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Work profile of women workers involved in chikankari industries and impact on their health

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Abstract
The city of Lucknow has a prominent place in the history of India particularly for its art, historical monuments and rich cultural heritage. Lucknow is also known around the world over for its many fine handicrafts. Some of the most popular names in the list are chikankari, hand-block, textile printing, zari, zardozi, ivory or bone carving, terracotta and many others that are practiced by various artisans of Lucknow. Chikankari is considered to be the most popular amongst these and is recognized worldwide. It is a fine art of embroidery made with untwisted yarn with the help of the needle on a fine cloth. In order to achieve the objectives of the study descriptive cum experimental design was planned. The present study was carried out in Lucknow city. Both purposive/convenient and random sampling techniques were used to select the study area and samples. A total of 120 workers were selected from Lucknow industries. There are various chikankari industry in Lucknow but we selected only two units because of the need of the research. While comparing the data among different units of chikankari industry, it was observed that major temporary chronic problem faced by unit I workers i.e. 36.6 percent was tingling in hands, which was due to the conditions prevailing in their work place like staying in one position for a long period of time. Whereas among unit II workers 20 percent who were involved in embroidery task were suffering from arthritis problem, as a majorly health concern. These all chronic problem faced by different units of workers were temporary in nature and were due to the condition under which tasks were performed.

Keywords: chikankari workers, family craft, long hour's posture, risk and injury, work schedule and working environment

Introduction
India is a land of craftsmen of hand and muscle power. Craft traditions have withstood the change in time and still epitomize the Indian industrial culture in the world. In small workshops men beat iron to make knives, cut wood for furniture and leather for shoes, mould molten brass in small furnaces, weave silks, cottons and carpets on handlooms. Craft sector is the second largest employment sector in India. There are 23 million crafts people in India. Many agricultural and pastoral communities depend on their craft skills as a secondary source of income. The inherent skills in embroidery, weaving, basketry etc. are means to social and economic independence. Textiles are decorated by various techniques, of which embroidery is only one. In India there are many popular embroidery groups such as chikankari of Lucknow, Kantha of Bengal, Fulkari of Punjab, Kutch of Gujarat and kashidakari of Kashmir. Each style of embroidery is different from the other and has its own beauty and significant value. The National Sample Survey Organisation (NSSO) carried out a sample survey in 2004-2005 and its results showed that out of total workforce of 401 million, only 32 million workers are employed in the organised sector and remaining in the unorganised sector. It reveals that over a decade, the employment in the organised sector has been almost stagnant or slightly declined. As per survey, there were 44.35 million enterprises and 79.71 million workers employed thereof in the non-agricultural unorganized sector of the economy. Among these 25.01 million enterprises employing 39.74 million workers were in rural areas whereas 19.34 million enterprises with 39.97 million workers in the urban area. Among the workers engaged in the unorganised sector, 70.21 million are full time and 9.5 million part times. Percentage of female workers to the total workers is 20.2 percent. The World Bank employment report (2004-05) estimated that about 26% of total share of Indian gross national product comes from the unorganized economy. In spite of the huge size of work force in the unorganised sector, there is a limited attention being paid to this work force as far as health and safety and well-being issued are concerned. The majority of chikankari workers live in poor areas, lack basic health and welfare services and social protection and work in an unhealthy and unsafe working environment. For many of these operators their home and workplace are one and the same place. Vulnerability to diseases and poor health result from a combination of undesirable living and working conditions. The conditions under which most these workers operate are

precarious and unsafe. The interaction between occupational hazards and poor living conditions can exacerbate the health problems of these workers.

Some of the most prevalent problems faced by these workers are: poor lighting, lack of ventilation, inadequate work space and working tools, lack of protective equipment, exposure to hazardous long hours of work. Therefore keeping in mind these facts the research study was planned with the following objective:-

1. To study the demographic profile & medical history of women workers.
2. To study the work schedule related hazards of workers.

Material and Method

In order to achieve the objectives of the study, descriptive cum experimental design was planned. The interview schedule was found to be an appropriate tool, which would adequately gather information pertaining to research work. The present study was carried out in Lucknow city. Both purposive/convenient and random sampling techniques were used to select the study area and samples. Sample size was determined before the data collection. A total of 120 samples were selected from Lucknow city of the Uttar Pradesh. Collected data was tabulated and analysis with descriptive as well as relational statistics.

Research findings and discussion

Demographic profile of chikankari workers

Demographic profile of chikankari workers includes age, education, marital status and income (Rs per month). The data was summarized in Table 4.1.

4.1.1 Age

Distribution of chikankari workers on the basis of age in table-4.1 reveals that maximum 69.16 percent workers fall in the age group 36-45 years followed by 22.5 percent in 26-35 years age group. Among Unit I workers maximum 71.66 percent were from 36-45 years age group followed by 15.00 percent from 26-35 years age group, and only 13.33 percent between less than 25 years age group. Among Unit II workers 66.66 percent were from 36-45 years age group followed by 30.00 percent between 26-35 years age group and only 3.33 percent less than 25 years age group. The age of majority of Unit I workers was in concurrence with the findings of Sinha (2005) [3].

Table 4.1: Demographic profile of chikankari workers N=120

Workers information	Categories	Unit I (n=60)	Unit II (n=60)	Total (n=120)
Age (years)	>25 years	8 (13.33)	2 (3.33)	10 (8.33)
	26-35 years	9 (15)	18 (30)	27 (22.5)
	36-45 years	43 (71.66)	40 (66.66)	83 (69.16)
	Mean Age	36.55 ± 1.78	31.32±1.63	
Educational Qualification	High school	18 (30)	15 (25)	33 (27.5)
	Intermediate	12 (20)	19 (31.66)	31 (25.83)
	Graduate	6 (10)	3 (5)	9 (7.5)
	Illiterate	24 (40)	23 (38.33)	47 (39.16)
Marital status	Married	37 (61.66)	41 (68.33)	78 (65)
	Unmarried	14 (23.33)	17 (28.33)	31 (25.83)
	Single	9 (15)	2 (3.33)	11 (9.16)
Income (Rs per month)	<5000	32 (53.34)	41 (68.34)	73 (60.83)
	5001-9999	20 (33.34)	10 (16.67)	30 (25.00)
	>10000	8 (13.33)	9 (15.00)	17 (14.17)
	Mean Income	56.00 ±3.32	55.37±2.79	

Figures in parentheses indicate the percentage values

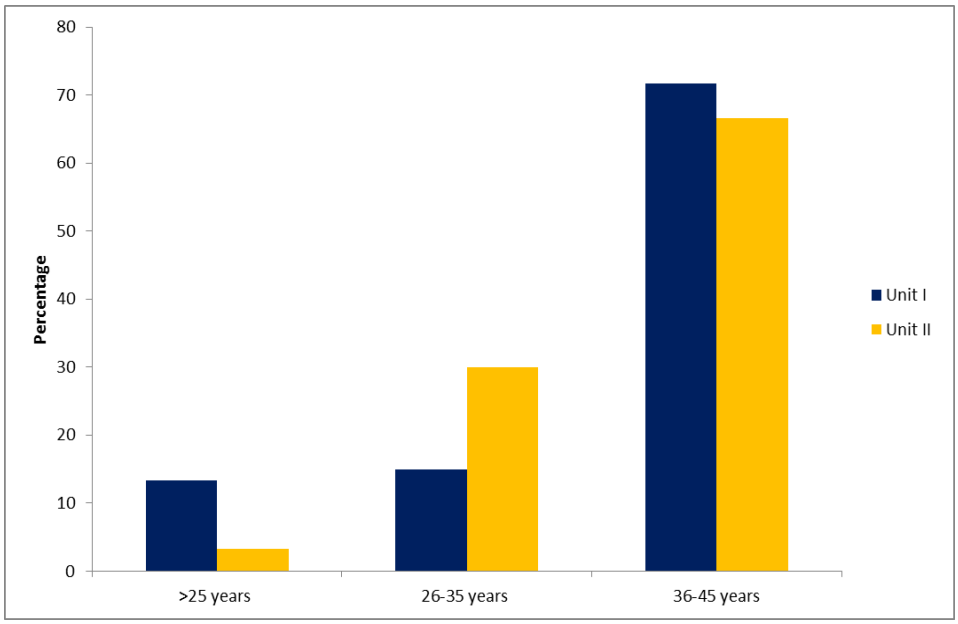

Fig 4.1: Distribution of the Workers on the basis of age

4.1.2 Educational qualification

Education is an important variable which may influence the division of labour. The educational level of the workers in the present study was categories under four categories illiterate, high school, intermediate and Graduate. A look at the data on educational level of chikankari workers in table-4.1 reveals that approximately 40.00 percent Unit I and 38.33 percent Unit II workers were illiterate and 30.00 percent in Unit I and 25 percent Unit II worker were just High school pass. The educational level of 31.66 percent Unit II and 20 percent Unit I workers were Intermediate and only 5 percent Unit II workers were graduate.

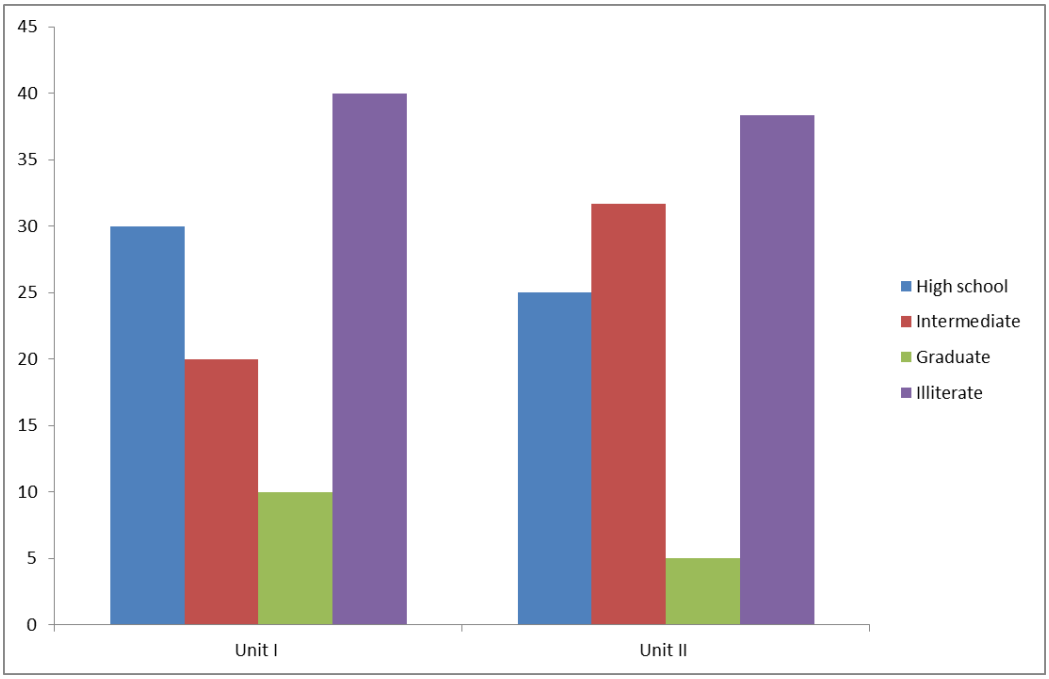

Fig 4.2: Distribution of the workers on the basis of educational qualification

Thus from the above figure 4.2. It can be concluded that the literacy rate among the chikankari workers was very low and the main reasons for low literacy rate among workers were because of their low income and may be their ignorance regarding the importance of education.

4.1.3 Marital status

Marital status is an important factor to be considered in the case of studying chikankari workers which may directly affect their job. Extent of absorbancy in chikankari work is more time demanding hence marital status may have impact on their workload physically. The data regarding marital status shows that majority of the workers i.e. 65 percent were married and 25 percent were unmarried.

In totality it was observed that in unit I who were engaged in embroidery tasks 61.66 percent workers were married and only 23.33 percent were unmarried. Whereas among unit II who were also involved in embroidery tasks, more than 65 percent of the workers were married and 28 percent were unmarried. However only 15 percent of workers were single as some were separated or widower.

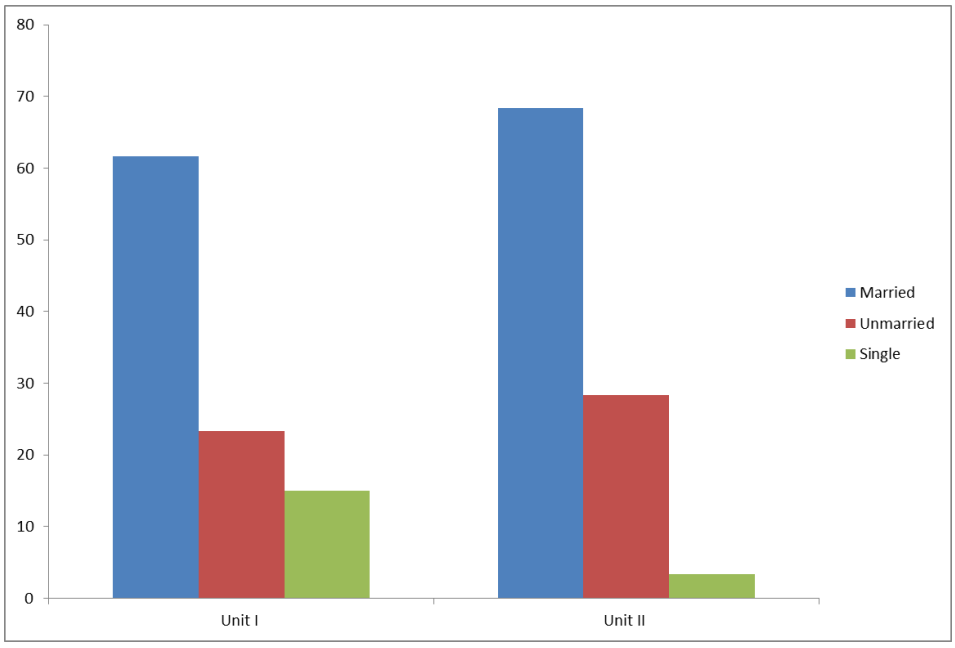

Fig 4.3: Distribution of the workers on the basis of

4.1.4 Income (Rs per month)

Income of workers was also important variable in the study. If the economic condition of the workers is better, they can enjoy the good physical and mental health inspite of heavy workload at place of work. Better nutrition and better infrastructural facilities at home which may in turn help them in spending better life. Income category in the present study ranged from <5000 to 10000 Rs per month.

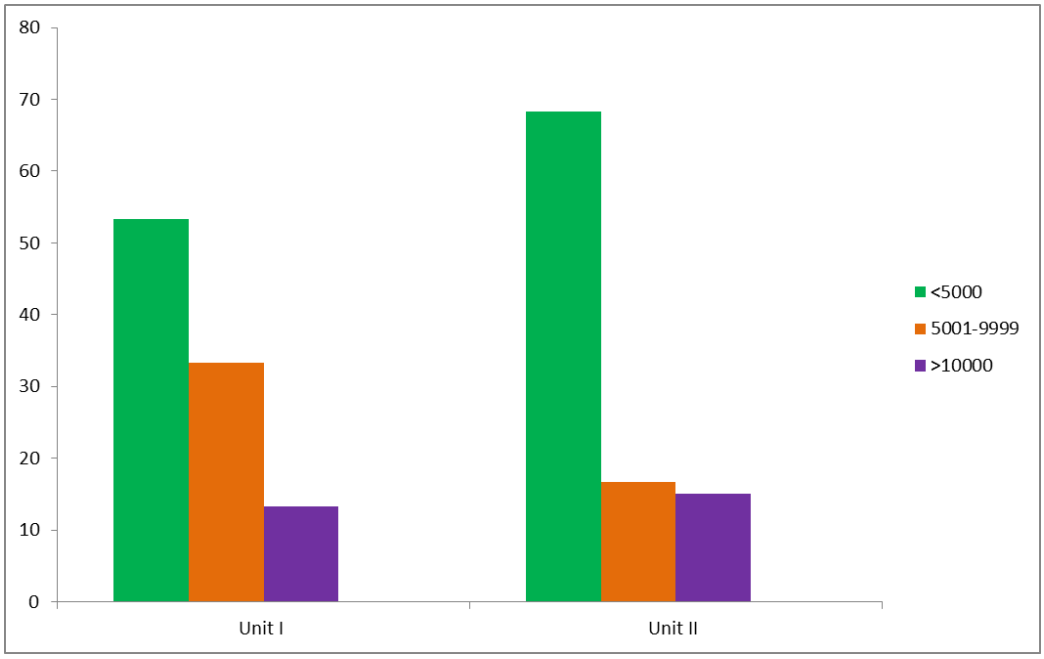

Fig 4.4: Distribution of the Workers on the basis of Monthly Income

Analysis of data in table-4.1.4 reveals that the income of majority 53.34 percent Unit I workers was less than Rs. 5000 only whereas gross monthly income of majority 68.34 percent Unit II workers was between Rs. 5001 to 9999. Only monthly family income of 13.33 percent Unit I workers and 15.00 percent Unit II workers was above 10000 Rs.

Medical history of workers

Table 4.3 showed the medical history of chikankari workers for last one year and the data regarding various illnesses are mentioned below. It was crucial to diagnose the occurrence of illness/sickness among different unit of workers as it has an impact on their health status which in turn affects their working efficiency also.

4.3.1 Physiological illness

Various types of common illness as cough, cold and fever, headache, body ache, skin rashes and allergy, etc and chronic illness like diabetes mellitus, respiratory disease, BP problem, Arthritis, Heart disease and tingling in hand were reported by workers of last one year.

Common Illness

It was evident from the table 4.3.1that on the total sample 85.0 percent reported body ache as the main common illness faced by them which was due to poor working posture for longer duration, and least reported illness were cough, cold and fever by 40 percent of workers.

When comparison was made among the different groups of workers, it was found that all workers in unit I and unit II who were involved in chikankari embroidery work had reported body ache as their major common illness and the reason might be long hour work in awkward position. The result were supported by finding of Burdort *et al*. 1991 [1] that the main contributing factor for body ache is poor working posture. Whereas among the unit I workers who were engaged in embroidery task the main common illness reported by majority of workers i.e. 86.6 percent was body-ache.

Table 4.3.1: Medical History of chikankari workers during last one year N=120

S. No	Occurrence			
	Illness/ symptoms	Unit I	Unit II	Total
Common illness				
1.	Cough, cold, fever	25 (41.66)	22 (36.66)	47 (39.16)
2.	Headache	47 (78.33)	42 (70)	89 (74.17)
3.	Body-ache	52 (86.67)	50 (83.34)	102 (85)
4.	Skin rashes, allergy	31 (51.66)	28 (46.67)	59 (49.16)
Chronic illness				
1.	Diabetes mellitus	10 (16.67)	12 (20.0)	22 (18.34)
2.	Respiratory disease	2 (3.33)	3 (5.0)	5 (4.16)
3	BP problem	14 (23.34)	23 (38.3)	37 (30.83)
4.	Arthritis	21 (35.0)	20 (33.3)	41 (34.16)
5.	Heart disease	11 (18.3)	8 (13.34)	19 (15.83)
6.	Tingling in hand	33 (55.0)	36 (60.0)	69 (57.5)

Figures in parentheses indicate the percentage values

Chronic illness

Various type of chronic illness as diabetes mellitus, respiratory disease, BP problem, arthritis, heart disease and tingling in hand were reported by workers of last one year.

Data revealed that most of the workers i.e. 57.5 percent had reported tingling in hands as the major chronic illness and least common was respiratory disease which was reported by only 4.16 percent. A commendable proportion of total workers i.e. 18.34 percent, 34.16 percent, 15.83 percent and 30.83 percent complained that they suffered from diabetes mellitus, arthritis, heart disease and BP problem, respectively.

4.3.2 Type of Illness

Table 4.3.2 showed the various type of common and chronic illness which was divided under the category of temporary and continuous illness caused from job or from other sources.

Common Illness

The detail about occurrence of illness by the workers in table 4.3.2 revealed that majority of the workers of unit I i.e. 45 percent were suffering with the temporary problem of body ache followed by headache which was reported by 41.6 percent of workers, Very few i.e. only 10 percent had reported temporary problem of cough, cold and fever. Whereas workers of group unit II i.e. 30 percent were facing the problem of skin rashes and allergies. These problem in all two units were temporary in nature and were due to the condition prevailing.

Among both units majority of the workers reported cough, cold, fever as temporary illness from other sources. Body ache was found more among workers of unit I which was temporary in nature and from other sources as can be depicted from table 4.3.2.

From the table 4.3.2 it can be said that major continuous health complaints reported by unit I and II workers i.e. 45 percent and 38.3 percent respectively, was body ache; whereas unit II with skin rashes and allergies which was due to the condition prevailing in their work place. However major illness due to other sources reported by 11.6 percent of unit II was body-ache.

Table 4.3.2: Type of illness faced by chikankari workers during last one year N=120

S.No	Illness/ Symptoms	Type of illness							
		Temporary				Continuous			
		From job		From other sources		From job		From other sources	
		I	II	I	II	I	II	I	II
Common illness									
1.	Cough, cold, fever	6 (10.0)	9 (15.0)	19 (31.6)	13 (21.6)	-	-	-	-
2.	Headache	25 (41.6)	22 (36.6)	10 (16.6)	11 (18.3)	12 (20.0)	9 (15.0)	-	-
3.	Body-ache	27 (45.0)	23 (38.3)	-	-	25 (41.6)	20 (33.3)	-	7 (11.6)
4.	Skin rashes, allergy	15 (25.0)	18 (30.0)	4 (6.6)	3 (5.0)	12 (20.0)	7 (11.6)	-	-
Chronic illness									
1.	Diabetes mellitus	-	-	-	-	-	-	10 (16.6)	12 (20.0)
2.	Respiratory disease	-	-	-	-	-	-	2 (3.3)	3 (5.0)
3	BP problem	4 (6.6)	6 (10.0)	2 (3.3)	-	8 (13.3)	10 (16.6)	-	7 (11.6)
4.	Arthritis	8 (13.3)	12 (20.0)	4 (6.6)	-	7 (11.6)	8 (13.3)	2 (3.3)	-
5.	Heart disease	-	-	-	-	-	-	6 (10.0)	5 (8.3)
6.	Tingling in hand	22 (36.6)	11 (18.3)	-	-	11 (18.3)	25(41.6)	-	-

Figures in parentheses indicate the percentage values

Chronic illness

Regarding occurrence of chronic illness, data from table 4.3.2 reveals that major temporary chronic problem faced by unit I workers i.e. 36.6 percent was tingling in hands, which was due to the conditions prevailing in their work place like staying in one position for a long period of time. Whereas among unit II workers 20 percent who were involved in embroidery task were suffering from arthritis problem, as a majorly health concern. These all chronic problem faced by different units of workers were temporary in nature and were due to the condition under which tasks were performed.

When workers were asked about chronic problem faced by them from other sources rather than job, unit I workers i.e. 6.6 percent had reported arthritis problem, whereas 3.3 percent workers in unit II had reported BP problem.

The details regarding the continuous chronic health problem due to job are given in table 4.3.2. It was observed that major continuous problem reported by unit I workers (i.e. 18.3 percent) was tingling in hand followed by BP problem which was reported by 13.3 percent of workers, very few i.e. 11.6 percent had reported arthritis problem. Also among unit II 41.6 percent workers reported tingling in hands as major continuous problem due to job prevailing condition.

Diabetes mellitus was the main problem faced by unit II workers i.e. among 20.0 percent which was continuous in nature and was due to other sources.

Work schedule of worker

Table 4.2.2: Distribution of respondents on the basis of working hours / day

S. No.	Working hour / day	Unit I (n=60)	Unit I (n=60)	Total (n=120)
1	Less than 2 hrs	-	-	-
2	3-4 hrs	-	-	-
3	5-6 hrs	25 (41.70)	-	25 (20.90)
4	7-8 hrs	28 (46.70)	60 (100.00)	88 (73.40)
5	More than 8 hrs	7 (11.70)	-	7 (5.90)

It can be inferred from table-4.2.2 that majority 88.00 percent workers reported working hour to be 7-8 hours per day. On further analysis it was found that cent percent Unit II workers reported 7-8 hour working per day. On the other hand 46.70 percent Unit I workers worked for 7-8 hour followed by 25.00 percent 5-6 hour per day. Only 11.70 percent Unit I workers were found devoting more than 8 hours to this work.

Table 4.2.6: Distribution of respondents on the basis of number of working days per week

S. No.	Number of working days/ week	Unit I (n=60)	Unit II (n=60)	Total (n=120)
1.	5	24 (40.00)	20 (33.40)	44 (36.70)
2.	6	-	19 (31.70)	19 (15.90)
3.	7	36 (60.00)	21 (35.00)	57 (47.50)

The numbers of days constituted in embroideries per week depends to a great extent on whether she is a Unit I worker or a Unit II. Since all centers have 6 or 7 days work week.

Analysis of table-4.16 reveals that 35.00 percent Unit II workers work for 7 days in a week followed by 31.70 percent for 6 days in a week and 33.40 percent for 5 days in a week.

Whereas, 60.00 percent Unit I workers were also observed working for 7 days in a week followed by 40.00 percent for 5 days in a week. Therefore they need to coordinate their daily activities with chikan work. The degrees of control a women has over how she organizes task and spends her time effects the number of hours per day and days per week that she can allocate for chikan work.

Conclusion

Generally it was observed that women between the age of 35-45 years were working in both chikankari industries these women belong to joint families. The common health problem found to be body ache and headache. Both the units were involving women for 7 to 8 hours per day. The working days per week were seven days.

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