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Impact of social security schemes and welfare programmes on Beedi Rollers

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Η επίδραση των δημοσίων πολιτικών και των πολιτικών κοινωνικής ασφάλισης στους εργάτες παραγωγής σιγαρέτων

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ABSTRACT

Beedi rolling is one of the major informal sector activities in India, which employs a large number of women and children. The Government of India estimates that there are about 50.53 lakh workers in this industry and 44,49,352 identity cards have been issued to beedi workers. Of these, the majority are home-based female workers who live below poverty line. Beedi workers constitute one of the most vulnerable sections of the country's workforce. This paper is an attempt to evaluate the effectiveness of social security and welfare programmes and its provision such as educational, medical, insurance, pension and other issues. The paper "Impact of Social Security and Welfare Programmes on Beedi Rollers", is based on the primary data collected from the Sagar district of Madhya Pradesh and Rajnandgaon district of Chhattisgarh.

KEY WORDS: Informal Sector, Home based Industry, Beedi Industry Beedi Rollers, Social Security Programme

ΠΕΡΙΛΗΨΗ

Η παραγωγή (και ιδίως το τύλιγμα) σιγαρέτων αποτελεί μια από τις σημαντικότερες δραστηριότητες της άτυπης αγοράς εργασίας στην Ινδία στην οποία απασχολείται ένας διόλου ευκαταφρόνητος αριθμός γυναικών και παιδιών. Η κυβέρνηση της Ινδίας εκτιμά την ύπαρξη περίπου 5 εκατομμυρίων εργατών στην εν λόγω βιομηχανία και την έκδοση 4,5 περίπου εκατομμυρίων ταυτοτήτων στους εργάτες αυτούς. Η πλειοψηφία εξ αυτών είναι γυναίκες που εργάζονται κατ' οίκον και διabούν κάτω από το όριο της φτώχειας. Οι εργάτες άλλωστε του συγκεκριμένου τομέα αποτελούν μια από τις πλέον ευάλωτες ομάδες του εργατικού δυναμικού της χώρας. Το παρόν άρθρο συνιστά μια προσπάθεια εκτίμησης της αποτελεσματικότητας των παρεμβάσεων του κράτους πρόνοιας σε τομείς όπως –μεταξύ άλλων- η εκπαίδευση, η υγεία και οι συντάξεις στους εργαζόμενους στην παραγωγή σιγαρέτων. Το άρθρο βασίζεται στην επεξεργασία πρωτογενών δεδομένων από την περιοχή Sagar του Madya Pradesh και του Rajnandgaon του Chhattisgarh.

ΛΕΞΕΙΣ-ΚΛΕΙΔΙΑ: Ινδία, άτυπος τομέας, κατ' οίκον βιομηχανία, εργάτες στη βιομηχανία τυλίγματος σιγαρέτων, κοινωνική ασφάλιση

Introduction

Beedi rolling is one of the major informal sector activities in India, which employs a large number of women and children. The Government of India estimates that there are about 5.5 million workers in this industry and 4.44 million identity cards have been issued to beedi workers. (GoI, 2007). These, the majority are home-based female workers who live below poverty line. Only about 10 per cent of beedies are made in regular factories. Beedi workers constitute one of the most vulnerable sections of the country's workforce. Spread over several states of India, their number has been increasing ever since the beginning of the practice of beedi smoking as we understand today. By state-wise estimate of beedi workers, the largest number of workers is concentrated in Madhya Pradesh (16.99 per cent) followed by West Bengal (15.45 per cent), Andhra Pradesh (15.09 per cent), Tamil Nadu (12.84 per cent) Uttar Pradesh (9.24 per cent) and so on (Rehman, 2007).

Concept of Social Welfare and Social Security in the Context to Beedi Rollers

The Government has enacted a number of legislations in the area of Social Security for the workers. The definition of social security deserves close attention because it is the basis for policy choices and prescriptions. The International Labour Organisation (ILO) and other eminent economist proposed comprehensive definitions which are (various definitions which are) discussed below:

The present labour body in the world, ILO holds that the protection which society provides for its members, through a series of public measures, against the economic and social distress that otherwise would be caused by the stoppage or substantial reduction in earnings resulting from sickness, maternity, employment injury, unemployment, invalidity, old age death; the provision of medical care and the provision of subsidies for families with children (ILO, 1989).

According to Subrahmanya, the concept of social security in its broadest sense need to be understood to mean the support provided to the individual by the society to enable him/her to attain a reasonable standard of living, and protect the same from failing due to the occurrence of any contingency (Subrahmanya, 1994).

As pointed out by Getubig any kind of collective measures or activities designed to ensure that members of society meet their basic needs (such as adequate nutrition, shelter, health care and clean water supply), as well as being protected from contingencies (such as illness, disability, death, unemployment and old age), to enable them to maintain a standard of living consistent with social norms (Getubig, 1992).

Similarly the concept of social security, according to Hirway, implies a broad pro-poor approach which has three major components; namely a promotional component that aims at improving endowments, exchange entitlements, real incomes and social consumption; a preventive component that seeks to avert deprivation in more specific ways; and a protective component (also known as safety net measures) that is more specific in generating relief against deprivation (Hirway, 1995)

Objectives

The present study focuses mainly on the following objectives:

- (i) To evaluate the effectiveness of Beedi Workers Welfare Fund Act, 1976, in Madhya Pradesh and Chhattisgarh.
- (ii) To examine the Social Welfare Schemes and their impact on the living and working conditions of the beedi workers?

Methodology

Keeping the above objectives in view the Madhya Pradesh and Chhattisgarh have been chosen for the analysis of beedi industry. These two states have the highest concentration of beedi workers in India and in Madhya Pradesh, the largest concentrations of beedi workers are found. In fact, beedi industry constitutes one of the major industries of this state. One district from each state has been chosen on the basis of highest number of beedi workers. The study was carried out in Sagar district of Madhya Pradesh and Rajnandgoan district of Chhattisgarh. Both districts are economically and agriculturally backward. This study has been concerned with analysis of some aspects of impact of social welfare schemes and programmes on beedi rollers.

A primary field survey has been conducted in urban and semi-urban areas of the select districts. A pre-structured and pre-tested interview schedule was used for data collection. A partly close and open-ended questionnaire was prepared for collecting primary information and 200 beedi workers were interviewed in the states of Madhya Pradesh and Chhattisgarh. The leaders of different trade unions, members of Self-help Groups (SHGs), and Non Governmental Organisations (NGOs) were also interviewed in connection with social security schemes and problems of implementation and extensive discussions with relevant experts were done during the primary data collection.

Social Security for Beedi Rollers

Social security and labour welfare programmes are necessary for the development and sustenance of efficient work force. The term 'labour welfare' is very comprehensive and includes multiplicity of activities, viz., wages, medical, education, sanitation and drinking water, family planning, credit facilities, and old age security, etc. The effective application of these measures will have direct bearing on the productive efficiency of labourers. Therefore, assessment of knowledge of the beedi rollers regarding different welfare programmes is discussed in this paper.

The unorganized workers suffer from cycles of excessive seasonality of employment, no formal employer-employee relationship and lack of social security protection. Several legislations like the Minimum Wages Act, 1948; the Workmen's Compensation Act, 1923 and the Maternity Benefit Act, 1961; the Employees' Provident Funds and Miscellaneous Provisions Act, 1952 are directly or indirectly applicable to the workers in the unorganized sector also. The Government has constituted some welfare funds also to provide social security to workers in occupations like beedi rolling, etc, (Standing Committee on Labour 2004-2005).

Schemes for the Welfare of Beedi Workers

Although the government has established facilities for free health services for the rural poor, these are not effectively utilized for a variety of reasons. The major deterrents are the location of the health centres, their timings (a long waiting period), poor quality of care, non-availability of drugs and other essential supplies, bribes demanded by rude and indifferent staff (Verma and Rehman 2005). Consequently, the people have had to go in for expensive medical treatment which is often beyond their means and have had to borrow money at high rate of interest or had

to mortgage their sources of livelihood. There are also specific Acts, such as the Beedi and Cigar Workers (Conditions of Employment) Act, 1966, and Beedi Workers Welfare Fund Act, 1976, that provide schemes for workers. The provisions include health insurance, maternity benefits, and scholarships for children, provident fund and housing assistance.

The Government have formulated various schemes for the welfare of beedi workers under the existing Labour Welfare Fund Acts viz the Beedi and Cigar Workers (Conditions of Employment) Act, 1966, prescribes measures to promote healthy working conditions of beedi and cigar workers at workplaces¹ in terms of cleanliness, ventilation, first aid, canteen facilities, working hours, time off, etc. However, two other Acts, such as the Beedi Workers Welfare Fund Act, 1976, and the Beedi Workers Welfare Cess Act, 1976 cover other types of welfare facilities such as medical, educational, recreational, etc Under the former Act, funds have been created for the beedi workers by levy of cess on the production of beedies (Government of India, 1995). The objective of the Welfare Fund Act is to promote financial assistance to the persons engaged in this profession, and the Welfare Cess Act aims to collect taxes by way of Cess or by imposing excise duty on manufactured beedies.

Effectiveness of the Welfare Scheme in the Study Area

Table 1: Unit under the Scheme of Beedi Workers' Welfare Fund

Unit under the Welfare Fund	No. of Beedi Rollers	Percentage
Yes	200	100

Source: Primary Survey Data, 2006

The Beedi Workers Welfare Fund Act, 1976 has a provision that if any establishment or beedi employer employing 20 workers or more than 20 workers then that unit will be covered under the welfare fund and eligible workers will be entitled for the benefit of the schemes. It is clear from the Table 1 that all beedi manufacturing units are covered under the scheme of Beedi Workers Welfare Fund. It means that all employer and contractor have to give all the benefit to the beedi rollers.

Availability of the Benefits to Beedi Rollers

Table 2: Distribution of Households Based on Benefits from the Social Security and Welfare Schemes

Schemes	No. of Responses	Percentage
Health	44	21.8
Maternity Benefits	-	-
Group Insurance	2	1.0
Housing	1	0.4
Educational	11	5.4
Recreational	-	-
Non of These	145	71.8
Total	202	100.0

Source: Primary Survey Data, 2006

Table 2 shows that social security programmes and welfare schemes have been far away from the beedi rollers. Out of 200 households, only 21.8 per cent beedi rollers households are getting health benefit and 5.4 per cent families children are getting educational facilities. Only 1 per cent people have been covered under the group insurance.

None of women got maternity benefits despite the fact that bulk of them are rolling beedi; all the manufacturers do not adhere to the rule of providing maternity benefits to women beedi workers. Interestingly, even maternity benefits were available only in some states. All the sampled units in Andhra Pradesh, Karnataka, Kerala, Tamil Nadu, Maharashtra and Rajasthan provided maternity benefits. None of the units in Bihar, Orissa and West Bengal provided maternity benefits to women workers.² To avoid complying with maternity leave and other provisions related to women labour, employers generally do not enroll women as workers even when they are the actual beedi rollers. Several small manufacturers and middlemen declared that they did not enroll women workers because once they were enrolled they would have to come to the factory to collect the raw materials and sign the register. It was alleged that most often, that was difficult for women and they sent other male family members and children. This practice, however, is a strategy to deny the payment of maternity benefits to women: if a worker is not recorded, her maternity benefits can neither be claimed nor recognised.

Nobody is getting housing and recreational facilities. It is clear from the discussions that social security programmes and schemes and other Acts have failed at the implementation level in the study area.

Though beedi workers are entitled for Provident Fund (PF) facility, most of them are denied the benefits. More than .25 millions beedi workers have not so far been covered under the Employees Provident Fund & Miscellaneous Provisions Act, 1952.³ Some manufacturers consider beedi workers as self-employed persons as they work from their residence. Now the West Bengal Government has decided to start a separate PF facility for beedi workers.

Bonus Facilities

Figures in the Tables 3 show that out of 200 Beedi rollers only 4 beedi rollers are getting bonus wherein 1 beedi roller is working as a permanent beedi roller and other 3 are working as a temporary beedi rollers. These 3 beedi rollers are getting annual bonus while 1 roller, who is working as a permanent, is getting other type of bonus. Total 196 beedi rollers did not receive any type of bonus.

Table 3: Distribution of Beedi Rollers Based on the Attainment of Bonus

Getting Bonus	Nature of the Work		Total
	Permanent	Temporary	
Yes	1 (0.50%)	3 (1.50%)	4 (2.00%)
No	6 (3.00%)	190 (95.00%)	196 (98.00%)
Total	7 (3.50%)	193 (96.50%)	200 (100.00%)

Source: Primary Survey Data, 2006

Facilities of Group Insurance:

Table 4: Distribution of Beedi Rollers Covered Under Group Insurance

Covered Under Group Insurance	Name of the District		Total
	Sagar (M.P.)	Rajnandgaon (C .G.)	
Yes	2 (1.00%)	-	2 (1.00%)
No	98 (49.00%)	100 (50.00%)	198 (99.00%)
Total	100 (50.00%)	100 (50.00%)	200 (100.00%)

Source: Primary Survey Data, 2006

Figures in the Table 4 show that out of 200 beedi rollers, only 1 per cent beedi rollers have been covered under the group insurance scheme in the Sagar district of Madhya Pradesh. All of the beedi rollers said that they were not a member of Employees Provident Fund (E.P.F.) Scheme and 100 per cent beedi rollers of Sagar district of Madhya Pradesh and Rajnandgaon district of Chhattisgarh informed that they were not receiving dearness, gratuities and other allowances.

Pension Facility

Beedi workers wish that the Beedi Workers Welfare Fund (BWWF) would start an old-age pension fund since they have spent all their lives in beedi rolling and still live in poverty. The state government provides a pension of a mere 150 rupees per month to a few workers but that is insufficient.

Table 5: Distribution of Beedi Rollers Based on the Attainment of Pension

Getting Pension	Name of the District		Total
	Sagar (M.P.)	Rajnandgaon (C .G.)	
Yes	-	2 (1.00%)	2 (1.00%)
No	100 (50.00%)	98 (49.00%)	198 (99.00%)
Total	100 (50.00%)	100 (50.00%)	200 (100.00%)

Source: Primary Survey Data, 2006

Figures in the Table 5 clearly shows that due to unorganised nature of industry, unawareness about laws, only 1 per cent of 200 beedi rollers are getting pension and their family members are in the Rajnandgaon district of Chhattisgarh. Pension is the major demand of trade unions for the unorganised sector workers. Welfare facilities like the provision of provident fund, bonus and leave with wages, health and housing provided by the Welfare Commissioner of Government of India have encouraged the employees to continue with their jobs.

Educational Scheme

Table 6: Financial Assistance for the Children of Beedi Rollers

Financial Assistance for the Children	Name of the District		Total
	Sagar (M.P.)	Rajnandgaon (C.G.)	
Yes	35 (17.50%)	35 (17.50%)	70 (35.00%)
No	35 (17.50%)	13 (6.50%)	48 (24.00%)
Not Applicable	30 (15.00%)	52 (26.00%)	82 (41.00%)
Total	100 (50.00%)	100 (50.00%)	200 (100.00%)

Source: Primary Survey Data, 2006

Figures in the Table 6 indicate that out of 200 households 35 per cent households' children are getting financial assistance for their studies; wherein Sagar district and Rajnandgaon district beedi rollers each have 17.5 per cent. But 24 per cent children of beedi rollers, who were studying and eligible for scholarship, are not receiving any type of financial assistance for the education. Rest 41 per cent beedi rollers' children do not have eligibility for the financial assistance. Most of beedi rollers' children do not have financial assistance because the process of getting financial assistance is very lengthy and tedious, some time their parents try to search out financial assistance but they require identity card, certificate authentication from the employers and labour officer. It is all happening because of bureaucratic red-tapism.

Source of Scholarship

Table 7: Distribution of the Children on Source of Financial Assistance

Source of the Financial Assistance	Name of the District		Total
	Sagar	Rajnandgaon	
Labour Welfare Department	9 (4.50%)	3 (1.50%)	12 (6.00%)
Blow Poverty Line	1 (0.50%)	-	1 (0.50%)
College	-	5 (2.50%)	5 (2.50%)
School	25 (12.50%)	27 (13.50%)	52 (26.00%)
Not Applicable	65 (32.50%)	65 (32.50%)	130 (65.00%)
Total	100 (50.00%)	100 (50.00%)	200 (100.00%)

Source: Primary Survey Data, 2006

Figures in Table 7 indicate that only 6 per cent of beedi rollers' children are getting scholarship under the educational scheme provided by the labour welfare department. Children of one beedi roller families, below poverty line, are getting scholarship. 26 per cent beedi rollers' children are getting scholarship from the school under different schemes. Further as shown in the Table, 2.5 per cent beedi rollers' children are receiving scholarship from the government colleges.

Medical Facilities to the Beedi Rollers

According to the Ministry of Labour, Government of India, 4 hospitals and 207 dispensaries are providing health care to 44,88,469 beedi workers in India. Madhya Pradesh has 27 dispensaries for 8,27,194 people and Sagar has 5 dispensaries for 315,000 beedi workers. A sanction was issued for establishing at least one hospital at Sagar in October, 2001. Separate dispensaries have been established for beedi workers at Sagar, Khurai, Devri, Garhakhota and Rehli towns. Such health security should be equally available and accessible to all citizens. Despite the expansion in the physical provisioning of health facilities and high levels of spending, ill health remains one of the most prevalent causes of human deprivation in India, (Kumar, 2001)

Medical Consultation to Beedi Rollers

Only 4 hospitals and 207 dispensaries have been established to cater to the needs of 4.4 millions beedi workers which are obviously quite inadequate in view of such a large number of beedi workers in different parts of the country. There is a need to establish more hospitals and dispensaries to provide adequate medicare to the beedi workers who are more vulnerable to the diseases like T.B. and respiratory disorder.

Table 8: Distribution of Beedi Rollers on the Basis of Sources of Medical Consultation*

Source of Medical Consultation	Name of the District		Total
	Sagar (M.P.)	Rajnandgaon (C.G.)	
Hospital/Dispensaries run by L.W.O.	15 (8.1%)	27 (14.6%)	42 (22.7%)
Government Hospital	50 (27%)	35 (18.9%)	85 (45.9%)
Private Hospital/Clinic/Doctors	68 (36.8%)	60 (32.4%)	128 (69.2%)
Medical Stores	21 (11.4%)	18 (9.7%)	39 (21.1%)
Traditional Healers	2 (1.1%)	-	2 (1.1%)
Mobile Hospital	1 (.5%)	3 (1.6%)	4 (2.2%)
Others	1 (.5%)	-	1 (.5%)
Total Responses	98 (53%)	87 (47%)	185 (100%)

*Percents and totals based on respondents

*185 valid cases; 15 missing cases

Source: Primary Survey Data, 2006

Table 8 shows that 22.7 per cent of beedi rollers are getting medical consultation in hospital or dispensaries run by Labour Welfare Organization, wherein 8.1 per cent beedi rollers are from Sagar district of Madhya Pradesh and 14.6 per cent beedi rollers belong to Rajnandgaon district of Chhattisgarh. 45.9 per cent beedi rollers are going for health check-up in government hospital. 69.2 per cent beedi rollers prefer private clinic for medical consultation, 21 per cent beedi rollers don't have sufficient money for their proper treatment so they have to go to medical store, and 2.2 per cent beedi rollers are getting medical service by another means of labour welfare department. Many beedi rollers also depend on the traditional healers.

Health Care Programme and Beedi Rollers Employer

Table 9: Health Care Programmes Implement by Contractor

Health Care Programmes Implement by Contractor	Name of the District		Total
	Sagar (M.P.)	Rajnandgaon (C.G.)	
No	100 (50.00%)	100 (50.00%)	200 (100.00%)
Total	100 (50.00%)	100 (50.00%)	200 (100.00%)

Source: Primary Survey Data, 2006

Figures in the Table 9 show that no health care programme is implemented by contractor in the study area of Madhya Pradesh and Chhattisgarh. According to Labour Law, contractor should arrange counselling, seminars, educational training and ensure the availability of medicines and doctors to the beedi rollers.

Hospital Facility to Beedi Rollers

Table 10: Awareness about Separate Beedi Hospital Facilities

Aware of Separate Hospital	Membership of Union		Total
	Yes	No	
Yes	44 (22.00%)	96 (48.00%)	140 (70.00%)
No	4 (2.00%)	56 (28.00%)	60 (30.00%)
Total	48 (24.00%)	152 (76.00%)	200 (100.00%)

Source: Primary Survey Data, 2006

Figures in the Table 10 show that out of 200 beedi rollers, 70 per cent of beedi rollers are aware of the separate hospital for beedi rollers. The beedi rollers who are the members of any union have more awareness than the non-members of any union. As shown in the Table, total 24 per cent beedi rollers are members of some union in which 92 per cent beedi rollers know that they have separate hospital.

Accessibility of Health Services to Beedi Workers

Table 11: Distribution of Rollers on the Basis of Availability of Hospital Services

Service availing	No. of Beedi Rollers	Percent
Not Applicable	71	35.5
Never Visit	25	12.5
Not Availing Any Service	41	20.5
Yes	63	31.5
Total	200	100

Source: Primary Survey Data, 2006

Figures in the Table 11 show the current position of health services available to beedi rollers. Out of 200 beedi rollers, 35.5 per cent beedi rollers are not entitled to the health services because they don't have identity cards; beedi workers have to carry identity card with them when they go to their hospital. 31.5 per cent beedi rollers are getting health services from that hospital. 12.5 per cent beedi rollers said that since hospital is very far away they never visit the hospital and 20.5 per cent beedi rollers reported that they are not getting any type of services from the hospital. Beedi rollers regretted that quite number of time they went to hospital for checkup but when they reached the hospital they did not get doctors and most of time medicines were not available.

Regularity of Health Care Services:

Figures in the Table 12 show that only 4.5 per cent beedi rollers are getting regular health care services in the beedi hospital⁴ or dispensary, where in 3 per cent beedi rollers are from the Rajnandgaon District and 1.5 per cent beedi rollers from the Sagar district. 95.5 per cent beedi rollers are not getting regular services in the beedi workers hospital or dispensary.

Table 12: Distribution of Beedi Rollers by Regular Service

Getting Regular Service	Name of the District		Total
	Sagar (M.P.)	Rajnandgaon (C.G.)	
Yes	3 (1.50%)	6 (3.00%)	9 (4.50%)
No	28 (14.00%)	27 (13.50%)	55 (27.50%)
Not Applicable	69 (34.50%)	67 (33.50%)	136 (68.00%)
Total	100 (50.00%)	100 (50.00%)	200 (100.00%)

Source: Primary Survey Data, 2006

Total 140 beedi rollers are aware of the beedi workers' separate hospital. Beedi workers are not going regular to beedi hospitals or dispensaries due to low level of awareness among the workers, substandard health service, non-availability of medicines and doctors.

There are various definite health problems associated with beedi rolling. These include pain in limbs and shoulders, back pain, headache, eye irritation, tuberculosis, and respiratory problems etc. The problems occur both while rolling beedies and also after the day's work is completed. The degree and extent of these health problems are likely to be associated positively by length of the work-day and years of work. 4.5 per cent beedi rollers are getting regular health care services in the beedi hospital⁵ or dispensary. Quality of health service available is very poor in the study area and 29 beedi rollers said they are not getting medicine and doctors on time. There is an imperative need to launch a well-conceived health insurance scheme for the unorganised sector which inter alia should seek to cover their daily wages, transport costs, doctors' fee and diagnostic investigation and treatment. An inbuilt provision can be made whereby the person involved can be made to contribute in accordance with his financial standing and capacity.

Recreational Schemes for Beedi Rollers

Table 13: Distribution of Beedi Rollers by Recreational Facility

Getting Recreational Facility	Name of the District		Total
	Sagar	Rajnandgaon	
No	100 (50.00%)	100 (50.00%)	200 (100.00%)
Total	100 (50.00%)	100 (50.00%)	200 (100.00%)

Source: Primary Survey Data, 2006

The Labour Welfare Organisation of the Ministry of Labour has been implementing various schemes for recreation of beedi workers which include conduct of study tours, socio-cultural activities, holding of sports/games meet, exhibition of cinema, running of library-cum-reading rooms, etc. Colour T.V. Sets have also been provided for the recreation of workers. But the Table 13 show those 100 per cent beedi rollers are not getting recreational facility in Sagar district of Madhya Pradesh and Rajnandgaon district of Chhattisgarh.

Table 14: Benefits from the Beedi Workers' Welfare Fund

Benefits Extended	Name of the District		Total
	Sagar (M.P.)	Rajnandgaon (C.G.)	
Yes	1 (0.50%)	-	1 (0.50%)
No	99 (49.50%)	100 (50.00%)	199 (99.50%)
Total	100 (50.00%)	100 (50.00%)	200 (100.00%)

Source: Primary Survey Data, 2006

Figures in the Table 14 show that 99.5 per cent beedi rollers were not extended benefits from the beedi welfare fund. Even after several labour laws were enacted and three national commissions were established beedi rollers are still not getting any benefits.

Workers' Wages in Lieu of Leave and Holidays

There is provision in the Beedi and Cigar Workers (Conditions of Employment) Act, 1966 that workers are entitled for wages during leave period. Under section 26 of the Act leave is allowed to him/her. It provides that employee shall be paid at the rate equals to the daily average of his total full time earnings for the days on which he had worked during the month immediately preceding his/her leave exclusive of any overtime earnings and bonus but inclusive of dearness and other allowances. There is also provision that an employee who has been allowed leave for not less than four days in the case of an adult and five days in the case of young person, shall, before his leave begins, be paid wages due to the period of the leave allowed (Beedi and Cigar Workers (Conditions of Employment) Act, 1966).

Table 15: Distribution of Beedi Rollers on the Basis of Attainment of Wage in Lieu of Leave and Holiday

Get Wage in Lieu	Name of the District		Total
	Sagar (M.P.)	Rajnandgaon (C.G.)	
No	100 (50.00%)	100 (50.00%)	200 (100.00%)
Total	100 (50.00%)	100 (50.00%)	200 (100.00%)

Source: Primary Survey Data, 2006

Figures in the Table 15 show that 100 per cent beedi rollers are not getting wage in lieu of leave and holiday. It means they are not getting earned leave, sick leave, festival holiday, national holiday, maternity leave and other etc. due to home-based industry. They are not getting these wages in spite of provisions in the Beedi and Cigar Workers (Conditions of Employment) Act, 1966. This is mainly due to ignorance among beedi workers and non-implementation of Act. Labour inspector is also not playing any role for securing all these benefits to the beedi rollers in the Sagar and Rajnandgaon districts.

The extent of compliance with the implementation of the prescribed minimum wages depends on the awareness about the labour laws and related matters, level of education, unionisation among the workers and the enforcement effort. The study revealed that the beedi rollers, mostly home workers, were lagging behind in this respect. They mostly belongs to the female group, who were more concerned about supplementing their family incomes without neglecting their domestic duties, rather than fighting for the prescribed wages. They were living in clusters, monopolised by one or two beedi manufacturers offering identical terms of employment. The study revealed that since all the beedi rollers were home workers they did not enjoy the advantage of a regular and close contact with their colleagues as well as proximity with the employer or his representatives. Beedi rollers generally lacked awareness about the laws governing their conditions of service, the wage rates prescribed by the Government and existence of the enforcement machinery.

Welfare measures to improve the living conditions of workers employed in beedi establishments are not satisfactory. The Beedi and Cigar Workers (Conditions of Employment) Act, 1966 has limited coverage. While it does prescribe some measures to improve the working conditions of the beedi and cigar workers in industrial premises only (on cleanliness, ventilation, first aid, canteen, working hours, weekly holidays, etc.), as far as the field of labour welfare is concerned, the Act does not provide for medical, educational, recreational facilities, etc. In order to provide welfare measures for workers employed in beedi establishments, it is proposed to impose excise on fixed quantities of tobacco issued to any workers from the warehouse for any purpose in connection with beedi manufacture. The rate of duty of excise will not exceed 1 rupee per kg of such quantities of tobacco as the Central Government may from time to time fix.

It can be concluded that the beedi rollers, although constituted a large proportion of beedi employees, yet they failed to get their due share as most of them were keen on having an additional source of income within their homes alongside their domestic or other responsibilities. Generally they were not aware of the wages prescribed for them and wherever they were aware, they did not demand for the same. Thus, there was wider scope for exploitation of the home workers at the hands of the petty establishments producing unbranded beedies and their contractors, agents and the middlemen.

Problems in the Implementation of Labour Laws and Welfare Schemes

Nature of beedi industry and working culture of work are the main constraint in implementation of laws and welfare schemes. In Madhya Pradesh and Chhattisgarh, beedi production is done by the method of contract system. In this system, beedi rollers do not know who their employer is and who their co-workers are. The response of the trade unions towards contract system in the beedi industry is not encouraging. Some unions tried to restrict industrialists/manufacturers or contractor for contract system but could not get success. Unions are not able to formulate their own strategy to deal with this issue. Trade unions can fight to the beedi industrialist through legal means. However, they could not succeed due to delays in court matters and scarcity of fund. Employers know that workers cannot to fight in legal ways with them. Therefore, employers are not afraid of laws; and they are openly violating the laws thanks to Indian judicial system.

According to trade union leader Mr. Ajit Jain, it is very difficult to organise workers in the contracted and sub-contracted units as some are extremely small and obscurely located. He further added that workers in contracted and sub-contracted units are hesitant to join a union due to job insecurity. The majorities of the workers in these parallel units are working on the contract or temporary basis and are paid very low wages. Formation of unions in these units is a difficult task and that is why majority of the workers are non-unionised. Some trade unions, however, have succeeded in organising them under the unions.

Conclusion:

The Beedi and Cigar Workers (Conditions of Employment) Act, 1966, prescribes measures to promote healthy working conditions of beedi and cigar workers at workplaces in terms of cleanliness, ventilation, first aid, canteen facilities, working hours, time off, etc. However, two other Acts, such as the Beedi Workers Welfare Fund Act, 1976, and the Beedi Workers Welfare Cess Act, 1976 cover other types of welfare facilities such as medical, educational, recreational, etc under the former Act, funds have been created for the beedi workers by levy of cess on the production of beedies. These Acts failed at implementation level none of beedi workers got maternity facility, housing facility and group insurance facility. Only 20 per cent beedi rollers households are getting health benefit, 2 per cent bonus and 6 per cent scholarship scheme provided by the labour welfare department. One of main reasons for fewer beneficiaries is the lack of information (4.5 per cent awareness) about provisions under the Acts. 100 per cent beedi rollers are not getting earned leave, sick leave, festival holiday, national holiday, and other etc.

Long working hours affect the health of the beedi rollers. 92.5 per cent have fallen ill in the last six months. High frequency of suffering from ill health is due to inadequate public health facilities and the straightened financial circumstances of the beedi rollers. Beedi rollers are suffering with frequent headache problem, pain in the limbs and shoulder; back pain, eye problems and irritation, long hours of sitting create pain in joints, gastric problem other problems like fever, cough, cold, skin related problems, frequent body-ache etc. The occurrence of illness is quite frequent; various factors responsible for this plight. 22.7 per cent of beedi rollers are getting medical consultation in hospital or dispensaries run by Labour Welfare Organization. 69.2 per cent beedi rollers prefer private clinic for medical consultation, 21 per cent beedi rollers don't have

sufficient money for their proper treatment so they have to go to medical store. No health care programme is implemented by contractor in the study area. 70 per cent of beedi rollers are aware of the separate hospital facilities for beedi rollers. 35.5 per cent beedi rollers are not entitled to the health services because they don't have identity cards. Only 4.5 per cent beedi rollers are getting regular health care services in the beedi hospital or dispensary. Most of beedi rollers narrated that very low quality of health services are being provided by the beedi workers' hospital because of unavailability of medicines and doctors on time. The problems occur both while rolling beedies and also after the day's work is complete. The degree and extent of these health problems are likely to be associated positively by length of the work-day and years of work. The level of satisfaction is high among the beedi rollers from the services of trade union and association.

Nature of beedi industry and working culture of work are the main constraint in implementation of laws and welfare schemes. Lack of proper awareness about different welfare schemes and location of health dispensaries at far-off places appeared to be the other important factors coming in the way of women beedi workers to access the benefits. Many government schemes have been found to be ineffective due to short comings in implementation, while schemes run by voluntary organizations are limited in scope.

Another constraint for beedi workers to access the benefits is the large-scale illiteracy prevailing among women beedi workers. As a result, doubts have been expressed on the effective coverage of beedi workers under various welfare schemes and legal provisions. There discussion clearly and accountable implies that beedi workers need to be organised so that they can represent and secure their interests, and make government and beedi companies responsive.

Notes

1. "Workplace" encompasses workers on industrial premises as well as home workers.
2. Labour Bureau, (1995), pp. 54-55.
3. Ministry of Labour (2003), Thirty-Second Report Standing on Labour and Welfare, Recommendation (Sl.No 7, para 2.19)
4. Those hospital functioning under beedi and cigar worker welfare fund they also known as Beedi Hospital among beedi workers.

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