cancer treatment. Only 38 (19%) knew about the duration of follow up treatment and

56 (28%) of them had knowledge on mental illness treatment facility.

About educational benefits, 183 (91.5%) were aware of scholarships available for standards 1-4, 184 (92%) about scholarship for standards 5-8, 130 (65%) about scholarship for standards 9 and 10, 75 (37.5%) about scholarship for standards 11 and 12, while 32 (16%) had awareness about scholarship for diploma and graduation studies. Among the 200 women, 161(80.5%) were aware about delivery benefit, and only 14 (7%) knew about family planning scheme.

Twenty nine female beedi workers (14.5%) were aware about the house building allowance for beedi workers, only three (1.5%) knew about allowances for accidental death, 69 (34.5%) knew about allowance for natural death and majority (99.5%) were aware about their minimum wages for 1000 beedis.

#### Association between the awareness score and the selected variables

The association between awareness score and selected variables is presented in table 2

**Table 2:** Association between the awareness score and the selected variables (n=200)

Sample characteristics	Awareness score		$\chi^2$	d f	p value
	Poor	Average			
<b>Age</b>					
20 – 35	22	36	9.204	2	0.010*
36 – 50	31	90			
51 – 70	12	09			
<b>Education</b>					
Illiterate	07	13	2.905	3	0.407
Primary education	52	98			
High school	06	22			
PUC	0	02			
<b>Marital status</b>					
Married	62	132	0.864	1	0.353
Single	03	03			
<b>Type of family</b>					
Nuclear	28	62	0.144	1	0.762
Joint	37	73			
<b>Family income</b>					
≤ 5000	58	127	1.484	1	0.256
5001– 10000	07	08			
<b>Work experience (in years)</b>					
< 15	32	67	4.311	2	0.116
15 – 30	21	56			
>30	12	12			

The present study (table 2) revealed that the Chi-square value computed between the awareness score and the selected demographic variable, age ( $\chi^2=9.204$ ,  $p=0.010$ ) had significant association. Whereas education ( $\chi^2=2.905$ ,  $p=0.407$ ), marital status ( $\chi^2=0.864$ ,  $p=0.353$ ), type of family ( $\chi^2=0.144$ ,  $p=0.762$ ), family income ( $\chi^2=1.484$ ,  $p=0.256$ ) and experience ( $\chi^2=4.311$ ,  $p=0.116$ ) did not have any significant association with the awareness score.

#### DISCUSSION

The current study findings show that out of 200 beedi workers 135 (67.5%) had average awareness and 35(32.5%) had poor awareness; none had good awareness regarding benefits. Similar findings were observed in a study to assess health mapping of women and children beedi workers in West Bengal which showed that awareness regarding facilities available for them from the government was poor, with only 11.9 per cent being aware about the benefits while 88.1 per cent had no awareness regarding the benefits (Das, Moitra & Bhor, 2013). Another study carried out in the urban slums of Mumbai also supports the same, where findings suggest that among 52 beedi workers none was aware of the benefits available for them (Chowdhary, Kowli, & Sabale, 2012). This may be owing to the majority women having only primary education and belonging to the rural areas.

The present study findings show that the beedi workers were aware about medical benefits in terms of provision for new spectacles (23.5%), medical benefits if suffering from heart problems (23.5%), kidney problems (9%), tuberculosis treatment (5%) and cancer treatment (17.5%). Awareness on educational benefits for scholarships available increases as the standard of education increases among these workers. Regarding maternity benefits, 80.5per cent were aware about provision of delivery benefit and seven per cent about family planning scheme. Among the beedi workers, only 14.5 per cent knew about house building allowance, 34.5 per cent knew about allowance for natural death and 1.5 percent about allowance for accidental death. The findings of present study are in congruent with the

study report by Sen A (2011), conducted at Sagar district of Madhya Pradesh who reported that only 67.01% of beedi rollers have benefited by education schemes, 10.33 per cent had knowledge of Housing Schemes and 4.12 per cent about group Insurance Schemes.

In our study, there was a significant association between the awareness scores and age ( $\chi^2=9.204$ ,  $p = 0.01$ ), however no significant association was found between awareness score and other variables. Similar findings were suggested in a cross-sectional study conducted to assess health profile of beedi workers in Mangalore with no association between the awareness of welfare scheme with education status ( $\chi^2 = 2.414$ ,  $p<0.05$ ) and utilization of welfare scheme and education status ( $\chi^2 = 1.362$ ,  $p<0.05$ ) (Madhusudan, Patil, & Jayaram, 2014).

## CONCLUSION

Beedi rolling is the major occupation in rural India and beedi workers need to be aware of the benefits available to them. Majority of the beedi workers had average knowledge and none had good knowledge on benefits available from the Government. Thus it is concluded that periodic education regarding the benefits will encourage them to utilize their benefits.

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