PSYCHO SOCIAL WELL-BEING OF WOMEN BEEDI ROLLERS IN TENKASI DISTRICT

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CHAPTER I

THEORETICAL AND CONCEPTUAL FRAMEWORK

I.1 INTRODUCTION

"Education either serves as a tool to help the younger generation fit into the logic of the current system and promote conformity, or it transforms into the practise of freedom, how men and women engage critically and creatively with reality and learn how to contribute to the transformation of their world."

- Paul Freir

We need to re evaluate and re-learn various methods of how we work within the world and how we interact and relate to it and each other in order to facilitate the kind of cultural transformation required to take us towards a sustainable and ecologically sound future supported by collaboration and equality. We must educate ourselves and one another as we explore and experiment with our way into a potential future in order to accomplish this.

Education must make sure that individuals obtain important and useful knowledge and skills to make the Transition into the future if we are to survive and thrive without destroying the planet and everything on it. Additionally, there is an urgent need to recover education from Neoliberalism and the Market Place, which used to inculcate in our pupils a sense of passive obedience and egotistical competition in place of community and cooperation. Ironically, it is education that can provide us with the various alternatives and solutions that can free the larger society from the existing Neoliberal hegemony, as we reclaim education from its Neoliberal grip through education itself.

Although the task at hand is enormous, overwhelming, and occasionally hopeless, the more we know and educate ourselves, the more feasible solutions and alternatives we discover to the situation we currently find ourselves in. We must approach education holistically and start at the very beginning in order to begin our research of building ways of living in some equilibrium with our ecosystem and its people because

education is such a crucial tool in our emancipation and development as human beings.

I.2 EDUCATION

Formal education takes place in a variety of settings in the modern world, including nurseries, elementary and secondary schools, colleges, universities, community centres, houses of worship, and, more recently, free schools. Since education has values, each of these institutions will have unique dynamics and structures, some of which will be more troublesome than others. Education is not limited to these topics. Additionally, it can take place in less formal environments and relationships, such as when friends share knowledge or when volunteer organisations educate others. Any location or connection has the potential to be educational. If one considers where and from whom they learn, the list may go on forever. One instance of an informal education when the parents assume the role of the educator is home schooling.

I.3 SOCIAL AND CULTURAL CONTEXTS FOR EDUCATION

Education can be viewed in the social and cultural context as the method through which society passes on its amassed wisdom, values, and abilities from one generation to the next. In this way, education serves as a tool for socialisation as well as a means of instilling the values and customs of a particular culture. The learning process and what is considered to be academic achievement are defined by various learning structures that are used in various forms of education. In Western culture, education is a solitary pursuit predicated on acquiring knowledge that can be verified through self-evaluation. This is frequently built on hierarchical structures, as those used by schools and universities to reward students for their academic success using their model models. Given that it frequently reflects the prevailing values of a society; an educational system can reveal a lot about that society. Sometimes, taking into account both what is being taught and how it is being taught is equally crucial. In addition to imparting knowledge, educational systems also serve to socialise

students and transmit the values of the society in which they are located.

Other types of education are significantly more inclusive and empowering than Western mainstream education, including learning through informal networks, home teaching, popular education, forum theatre, and other alternative forms. Education need not be a competitive, individualistic experience. Cooperative, inclusive, and community-focused are all possible. Many students fail conventional schooling and are written off when they do not meet its strict requirements. Contrarily, alternative educational approaches can give education in more flexible, responsive, and inclusive ways.

We must adopt new learning methods. Every day we learn something new about the world or pass on our expertise to someone else, since we are all both students and teachers in the school of life. Education is not simply for the classroom.

According to Deci and Ryan (2008), psychological well-being is typically thought of as a combination of optimal functioning in both the individual and social spheres and pleasant emotional

experiences, such as happiness. The degree to which people believe they have meaningful control over their lives and activities is another aspect of psychological well-being. However, issues with psychological wellbeing are becoming more widespread among college students (Yang, 2010). Similar to other undergraduates in many departments at higher education institutions, undergraduate students have been shown to have significant rates of mental distress (Gallagher, 2008; Mackenzie et al., 2011).

I.4 THE VALUE OF EDUCATION IN CREATING A SUSTAINABLE CULTURE

The creation of a Permanent Culture is only feasible through education. The freshly developed theories and methods that come from many academic areas and thinking streams must be transmitted through education. Understanding and putting into practise permaculture projects helps us live more sustainably while also taking care of the environment and ourselves through resource use and distribution. In a similar vein, education sheds light on past events that can guide and motivate our actions in the direction of a sustainable

future. It can help us learn how to work with nature at its best and demonstrate the achievements and failures of methods that have tried to alter the world and how humans interact with it. Education may also teach us to work together rather than compete, which is essential for restoring the sense of community and bonds that were destroyed by the politics of self-interest and individualism. Let's use critical thinking to improve our learning, like Paulo Freire and Peter McLaren have done in education. In that situation, education transforms into an instrument of emancipation for those who are economically oppressed, exposing economic and social injustice through critical analysis and drawing on the enormous body of knowledge in the political, social, and philosophical sciences.

Understanding the local ecology and the mutually beneficial links that exist between ecosystems and communities requires education. Additionally, it demonstrates for us how to establish mutually beneficial relationships through sharing and growing a variety of culturally and socially beneficial abilities by getting to know local communities on a deeper level. These

communities include not just human beings but also those who dwell in the soil, on top of the land, in the oceans, and in the heavens. We have the resources in our collection of instructional pedagogies (methods of instruction) and diverse approaches. We also understand how to apply these pedagogies to create a Permanent Culture by creating a comprehensive and egalitarian curriculum that is presented in the environment most conducive to learning and instilling useful and pertinent knowledge to create a Permanent Culture. Education may be used to emancipate people and is a force for the greater good. We will examine some of the various educational models, approaches, and viewpoints as part of the on-going series of articles and assess their merits in terms of how helpful they are in terms of the role they may play in an egalitarian and environmentally sound future.

I.5 CONCEPTUAL FRAMEWORK

I.5.1PSYCHO-SOCIAL WELL-BEING

Both scientific and popular literature have recently shown a great deal of interest in the idea of well-being. Because of this, health is routinely listed as a

national priority for government policy across the board (Beddington et al., 2008). However, the meaning of "well-being" might vary based on one's professional and personal perspectives. For instance, economists may define well-being as the expansion of personal and societal financial wealth, economic capability, and prosperity. Issues may be the focus of population health researchers.

The term "psychological well-being" refers to both inter- and intra-individual positive functioning levels, including interpersonal relationships and self-referential attitudes that reflect one's sense of empowerment and personal development. The components of affective life satisfaction judgements are reflected in subjective well-being.

Psychosocial well-being is a multifaceted concept made up of psychological, social, and subjective elements that affect how well-functioning people are in realising their full potential as contributors to society. The physical, economic, social, mental, emotional, cultural, and spiritual factors of health are all included in psychosocial well-being. A person's ability to manage

the numerous stressors of daily life and reach their full potential as contributing members of society are both aspects of their overall well-being. The East African Community (2019) states that "Psychosocial wellbeing involves developing cognitive, emotional, and spiritual strengths among individuals, families, and communities which creates overall positive social relationships among them." This State of well-being motivates the development of life skills, enabling people to understand and engage with their environment and become healthy.

The term "psychological well-being" refers to a person's overall functioning and emotional wellness. Psychological well-being is defined by the author of a study that was published in Applied Psychology: Health and Well-Being as "the combination of feeling good and functioning effectively."

I.5.2 CONSIDERATIONS FOR PSYCHOSOCIAL WELL-BEING

Researchers have also discovered that a person's psychological well-being is not always indicated by the absence of suffering. High psychological well-being is characterised by contentment and success. People who

have high psychological well-being report feeling competent, cosy, supported, and content with their lives.

i. What's at Stake

According to studies, those who are more psychologically well tend to have healthier and longer lives. They have a higher chance of living a life of higher quality. Less social difficulties are also linked to greater psychological well-being. For instance, studies have shown that those who report high levels of psychological well-being are less likely to commit crimes or abuse drugs and alcohol. Positive psychological health also forecasts greater income and an increase in prosocial activities, such as volunteering. When people's basic needs are addressed, they are also more likely to experience positive psychological well-being. Emotional health depends on a variety of circumstances, including living in a secure environment and having access to enough food and shelter. There are many things one can do to feel and operate better if one wants to increase their psychological well-being. The following list of four actions can be taken to enhance our general sense of wellbeing.

ii. Making a Purpose

Having a meaningful and purposeful existence is essential to enhancing our psychological health. Our objective does not necessarily entail making the world a better place or pursuing a career in humanitarian work. Instead, we may resolve to practise kindness every day. As an alternative, we can want to make the world a better place by inspiring people to protect the environment or take in strays animals. Perhaps one of our goals is to speak up for those who are suffering, such as bullied children, homeless individuals, or abuse victims. Do not worry if you feel like your life is meaningless. Finding meaning in life and creating a more meaningful life can be done in a variety of ways. Start by considering the legacy you want to leave behind. Consider the impact you wish to have on the world or write down how you want to be remembered after you pass away. Next, decide on some aims that can assist in achieving those goals. Working towards our objectives will provide us with motivation beyond financial gain to get out of bed every day.

iii. Positive Mentality

Additionally, optimistic thinking enhances our psychological health. Positivity and general well-being become easier to think about as our psychological health increases. Fortunately, one may start establishing that beneficial loop with straightforward tactics. Here is a summary of several ways to live more positively.

iv. Write about a more positive future

Please take a moment to list all the positive things that might occur to us in the future. If we lived our best life, consider how and with whom we may spend our time. Creating a strategy to do that may also be desirable. Set manageable, small goals that will assist in achieving that better future. After that, implement your plan. Even tiny efforts taken in the direction of a better outcome give one a sense of purpose and something to look forward to.

v. List Profound Life Events

Spend some time reflecting on some of our most memorable experiences. Reminiscing about the best moments in our lives can make us feel happier, whether they were a family vacation taken ten years ago or a

prize won at work two years ago. To improve our well-being, it is crucial to acknowledge the positive events that have occurred to us over time, such as the people with whom we have formed lifelong friendships or the enjoyable times we have had. They act as a constant reminder of how rich life is, especially when one's circumstances may be dragging them down.

vi. Engage in deeds of kindness

Being kind to others serves as a reminder that one has the ability to change the world. Giving to others also encourages good thinking and happiness. Simple actions can enhance our psychological well-being, such as lending a hand to a neighbour in need, volunteering for a community project, or raising money for a good cause. Look daily for opportunities to show kindness to others. One gains from doing so in a variety of ways. Individual acts of kindness are believed to release the feel-good hormones endorphin and oxytocin and form new brain connections. As a result, showing kindness can turn into a habit that gets easier and easier to do. There is some evidence that kindness and recovery are

related. Find methods to show kindness to others because doing so will benefit your health and mind.

vii. Develop mindfulness

Staying present-focused, or practising mindfulness, has been associated with a variety of advantages, from greater enjoyment to improved resilience. One can improve at learning how to be present and in the moment through time, even though practising mindfulness is a skill that requires commitment and practise. It also has a lot of advantages. For instance, research indicates that mindfulness can help people cope with stress, deal with life-threatening illnesses, and lessen anxiety and sadness. People who practise mindfulness can unwind more easily, feel better about themselves, and be more enthusiastic about life. Furthermore, research has linked mindfulness meditation to alterations in the regions of the brain in charge of memory, learning, and emotion. Being attentive demands paying attention to one's thoughts, behaviours, and body, thus this discovery is not shocking.

viii. Affirm your gratitude

Expressing appreciation will help one stay focused on all the positive aspects of life, whether one does it by writing thank-you notes to people or by keeping a gratitude notebook. Even on social media, thankfulness can be shared. Being thankful in all one does will come to be a way of life. One will learn that one can be grateful for both small things, such as the beauty of a sunset, and huge things, such as a new job or a friend's visit. Finding reasons to be grateful on a daily basis is a straightforward yet powerful technique to improve our psychological wellbeing.

ix. Discover Our Strengths

It's crucial to feel competent and assured. Reminding ourselves of our strengths or character traits is one of the finest strategies to complete this task. Think on our past successes and the traits that made us successful. As a reminder of what one has to offer the world, write these things down. Also, if there is anything that needs to be improved, please list it. An excellent method to affect our general well-being is to improve ourselves.

x. Learn to forgive

To maintain psychological health, it is essential to let go of previous hurt and resentment. It's not necessary to let someone harm you again in order to forgive them. Instead, forgiving someone is letting go of the resentment that has been holding us back and keeping us connected to them. By forgiving someone, we are able to focus our energy on productive endeavours rather than dwelling on wrongdoings from the past. Setting up some boundaries to protect ourselves from needless suffering may also be helpful if the person who injured us still poses a threat to our general wellbeing.

xi. cultivating connections

According to studies, loneliness has a negative impact on both our physical and emotional health. According to one study, loneliness is just as dangerous as smoking 15 cigarettes a day. The answer, however, does not lie in simply being near others. Instead, it's critical to develop close relationships with others. When it comes to enhancing our psychological wellbeing, the quality of interactions counts more than the quantity.

While social media can be a great method to stay in touch with friends when one cannot see them in person, nothing can truly replace the advantages of face-to-face interaction. Drink coffee with a friend, eat dinner with our loved ones, and talk on the phone with a friend. For one to maintain psychological wellness, strong social support is also crucial. Make efforts to meet more individuals if one doesn't have a support network. Participate in neighbourhood events, get to know our neighbours, or get in touch with old acquaintances.

xii. A Few Words from Well

Being happy and functioning on a daily basis depend greatly on psychological health. It's simpler than one might imagine to establish positive behaviours that support emotional well-being.Start small and experiment with one or two techniques to improve our psychological wellbeing, such as listing some of our accomplishments or pleasant memories. One will gradually notice how these behaviours affect our overall mental health and positive thinking.

I.5.3 SIX-FACTOR MODEL OF PSYCHOLOGICAL WELL-BEING

An individual's psychological well-being, satisfaction, and happiness are influenced by six elements, according to Carol Ryff's hypothesis known as the Six-Factor Model of Psychological Well-Being. Positive interpersonal relationships, self-mastery, independence, a sense of purpose and meaning in life, as well as personal growth and development, are all components of psychological well-being. It is possible to achieve psychological well-being by finding a balance that is influenced by both difficult and fulfilling life situations.

Six Factors

Aristotle's Nicomachean Ethics, "where the goal of life is not feeling good, but is instead about living virtuously," is the foundation of Ryff's approach rather than just on happiness. The following six elements are thought to be essential to psychological well-being:

i. Self-acceptance
ii. personal development
iii. life's purpose

iv. mastery of the environment
v. Autonomy
vi. good relationships with others

Measurement

A psychometric assessment with two variants (either 54 or 84 items), the Ryff Scales of Measurement. On a scale of 1 to 6, where 1 denotes strong disagreement and 6 denotes strong agreement, respondents rate statements. The Ryff Scale is based on six criteria: self-acceptance, environmental mastery, personal progress, positive interpersonal relationships, and autonomy. Greater psychological well-being is indicated by higher overall scores. The descriptions of each criterion are followed by an example statement from the Ryff Inventory that measures that criterion.

i. High scores on the self-acceptance scale are indicative of the respondent's good self-perception. The phrase "I like most aspects of my personality" is an example of a response to this criterion.
ii. High scores on the personal growth scale show that the respondent is growing, accepting of new

experiences, and conscious of changes in conduct and self through time. "I think it is important to have new experiences that challenge how one thinks about ourselves and the world," is an example statement for this criterion.

iii. High scores on the purpose in life scale show that the responder has a strong sense of purpose and is convinced that life has significance. The sentence "Some people wander through life, but I am not one of them" is an illustration of how to meet this condition.

iv. High scores on the environmental mastery scale show that the responder effectively takes advantage of opportunities and has a sense of control over managing ecological elements and activities, including managing day-to-day tasks and putting circumstances in place that serve personal needs. "In general, I feel I am in control of the situation in which I live," is an example statement for this criterion.

v. High scores on the autonomy scale show that the respondent is autonomous and controls their

actions independently of societal norms. The phrase "I have confidence in my opinions, even if they are contrary to the consensus" is an example statement for this criterion.

vi. Positive Relations with Others: High scores demonstrate the respondent's participation in relationships that are meaningful to them and include reciprocal empathy, tenderness, and affection. "People would describe me as a giving person, willing to share my time with others," is an example statement for this criterion.

I.5.4 SUITABILITY OF WELL-BEING FOR PUBLIC HEALTH

- Health promotion and disease prevention can be approached more holistically when mental and physical health are integrated.
- Beyond sickness, mortality, and economic position, wellbeing is a reliable indicator of population outcomes that reveals how individuals view their lives from a particular angle.

- An result that has public significance is well-being.
- Recent developments in psychology, neuroscience, and measurement theory imply that well-being can be quantified to some extent.
- According to findings from cross-sectional, longitudinal, and experimental studies, happiness is linked to the following:
    i. Self-reported health.
    ii. Longevity.
    iii. wholesome actions.
    iv. both physical and mental disease.
    v. social interaction.
    vi. Productivity.
    vii. environmental elements, both physical and social.
- The impact of various policies can be shaped and compared using well-being as a common criterion (for example, the loss of open space may have a more negative effect on well-being than local commercial development).

- Many parties interested in illness prevention and health promotion may find it useful to measure, monitor, and promote well-being.

Numerous advantages to one's health, career, family, and finances are connected to one's level of well-being.For instance, higher levels of well-being are linked to a lower risk of disease, illness, and injury, as well as improved immune system performance, quicker recovery times, and longer lifespans.High levels of well-being increase productivity at work and increase the likelihood that an individual will give back to their community.

The idea that the negative effect component of well-being is substantially correlated with neuroticism and the positive effect component is similarly correlated with extraversion is supported by prior research. Additionally, according to this research, pleasant emotions—essential elements of wellbeing—are not just the reverse of negative emotions but also distinct aspects of mental health that can and ought to be promoted. Although heritable factors account for a sizable amount of the diversity in well-being, environmental factors are just as essential, if not more so.

I.5.5 THE RELATIONSHIP BETWEEN WELL-BEING AND PROMOTION OF HEALTH

Health is a resource that enables individuals to realise their goals, meet their requirements, and adapt to their surroundings in order to live long, fulfilling lives. It is more than just the absence of disease. In this view, wellbeing depends on the ability to develop socially, economically, and personally. The process of enabling people to exert more control over and enhance their health is known as health promotion. Peace, financial security, a stable ecosystem, and secure housing are a few examples of environmental and social resources that might promote health. Physical activity, a balanced diet, social connections, resilience, happy emotions, and autonomy are all examples of personal health resources. Well-being may be improved through health promotion initiatives that support such social, environmental, and individual resources.

There isn't agreement on a single definition of what constitutes well-being. Although there is consensus on this point, well-being is generally understood to include the presence of positive emotions and moods

(such as contentment and happiness), the absence of negative emotions (such as depression and anxiety), satisfaction with life, fulfilment, and positive functioning4. For the sake of public health, physical well-being (such as feeling physically strong and energised) is also seen as essential to overall wellbeing. Researchers from various fields have looked at a variety of well-being-related topics, such as the following:

- physical health.
- economic health.
- social health.
- progress and activity.
- emotional stability.
- wellbeing in terms of the mind.
- gratification in life.
- satisfaction in a particular domain.
- engaging work and hobbies.

I.5.6 FIVE WAYS TO WELL-BEING

The New Economics Foundation has conducted research and created the following steps. Let us know on

Facebook what we think of them and how one takes care of our well-being.

1. Connect

Strong evidence suggests that having a sense of belonging and being respected by others is a basic human need and that it helps people operate successfully in society.

For persons of all ages, social connections are essential for fostering wellbeing and serving as a barrier against mental illness.

Try to be unusual and connect with someone today with this in mind.

- Instead of sending an email, engage in conversation.
- Speak with a fresh person.
- When someone shares their weekend experience, listen to them out.
- Set aside five minutes to ask someone how they are.
- Take a co-worker to work with you or ride home together.

2. Be Vigorous

All age groups have lower incidence of depression and anxiety when regular physical activity is involved. Exercise is crucial for improving wellbeing and delaying age-related cognitive decline. Slower-paced activities, like strolling, can promote social connection and offer some exercise, so it need not be extremely vigorous for one to feel happy.

Here are some concepts for today:

- Choose the stairs over the lift.
- Take a stroll during noon.
- Walk to work, perhaps with a colleague, to help you "connect" with others.
- alight the bus one stop sooner than usual, and complete the remaining distance to work on foot.
- Plan a workplace sporting event.
- Play some football in a nearby park.
- Stretching is a good "easy exercise" to do before we leave for work in the morning.
- Instead of calling or emailing, go to the person's desk.

3. Pay Attention

Our ability to "take notice" can be heightened and expanded by reminding ourselves to do so. According to studies, being present in the moment immediately improves our wellbeing, and savouring "the moment" might help us clarify our priorities in life. A higher level of awareness improves our understanding of ourselves and enables us to make decisions that are in line with our values and motivations.

Spend some time appreciating the present and your surroundings. Here are some suggestions:

- Obtain a plant for our office
- Take a day to organise your space.
- Please be aware of how our coworkers are feeling and behaving.
- We should take an alternate route to or from work.
- Lunch at a new location.

4. Learn

Lifelong learning improves self-esteem, promotes social contact, and leads to a more active

lifestyle. Anecdotal data suggests that getting older people out of depression primarily involves getting them involved in employment or educational pursuits. Setting objectives, specifically those related to adult learning, has been closely linked to greater levels of wellbeing.

Why not pick up a new skill today? Here are some more suggestions:

- Discover more about our coworkers
- Enrol in a course
- Read a book or the news
- Create a book club.
- Do a Sudoku or crossword puzzle.
- Investigate something you've always been curious about.
- Pick up a new word.

5. Give

The importance of social and community involvement has been widely studied in the field of wellbeing. People who are more engaged in helping others tend to rank their own happiness higher.

I.6 WOMEN BEEDI ROLLERS

The Beedi workers are in the clutches of contractors and sub-contractors. The contractors are the raw materials suppliers and collectors of the final products. Beedi workers are usually home-based workers. The working environment of Beedi workers today and in the past could have been more conducive. The beedi industry came up in Kerala by the 1920s. After World War I, trade connections with Ceylon and Burma helped establish the beedi industry in North Malabar. The Charkha (spinning wheel) brand of Beedis, riding on the popularity of the nationalist movement and the Swadeshi sentiment, popularized Beedi use. At the time, mainly men were beedi rollers assisted by children in tying the rolled beedis. Beedi workers came from the Muslim and lower caste communities (Tiyyas/ Ezhavas). In April 1934, the first beedi rollers association was established. Beedi manufacturing in Kerala is typically unorganized and is concentrated in Kasargod, Kannur, Kozhikode, Palghat and Thrissur districts. The work shed, or working place are often dimly lit rooms, but women prefer them because they are not disturbed by

domestic work and can make many beedis. For every Beedi made, a woman has to pick up a pinch of tobacco grains and arrange it on the leaf she holds with her left hand and uses the fingers of her right hand to spread the tobacco. Her fingers, thus, are in constant touch with the tobacco.

Hence, many unprivileged women suffer health hazards not because they are smoking but because they are making beedies. Two factors that cause health hazards are the raw materials, especially tobacco, and the nature of work, working conditions and the workplace. Beedi workers are highly prone to respiratory problems. Most of them suffer from tuberculosis, chronic bronchitis, asthma, etc. The nature of work, which involves prolonged sitting with the forward trunk bent, the excessive use of fingers and the constant high tension levels to meet targets cause several health problems. The sitting posture leads to a fixed construction of back muscle, resulting in head, neck, leg and back aches as there is no body movement. Workers also suffer from piles and rheumatism (Dharmalingam, 1993). Gopal (1999) highlights the high tension levels among women

beedi workers who are never secure about their status as workers. Their poverty, lack of rest, ongoing work, and poor food habits have all been listed as factors making them susceptible to diseases. Exposure to tobacco and the working conditions among beedi workers are known to have caused intestinal and reproductive problems (Pande, 2001).

Due to the tobacco dust the workers are continuously exposed to, their eyes have burning irritation, and problems like conjunctivitis, rhinitis and mucous dryness are reported (Kannan & Ilango, 1990). The strain on their looks is worsened among workers who work at night alongside dimly lit oil lamps. Pande (2001) reports that almost all workers are aware of the health hazards in their work. Mohandas (1980) made a comprehensive survey of the socio-economic conditions of beedi rollers in Kerala. He reported a high incidence of occupational diseases due to tobacco exposure and postural problems arising from monotonous work. Joshi et al. (2013) conducted an epidemiological survey of occupational health hazards among beedi workers of Amarchinta, Andhra Pradesh. They noticed that almost 90 per cent of

the workers developed pain in various body parts, the prominent among them being shoulder, back, and neck pain. The industry employs unskilled labourers and is situated where cheap labour is available. The Beedi industry accounts for about 90 per cent of the employment of the Indian tobacco industry. About 10 per cent of the beedi manufacturing occurs in the organized factory.

I.6.1 BEEDI ROLLERS

The term "Beedi" (also spelt "Bidi" or "Biri") comes from the Marwari word "Beedi," which refers to a leaf covered in beetle nuts, herbs and condiments. In this study, "Beedi workers" refers to the individuals who roll the soaked and cut tendu leaves, fill them with powdered tobacco, close both ends and tie them with a thread.

Beedi Rollers are responsible for rolling Beedi according to the specifications of the person who supplies the raw material, mainly comprising tendu leaf, tobacco, and thread. A large number of persons are primarily females. They are mainly engaged in rolling Beedi work for Contractors or manufacturers within and outside the State. The Beedi Rollers working with or

without the help of their family members in their private dwellings, are known as home workers. Employees other than the Beedi Rollers are included in this group. After collecting the green Beedi from the Beedi Rollers, the workers perform other related activities at various stages. They are employed directly by the manufacturers within the precincts of their establishments. This exposes the limitations of the information available with the enforcement machinery. The proportion of this category in different types of establishments of employees depends on the volume of the activity. The nature of the work of the beedi workers are usually employed in the different types of establishments is briefly given below:

I.6.2 INDIA'S BEEDI INDUSTRY

In India, the beedi industry has a long history and is one of the main unorganised sector employers of women. In terms of its potential to provide numerous people with work possibilities, the beedi business holds a major position in rural development. Tamilnadu is one of India's main locations for the beedi business. The beedi rolling activity is primarily carried out by workers with lower socioeconomic level. The majority of beedi work

is done in rural and semi-urban regions, where it is a substantial source of income for numerous households. In India, the manufacture of beedis has a century-long history. Women and children, usually females, who live in communities across the nation work largely as beedi rollers. Nearly all of the beedi industry is unorganised. As a result, even government representatives struggle to uphold the different legal obligations. The health risks associated with the female employees rolling the beedis outweigh any potential legal ramifications. Health Hazards of Women Working in the Beedi Industry" revealed that young women in Beedi industries worked 10 hours a day, six days per week, and earned up to '60 days. Most girls were exposed to nicotine early to the gynaecological problem.

The benefits accessed by the workers include pension, provident fund, maternity leave, and scholarships for children Jayam Kannan et al., (1990). Lam et al. (2001), smoking and tuberculosis have been conducted in developed countries, where pulmonary tuberculosis as a cause of death had already become uncommon. The Government of India has enacted

several legislative measures to resolve the working conditions and to provide welfare schemes to the beedi workers and their families.

In the Tenkasi district, beedi Industries play an important role in the district economy. Its sustained growth and development will ensure the employment of thousands of women, raise living standards, and contribute to the area's economic progress. Beedi rolling is a highly labour-intensive, back-breaking and strenuous occupation, but women and children continue to do it without other sources of livelihood. Although the industry is about 100 years old, it has grown into one of the major avenues of employment generation in the unorganized sector. It has a sizeable rural spread, and because of its dispersed and household-centric base, beedi workers have tended to be largely unorganized and, therefore, have low bargaining power. Consequently, beedi manufacturers, sometimes known as `beedi 45 barons', have grown large and accumulated great wealth. In contrast, their workers, in general, have remained indigent, living in poor and unhygienic

environmental conditions and suffering from various kinds of health disorders and ailments (S.K. Das, 2000).

I.6.3 BEEDI WORKERS OF INDIA

Beedi making is an agro-forest-based cottage industry dependent on Tendu Leaves and Tobacco. Plucking of tendu leaves, their collection, storage, and distribution amongst the beedi manufacturers are handled by the State Department of Forests. The industry is highly labour-intensive as the entire manufacturing process is done manually, requiring special skills. It falls both in the organized as well as in the unorganized sector. Many workers in the organized sector are engaged in Beedi rolling, sorting, checking, baking, labelling, wrapping, and packing covered under the Beedi and Cigar Workers under (The Conditions of Employment) Act, 1966. In the organized sector, the beedi manufacturers are subject to Central Excise at Rs 9/- (Excise Duty Rs. 4.60, Cess Rs 2.00, Additional Duty Rs. 1.40 and National Calamity Fund Rs. 1.00) per 1000 beedis. The small beedi manufacturers in the unorganized sector manufacture up to 20 lakh beedis per annum and are exempted from the excise duty. It is

tough to locate and estimate the number of Beedi Rollers these small manufacturing compounds engage. As a result, the workers are deprived of the benefits of the various labour laws and escape from the notice of the enforcement officers.

I.6.4 WORLD LEVEL BEEDI WORKER

The name comes from the Marwari word beedi, a mixture of betel nuts, herbs, and spices wrapped in a leaf; beedies are a traditional method of tobacco used throughout South Asia and parts of the Middle East; today, beedies are popular and affordable in India, where beedi consumption exceeds that of conventional cigarettes, and beedies are the most common type of cigarette in India.

I.6.5 WORKPLACE HEALTH AND DIFFICULTIES OF BEEDI WORKERS

The health risks associated with tobacco use affect beedi rollers and others involved. Beedi works most of the time. The houses are small and used as living and working spaces, so the beedi dust in the air affects not only the beedi roller but also her entire family,

leading to respiratory problems. The other issues with beedi rolling are body aches, headaches, and eyestrain.

The beedi rolling has been a part of local culture for nearly a century in these areas. Promoting employment alternatives in places (where unemployment is already high) is a challenge. 'Beedi rolling' in India symbolizes poverty and desperation in a room. Creating a means of income/employment where there are no other readily available alternatives or infrastructure is a significant challenge. Moreover, the beedi women are poor, illiterate (mostly), with little or no skills, socially deprived, with debts, and have a low asset base. The fact that the target group is home-based women. It involves overcoming additional considerations of gender discrimination or subjugation within families and restrictive societal attitudes that curtail their mobility and their choices. The time available needed to permit more attention to this aspect, although the project involved other social partners in discussions to sensitize them to the needs of the Beedi women. Finding sustainable alternatives that provide income equal to that offered by the Beedi rolling in these areas takes work.

i. Wrappers and Labelers Wrappers and Labelers are primarily piece-rate workers that wrap Beedi into bundles of various types and sizes and apply labels.
ii. Beedi Checkers: Beedi Checkers inspect the bundles, the quality, and the quantity of the tobacco used by the Beedi Rollers, as well as the green beedis (i.e., unbaked beedis) that are delivered by the Contractors or the Beedi Rollers.
iii. Furnace-man, also known as Bhattiwala or Sekaiwala, bakes the beedis in a furnace to remove moisture and humidity.
iv. Cashiers, accountants, clerks, and other members of the clerical staff carry out the majority of the managerial duties in small and medium-sized businesses.
v. The raw ingredients are distributed by this group of workers to the contractors, tenders, and beedi rollers so they can roll the beedis.

The requisite quantity of tobacco and tendu leaves is distributed by weight. Production The daily production can quickly be assessed considering the

employment size. Typically, 100 Beedi Rollers are required to produce one lakh beedis daily. The larger the show, the greater the size of the establishment. The production data were collected separately from the employers and the Beedi Rollers through the Schedules designed for the study. Employers must record their products in the prescribed form to assess excise duty. The Minimum Wages Act of 1948 also maintains records about attendance, production of piece-rated workers, wages, deductions, etc. In cases where these records were unavailable, the requisite information was collected through oral versions of the employers. This information had apparent limitations as some employers running smaller units tended to conceal not only the size of the employment but also the magnitude of production to evade legal provisions under the law. The number of beedis rolled by the Beedi Rollers was usually available in the logbooks provided to them by the employers. However, in the absence of the same, the information given by the Beedi Rollers had to be relied upon. This information invariably concealed the share of the dependents of the Beedi Rollers in the production.

1.6.6 BEEDI MAKER PRODUCTION

A beedi is a thin South Asian cigarette of 0.2-0.3 g of tobacco flake wrapped in a tendu (Diospyros melanoxylon) leaf and secured with coloured thread at both ends. As it is a cheap form of tobacco consumption, it is trendy among non-affluent. Still, it carries more significant health risks as it delivers more nicotine, carbon monoxide and tar than conventional cigarettes. Beedi manufacturing occurs in almost all the central states of India, such as Madhya Pradesh, Maharashtra, Gujarat, Tamil Nadu, Andhra Pradesh, West Bengal, Orissa, Uttar Pradesh, Rajasthan, Bihar, Kerala and Karnataka. The first formal production of beedis started in 1902, although the rural people were known to have made beedis for their consumption before this date. Presently, India is the third largest tobacco producer in the world. The government estimates about 4.4 million workers in the Beedi rolling industry, mostly home-based women workers. Tobacco cultivation processing and marketing involves over 30 million people in India. The beedi industry is generally located in the unorganized sector. The beedi manufacturers have

increasingly shifted the work from factories into households, small unincorporated units or small work sheds.

Typically, large manufacturers contract out the work of rolling beedis to contractors who either further subcontract work out or get the job done by individuals in their homes on a piece rate system. The production is therefore widely dispersed, making it difficult to establish an employer-employee relationship as set out in the labour law. However, some major beedi manufacturers with large enterprises constitute only about 10% of all beedi manufacturing.

The four primary steps in making a beedi are as follows:

i. wrapping the thread back
ii. the beedi leaves are being cut
iii. and rolling the Beedi
iv. The beedi head is folded.

Cutting the Beedi leaves, the next step in the process, requires skill because the maximum number of pieces that can be cut from the leaf depends on the worker's skill. Rolling the beedi leaf with tobacco, the top job in

the process, requires precision because the pinch of tobacco must be moved in the leaf and tied with the thread.

I.6.7 THE DEMAND FOR SOCIAL PROTECTION

The more significant issue of the survival of this industry itself and the requirement to actively look for alternatives in light of this uncertainty raise further concern, emphasising the need for diversification of activities and the reduction of intermediaries, and the potential of stricter state regulations, raising health care awareness, and reducing the role of intermediaries.

Beedi industry in India Beedi Tobacco is the most important non-Virginia tobacco produced in India, accounting for about 50% of the total production of non-Virginia tobacco. Beedi is typically Indian and smoked in neighbouring nations like Bangladesh, Nepal, and Pakistan. India is the largest producer of Beedi, accounting for about 85% of the total world production.

There is a small organised or formal sector in India, but the majority of businesses are unorganised or informal, and fixed devices are only needed for beedi making if it is done somewhere other than at home.

Additionally, the beedi industry significantly contributes to the government's domestic revenue and foreign exchange earnings.

The process of Beedi rolling is straightforward but does require much skill. Under the contract system of employment in the Beedi industry, the trademark owner provides Beedi tobacco and tendu leaves to the contractor, who, on receiving the materials, makes Beedi by directly employing labourers or distributing the raw materials to the home workers. The latter form of handling these common are the men who role beedies with the help of the male members or children. However, in some cases, the workers will receive the raw materials directly from the manufacturers and supply beedies now to them. Sometimes, it is common to find Beedi making carried out on a tiny scale. A family may roll out and sell a few thousand beedies per day. However, up to a certain level of production, small-scale Beedi making it checked out of the excise purview of the government encourages small-scale production.18 In India, the beedi industry is organized into three different segments. First is the factory, where the manufacturer owns the factory. The

second is the contract system. In this system, the trademark owner supplies beedi tobacco and leaves it to the contractor, who directly employs labourers on receiving the material manufacturer's beedies. In the third system, the contractor distributes the raw materials among home workers. The latter form of arrangement is quite common wherein women primarily role beedies with the help of other family members.19 Beedi production is labour-intensive and is in various stages and at multiple levels. Usually, a factory employs very few workers, while a significant portion of the beedi production is outside the factory in the worker's home.

I.7.SIGNIFICANCE OF THE STUDY

The beedi industry in Tamilnadu is 95 years old, though it came to be established here much later than in the rest of India. Several companies have been engaged in producing Beedi on a large scale. Beedi rolling is a significant influencing part of our country's overall rural economic development even today. Beedi rolling contributes to being the central part of the livelihood of the country's total working population. Tenkasi's beedi industries are located in Alangulam, Amman sannathi

bazaar and Tenkasi. Beedi rolling is done manually in this place, requiring a highly labour-intensive, back pain breaking and strenuous occupation, yet, women. Children continue to do the work, mainly due to the absence of another source of livelihood and relatively better income for the household women because they do not have to depend on their husbands. Beedi rolling is incredibly resourceful for women who have lost their spouse to alcoholism and where farming and cattle rearing have mainly failed. In Tamil nadu, Tenkasi is the origin place of Beedi's work. So, the investigator selects the Tenkasi beedi workers as a sample. Most of the women engaged in Beedi rolling are illiterates. These Beedi-moving women are doing the most hazardous work in the country. They have been suffering from various serious diseases, particularly tuberculosis and cancer. Often, these beedi rolling women's health and medical facilities are left unattended due to poverty, non-availability of nearby health centres, failure to care for my family members and even gender discrimination. The ultimate aim of this research would be to empower the women in the community of beedi rollers, thereby

safeguarding them from the hazards of tobacco products and providing alternative means of livelihood.

Studying the health dimensions of home-based beedi women workers is crucial, so the researcher undertakes the venture to assess the health status of the women Beedi workers in Tenkasi. The ultimate goal of this research would be for the women beedi workers in the community to safeguard them from the health hazards that home-based beedi workers, especially women, experience frequently.

I.8. CONCLUSION

The study aims to highlight the need for better living and working conditions and decent employment opportunities for women beedi rollers. Women working in beedi manufacturing face a number of health risks, and longer workdays increase the likelihood of occupational health problems. Many of these workers experience various health risks not from smoking beedis but from rolling beedis.

CHAPTER II

REVIEW OF RELATED LITERATURE

The problems of beedi rollers, especially, those relating to their miserable working and living conditions, and health hazards, have not attracted the attention of the government for a very long time. Only very recently sociologists, economists and planners have come to realize the magnitude of the multi-dimensional problems of the beedi industry and have given them prime importance that they justifiably deserve in view of the prevalence of wide spread unemployment. This chapter presents a brief resume of the findings of the research works related to the working and living conditions, health problems, exploitation, life styles, and various welfare measures of the beedi rollers.

1I.1 INTRODUCTION

A comprehensive review of related past studies helps one to adopt, modify and improve the conceptual framework and provide a link with the past approaches. Hence, an attempt is made in this section to review the

earlier studies and specify the concepts used and adopted in the present study. This chapter deals with the review of related studies conducted in India and aboard, such a review is necessary to understand the ramifications of the problem on hand and decide upon the methodology to be employed. It provides backdrop to the study. The review of literature gives the view of the researcher informing objectives, hypotheses, identifying the variables and research design of the present study.

Thus review of literature is a crucial step which invariably minimizes the risk of dead, rejected topic, rejected studies, wasted effort and trial and error activity oriented toward approach already discarded by previous investigators and erroneous findings based on a faculty research design.

II.2 MEANING OF THE RELATED STUDY

Study of the related literature implies locating, reading and evaluating reports of research as well as

reports of casual observation and opinion that are related to the individual's planned research project.

II.3 PURPOSE OF THE REVIEW OF RELATED LITERATURE

1. It can reveal sources of data that may not have existed.
2. It can illuminate a method of dealing with a problem situation that may suggest avenues of approach to similar difficulty one may be facing.
3. It can introduce the significant research personalities of whose work and collateral one may have had no knowledge.
4. It can help to see one's own study in historical and associational perspective in earlier and more primitive attacks on the same problem.
5. It can provide with new idea and approaches that may not have occurred and it can help evaluate own research efforts by comparing them with the similar efforts of other.

II.4 REVIEW ON NATIONAL AND INTERNATIONAL LEVEL

Banarjee (2000) has reported that women working in the beedi company lack supportive services like Creech (Child Care Centre) for their babies. He has also said that sexual harassment was very acute in the centralized manufacturing place. The employer, contractor and middle man exploit young girls and even men and women had to submit to their lust.

Kumar A.K. (2000) in his study on Women in Beedi Industry at North Arcot District, Tamil Nadu has found that poor agriculture income pushed the parents to pledge their female children for a petty sum to the contractors. The study also has stated that there was no laws against the practice of pledging children in the centralized beedi manufacturing centres.

Gopal (2000) They discovered that beedi workers suffer from a variety of health problems. Boils in the mouth, severe throat burning, and stomach pain have been observed among beedi workers in Tirunelveli, Tamil Nadu.

Anil Gumber (2000) in his article, "Health Care Burden on Households in the Unorganized Sector: Implication for Social Security Assistance" studied specifically addresses issues related to health security for workers in the unorganized sector. Based on a study of 1200 houses holds in the rural and urban areas, Ahmadabad revealed that it is enormous. Out-of- pocket expenditure on health care of families of the unorganized sector existing health insurance plans has filled to cover, varied expenditures incurred by households. The outreach of ESIs facilities, especially to rural insured households, in poor. Low-income families have strongly urged the need for health insurance coverage for hospitalization and select OPD considered in developing a low-cost health insurance scheme. His study called for educating the rural and urban households on the aspects of insurance.

Pande R. (2000) as a result, Because of some natural innate talents, women and children are favored for beedi rolling. It is odd, though, because beedi rolling is not immune to violence towards women. Women's

participation in beedi rolling has been connected to the skill's simplicity of learning, manual operations, and ability to be done at home, among other factors.

Charmes (2000) working in the informal economy and being poor are linked: a larger percentage of those working in the unorganized sector are impoverished than those working in the organized sector. There is a link between working in the unorganized sector and poverty: individuals who work in the unorganized sector are more likely to be poor than those who work in the organized sector. This overlap is also gendered. In comparison to males, more women work in the unorganized sector and are impoverished. However, it is critical to note that there is no straightforward link between working in the unorganized sector and poverty, or between working in the organized sector and affluence. Unorganized employees often do not have access to the same social protection advantages as organized workers, such as worker benefits and health insurance. They also operate on ad hoc and temporary contracts. When unorganized sector employment is split

by status of employment, such as employer, self-employed, or worker, and gender, the precise association between unorganized sector employment and the degree of poverty emerges.

Meena Gopal (2001) in an article has made a study on The Labour Process and its Impact on the Lives of Women Workers in Triunelveli beedi industries, particularly in the home based beedi industries. The structure of the industry was studied through a 50 percent random sample of the villages. All the beedi establishments in the 10 villages were surveyed for data on the type of shops, the number of workers employed the size of business and production, nature of the linkages between the various players in the industry, and the problems faced by the managers. One of the 10 sampled villages was chosen for an in- depth qualitative study. A base line survey, essentially focusing on demographic, economic and social aspects of the families was carried out. This helped to gain an understanding of the village structure and in identifying the beedi-making households. Four categories of households could be identified with respect to the

economic value of women‟s work (beedi making). This exploration revealed how women‟s lives as beedi workers took on different trajectories and the beedi industry was able to reap tremendous benefits by employing them as labourers. It also raised certain significant issues concerning health, nutrition, land holdings, the economies of beedi workers and women‟s perception of their labour. One-third of the household selected for the baseline survey were chosen for a quantitative study.

The Hindu group of publication (2001) has stated that the beedi units in Tamil Nadu mostly concentrated in South – Tirunelveli, Tuticorin, and Kanyakumari Districts. In two of these districts, industrial development is slow and employment opportunities are limited in structure, where as there are around more than 100 beedi manufacturers employing 2.5 to 3 lakh beedi rollers. Another one lakh was estimated to be either home based or unorganized supporters of beedi industry. Moreover this analysis has revealed that beedi companies in the three southern districts account for Rs. 40-50 crores of central excise revenue. Including the

cess of Rs.2 per 1000 beedies and other levies, the country‟s beedi manufacturers shell out Rs.500 crore annually.

Velayutham S. (2001) has attempted to analyze the intent of Government sponsored Social Security initiatives of the women beedi workers in the rural areas of Tamil Nadu. Author has stated that, in the Indian economy, about 90% of the work force are in the un-organized sector despite low wages, uncertainty of employment and under employment and lack of other benefits like provident fund, the dearness allowance, wages during holidays, maternity benefits, credit facilities etc. The author has further stated that, since independence, the Government ofIndia has in the trade many legislations to protect these workers and has implemented various social security schemes for the betterment of the women beedi rollers. The present plans, it has been discovered, are primarily limited to providing old age pensions, maternity benefits, and support to unorganized sector and indigent women's laborers. They have concluded from the analysis that

the legislation and state-sponsored Social Security initiatives have not yielded the desired effects, particularly for women in the unorganized sector.

Pande (2001) According to statistics, practically all workers are aware of the health risks associated with their jobs. The provisions of the 1976 Beedi Employees Welfare Fund Act are inaccessible to the 16 majority since they are not recognised as beedi workers. Even in the few places where identity cards or pass books are issued, they are almost often in the names of male household heads or spouses, denying women access to maternity benefits.

The Economic and Political Weekly (2002) has identified that the beedi rolling concept of women folk seems to be higher than that of any other workforce of the universe. This study conducted in favour of Department of Labour revealed that majority of the female folk were concentrated on beedi rolling for their day today walks of life. Out of 199 members interviewed for this study 62 persons comprising 59 females and 3 males were engaged in beedi work.

Thus, over 93 percent of females were beedi workers. Three of the members were below 14 years of age.

Sinha S. (2002) He described common characteristics of women workers in the unorganized sector in the chapter "Women in the Unorganized Sector: Mapping Needs," which include laborers' work and long working hours, poor living conditions, low and irregular income, lack of capital and assets, indebtedness, borrowing at exploitative interest, low bargaining power, poor working conditions, lack of social security protection, and so on. According to him, insurance may assist in recouping income lost due to illness, accident, or maternity, as well asrecouping loss in the event of death.

Employers and Intermediaries (2003) This study also referred to contractors/ traders/ sattedars/ middlemen who are known to exploit home workers by supplying sub-standard and underweight raw materials to the rollers, a practice which leads to rolling fewer beedis. However, when collecting the rolled beedis the intermediaries do not make any allowances for the shortfall in rolling which might have resulted from

poor quality or under-weighed raw materials supplied. (ILO, 2003).

The HINDU dated 9th May of 2004 reported in its Mangalore Edition that the State Government of Karnataka has asked the Institute of Social and Economic Change (ISEC) of Bangalore to conduct a study on the beedi industry in the state based on report of mass labourers lay off. Also the Government has funded around 11.55 lakh for the purpose of this study. According to an estimate prepared by the State Government, there are 8 lakh beedi workers in the State, of which 2.8 lakh are registered workers.

Patel (2004) has opined in his study that elderly workers of around 50 years of age get only Rs.14 for making 1000 beedies in 7 hours. But if they work for 10 hours they can earn Rs.20/-. This practice is against the Minimum Wages Act enacted by the Government of India. Most of the elderly beedi industry workers gave financial support to their family. But most of the elderly beedi workers right from one fifth to almost to the centum level were affected by some health hazards, which were almost endogamous at geriatry level.

Press Information Bureau of Government of India (2004) has given a report about women beedi workers. Under the title Labour and Employment – Tajmahal of Women Beedi Workers. The report says that in Maharashtra 10,000 women beedi workers of Solapur would be soon proud of having own houses. Each women beedi worker rolls daily around 1200 beedies and earns about Rs. 1500/- a month. It is remarkable but these busy women workers have time enough to wage a struggle for their better living conditions and by doing so they have been emerging as the breadwinners of their family during the last 10 years.

Singh (2004) has opined in her book "Working Women in India" about beedi industry"s workers as „sweated industries" people of the nation. This was report based on the States – Andhrapradesh, Maharashtra and Rajasthan. Overall he reported that beedi workers in Siwar (Maharashtra State) that it was founded to be based on the study of 1000 beedi workers, 65 per cent of them were females. These females considered the job of beedi rolling activity under home based system, whereas they were paid only Rs.4/- per 1000

beedies. For this type of work, they used to work for 12 to 16 hours a day for 1000 beedies. In Andhra Pradesh factories function from February to July for a maximum of 180 days, whereas majority of the workers were women and they were paid only Rs.250/- per 1000 beedies; this is the report revealed from Karnool district. Majority of the women fully realize the helplessness at the hands of middlemen / contractor. But their poor literacy level and financial level of the family disturbed them to get self-sufficient. Here the states governing authorities too had not taken any consideration for this poor women folk.

Iqbal (2004) Performed a National Study on Beedi Workers - An Ergonomic Approach, with the primary goals of ergonomic intervention for Beedi Workers, reduction of occupational health risks, and improvement of working environment and unsanitary conditions for Beedi Workers. A total of 302 beedi employees were recruited from Uttar Pradesh, Madhya Pradesh, Karnataka, Andhra Pradesh, and Tamil Nadu. The data for the study was acquired using a variety of

approaches, including observation, questionnaires, and anthropometric measurements. The study's main findings indicated that occupational dangers such as neck discomfort, shoulder pain, chest pain, elbow pain, and back pain, among others, were quite common.

WHO cited in HRIDAY & Tata Memorial Center (2004) Tobacco use is the primary cause of preventable deaths around the world. As per WHO's estimates, in India these deaths would increase at an exponential rate till 2020. The use oftobacco can result in different kinds of diseases like cancers, heart and lung diseases.

Bhatt and Bhargava (2005) have opined in their edited book, „Land and People of Indian States and Union Territories", has revealed that the Tamil Nadu Government prepared State-wise and employment-wise minimum wages fixed in 64 employments, of which 62nd category of scheduled employment is considered beedi making, and the minimum wages of Rs.52.91 for rolling 1000 beedies without disparity of gender.

Ghosh et al (2005) in their study on Occupational Health Profile of the Beedi Workers and Ergonomic

Intervention, found that the socio economic status of the beedi workers remain at low level since the welfare measures are insufficient in comparison to the number of beedi workers in India. Due to poor socio economic status, poor education and lack of hygienic consideration leads to various health problems like chronic obstructive pulmonary disease, bronchitis, respiratory inflamations, hypertensions, sinusitis and allergic rhinitis etc. to the beedi workers. Further the study found that the improper work place, work process, poor knowledge and lack of human factors consideration leads to various physiological stress that become hazards due to prolonged exposure.

Saxena (2005) has opined that Occupational Safety and Health in the Unorganized Sector, especially in the housework segment is increasingly demanding the attention of the policy makers. The beedi manufacturing industry in India is an age-old industry and a large rural population is engaged. The beedi rolling has grown from household occupation to the level of co-operative societies, especially in the State of

Kerala wherein workers work in groups in beedi manufacturing process. However the occupational hazards have remained the same such as poor environmental conditions and improper work procedures and work stations. The beedi workers lack education and training and because of their poor socio-economic condition they are forced to work continuously in improper work postures which lead to the development of serious physiological manifestations.

Madheswaran *et al.* **(2005)** carried out a comprehensive study which deals with the problems of the beedi workers and industry in Karnataka. It seeks to analyse the critical issues relating to the industry, workers, government programmes and organisations working for the upliftment of the beedi workers. This empirical study highlights the socio-economic conditions of the workers, the impact of interventions by different organisations like Trade Unions, Non-Governmental Organisations and Self Help Groups etc. The study has concentrated upon the

areas such as Belgaum, Tumkur, Mysore and Dakshina Kannada. It also deals with the problems like health, job uncertainty etc.

Dev (2005) in his article describes that workers in the unorganised sector earn low and have poor working conditions. In the liberal market, the economy state has to provide them minimum social security. It discusses, the bills related to the unorganised sector workers security. The writer points out the importance of the public policy concern to ensure a particular minimum measure of social security in the unorganised sector.

Gupta et al. (2005) conducted an exploratory study on the present condition of beedi rolling women in India in four states like Madhya Pradesh, Gujarat, Andhra Pradesh, and Kerala. The sample selected was 280 beedi rolling women from these states. Data was collected by using focus group discussion and individual home interview techniques. The study results showed that the majority of women were suffering from hazardous health problems like backache, spondylitis, asthma, tuberculosis, and miscarriage. The researcher concluded that enough consideration should be given to

female beedi workers for the elimination of these health problems.

Dudhyal and Sonar (2006) Beedi workers' typical monthly family income is around Rs. 2000/-, with nearly the same monthly expenditures. Beedi work pays them somewhere between Rs.600 and Rs.1000 a month. They don't own any land or property. As a result, people are forced to take out loans on a regular basis, even for little expenses.

Sharma (2006) Domestic workers' working conditions are not governed by any set of rules, according to the research. They work between 8 and 18 hours a day, with live-in domestic helpers on call 24 hours a day. As a result, the majority of labor rules do not apply to domestic employment. As a result, women domestic workers are unable to demand rights like minimum pay, social security, work hours, weekly offs, paid leave, and medical benefits, among other things. According to a SEWA poll, live-out domestic workers do not have access to social security benefits.

Director General Labor Bureau, Chandigarh (2006) Conducted an evaluation study on the implementation of the Minimum Wages Act, 1948, and the Equal Remuneration Act, 1976 in the stone breaking and stone crushing industries in Rajasthan, with a focus on the extent to which the provisions of the Minimum Wages Act have been enforced in establishments and awareness among employers and workers on the subject. The report also looked at the difficulties that the Act's enforcement machinery has encountered. The study's main findings indicated that all female workers were classified as unskilled. All of the workers in the research were paid on a time-rated basis with a monthly pay period, according to the findings. Approximately 89 percent of the workers polled were unaware of the Minimum Wages Act of 1948. The enforcement of the Minimum Wages Act, 1948 at enterprises under the scheduled employment of "Stone Breaking and Stone Crushing" was found to be very low during inspections by Labor Inspectors.

Chattopadhyay et al. (2006) conducted a study to Assess the Respiratory Impairments among the Beedi Workers in Unorganized Sectors. The study revealed

symptoms of cough, breathlessness, morning cough and chest tightness caused by their exposure to the raw material meant for beedi making. Moreover a trend of decrease in lung volumes with the increase in age and duration of work was observed. The pulmonary function abnormalities found among the beedi workers were obstructive, restrictive and combined restrictive and obstructive types.

Krishna Moorthy (2006) in his article „About Tobacco" opined that, India is the fifth largest exporter of tobacco in the world after Brazil, USA, Malawi and Turkey. The bulk of Indian tobacco is exported to UK, Germany, Belgium, Argentina and former USSR. Brazil, China, Malawi, Turkey and Indonesia are the major competitors to India in the export market. Tobacco offers significant employment opportunities both at the on farm and off farm situation. Tobacco provides livelihood to 36 million people in India. 6 million female farmers are engaged in cultivation of tobacco of all types in 15 States. Twenty million form labourers are employed in various activities of tobacco cultivation. Beedi rolling provides

employment for 4.4 million. 2.2 million tribals are involved in tendu leaf plucking and about 4 million people are engaged in trade and retail activities. Beneficiary domain comprises small and marginal farmers, rural women and tribal youth.

Selvi (2006) has opined in her article, „Plight of Women in Beedi Industry that this unorganized sector – the beedi industry in Tamilnadu is 95 years old which provides employment to women and the physically handicapped in their homes. Further she revealed the fact that the women beedi workers do come across with certain difficulties in their work like low payment, continuous work, health problems, timeless job, lack of supporters, shortage of raw materials, uncertainty, irregular payment and the exploitation of middleman.

Mittal et al. (2006) in their study reveals that the Voluntary Health Association of India reported that beedi rollers are constantly exposed to tobacco dust and hazardous chemicals. They experience an exacerbation of tuberculosis, asthma, anemia, giddiness, postural and eye problems and gynecological difficulties. A study conducted by the National Institution of Occupation

Health, Ahmedabad revealed that the main hazards in the beedi industry are tobacco dust, burning of the eyes, conjunctivitis, bronchitis, and emphysema.

Chamraj K. (2007) The battle of domestic workers in Karnataka for acceptable salaries and working conditions was highlighted in the article "Domestic workers in Silicon City." It demonstrates that salaries are set for a particular amount of labor, but employers continuously increase the workload, and when employees request time off, the company reduces their pay. Women domestic workers are not permitted to touch the containers in which their employers' food is stored, and they are not permitted to enter the kitchen. The article goes on to say that domestic labor should be valued and handled with dignity. Furthermore, the provision implies that an employer has no right to operate his or her business if he or she is unable to provide a minimal subsistence wage to his or her employee, and that non-payment of minimum wages is considered forced labor under Article 23 of the Constitution.

Upadhyay V. (2007) In Arunachal Pradesh, he conducted a research on Employment and Wages in the Urban Informal Sector, with the goal of determining the quality of employment in the informal sector in terms of earnings, job security, working hours, and overall socioeconomic situations of informal sector workers. The study also looked at if there were any links between formal education and incomes in various divisions of the informal economy. The study's main findings demonstrated that wage workers in the informal sector are subjected to more exploitation than those in the official sector. It's also worth noting that informal sector entities are regulated and linked to the government and other public systems. input and utility supplies were found to be more or less non-existent. According to the study, male migrant workers accounted for 92 percent of all workers, while female migrant workers accounted for only 26.2%. Non-migrant workers, on the other hand, had a substantially higher proportion of female workers. Only 25% of the people in the sample poll were self-employed, with the remainder being employed. Only 68 percent of

employed workers received their earnings in cash, while the remaining 32% received their compensation in cashand kind.

Limbadri (2007) studied the socio-economic conditions of the beedi workers. The author highlights the hindrances on the way of improvement of workers as envisaged by the relevant legislation. It writes up argues that instead of moralises the issue of smoking through the policies, the policymakers should focus on the future of the massive workforce in the industry. The author analyses that this industry comprises only the sick belonging to scheduled castes, scheduled tribes, backward classes, Muslims and very negligible number from middle and forward classes as workers.

Times of India (2008) According to reports, India manufactures 700 million beedies every year. While there are 2.9 lakh beedi growers and 44 lakh beedi laborers in India, half of them die of TB or asthma. Women get between Rs. 29 and Rs. 64 for 10000 beedies rolled in comparison to males.

Mathew Tinu K. (2008) A research on the role of social movements in organizing workers in the unorganized sector was conducted. Dharavi, LEARN. This research attempted to identify difficulties and recognise how social movements might aid in the regulation of unorganized sector workers. The circumstances of employees in the informal sector were investigated using qualitative methods. To analyze this primary data, an interview approach was used to acquire it. Newspaper articles, books, journals, and government publications were used to gather secondary data.

Franke (2008) has opined in a study about Kerala Dinesh Beedi (KDB) manufacturing centre that they are the only personnel to hold a co- operative society movement among this unorganized sector of Indian economical income generating activity to stand as the prime force without any disparitization of gender. Moreover, the KDB workers and employers and midman accepted their legislative measures whatever it has been passed over by the Indian legislative thoughts and moreover the universal legislative 11 of the Income generating activity. Apart from the all of this, the two

forearm rollers were considered higher than that of their supervisor or foreman. The KDB workers have many a representation who can fight for them even though with a poor monetary benefits, but they do work for their daily routine walks of life as a bread winner to their own family. The researcher had a disparity of thought in his mind why there is a disparity of thought in comparison with neighbouring state – Kerala.

Mettilda Buvaneswari et al. (2008) conducted a study on "Health Problems of Women Beedi Workers". The increasing number of women in small businesses has been a global phenomenon in the developed and developing world. Most of the women work at home based unorganized sectors and become invisible and are extremely vulnerable to exploitation. The beedi industry is one of the biggest among the unorganized sectors spread all over India, employing a large number of women and girls helping the owner to make huge projects at low cost, risk, and liabilities. A study was conducted to portray the health problems of women beedi workers.

Hazarika, Ghosh, Chattopadhyay, Majumdar and Kumar (2009) In Mumbai, They conducted a group survey on the lives, concerns, and ambitions of women domestic workers. The research looked into why people choose beedi rolling as a primary employment, as well as the fundamental characteristics of these individuals, such as their socioeconomic status. The research also looked at their issues at work and at home, as well as their hopes for their children. A survey of 50 women domestic workers was done in five locations of Mumbai. Personal interviews were conducted at either the workplace or the workers' homes. The study's main findings demonstrated that the vast majority of maids were employed to support their families. They claim that, due to a lack of knowledge and technology, they have no alternative source of income. The majority of women are dissatisfied with their current income and are even exploited by employers that pay them less.

The biweekly journal "Junior Vikatan" (2009) has published an article based on Nellai level beedi workers opined that the beedi rolling enjoyed female folk does not only earn meagre amount of income by their

occupation, but also they are rolled with many a health haphazards pertaining to humes and fumes of tobacco and tendu leaf.

Talukdar (2009) has opined in the article that „After School, its Beedi Rolling Time‟ was found to be withdrawing type of school children that too younger blood. Whereas the mothers of younger children were not issued with ID card holding. Moreover the mother and their children were holding many a health haphazard‟s. Here, the employer/ midman / contractor were enjoying their exemption rights but the women folk and their children were enjoying health haphazard‟s. The legislature measures were not given proper management but it extracted the women folk and their children hard working. Apart from this many a measures against the routines of female folk were not taking care, but their thoughts were converged to a perusal moods of the employer / midman / contractor. Than that of younger children within the 10 years to 15 years were extracted for the purpose of beedi rolling industry, that too with the poor income generating activity. On the whole, it has to be a thought of

illegitimated activityof the company owner.

Senthil Kumar et al. (2010) his study revealed that the Occupational Health Hazards among Women Beedi Rollers in Tamilnadu, India. The beedi industry occupies a prominent place in rural development in terms of its capacity to offer potential employment opportunities to a large number of people. For the beedi industry, Tamilnadu is one of the major hubs in India. It is estimated that around one million workers mostly women and children are employed in Beedi making. It is an arduous, labour intensive task because each beedi is rolled individually. The beedi industry is almost an unorganized sector hence even the government officials finding it difficult to enforce the various legal requirements. Apart from the other legal implications the health hazards which the women employees who are rolling the beedies are enormous. This study aims to explore the level of health hazards experienced by the woman beedi rollers in Tamilnadu. A total of 388 usable responses obtained from women beedi rollers comprising from the beedi rollers concentrated districts i.e., Tirunelveli, Tuticorin, Tiruchirappalli, and Vellore

are used for this study. The study found that more than 70 percent of the beedi rollers suffered from the eye, gastrointestinal and nervous problems while more than 50 percent of the respondents suffered from respiratory problems, mostly throat burning and cough. More than 75 percent of the respondents faced osteological problems. From the study is it understood that the health hazards level is very high. This study proposes a framework to be implemented with the Government agencies, NGOs, and Welfare organizations for the welfare of the beedi rollers.

ShahlaYasmin and BasriAfroz etc. (2010) the study revealed that the health problems of 197 female beedi rollers in Patna, Bihar, India to ascertain the effects of beedi rolling on health. The study found that more than 70% of the beedi rollers suffered from the eye, gastrointestinal and nervous problems while more than 50% of the respondents suffered from respiratory problems, mostly throat burning and cough. More than 75% of the respondents faced astrological problems. Total RBC, WBC and platelet counts of the beedi rollers were significantly lower in comparison to the

control subjects. Differential leucocytes count showed significantly risen lymphocytes and eosinophils and lowered neutrophils and monocytes in the beedi rollers as compared to the control group. Hemoglobin levels were lower among beedi rollers compared to the control group. SGPT (ALT) enzyme concentration, a parameter of liver dysfunction was significantly higher in the beedi rollers as compared to the control group. Thus, the study concluded that beedi rolling may cause significant health hazards.

Yasmin et al. (2010) in their comparative study conducted in Patna, India, and studied the health problems of 197 female beedi rollers to ascertain the effects of beedi rolling on health. The study found that more than 70 percent of the respondents suffered from respiratory problems including COPD and asthma, while more than 40 percent of the beedi rollers suffered from the eye, gastrointestinal and nervous problems and more than 25 percent of the respondents faced an osteological problem. Workers showed a significantly higher prevalence of wheezing, attacks of shortness of breath with wheezing, dyspnea, etc.

Total RBC, WBC, and platelet counts and Hemoglobin levels of the beedi rollers were significantly lower in comparison to the control subjects. SGPT (ALT) enzyme concentration, a parameter of liver dysfunction was significantly higher in the beedi rollers as compared to the control group. Thus, the study concluded that beedi rolling may cause significant health hazards, especially respiratory diseases like COPD.

Nakkeeran et al. (2010) in their study conducted in the woman beedi rollers in Tamilnadu to explore the level of health hazards experienced among them. A total of 388 usable responses obtained from women beedi rollers comprising from the beedi rollers concentrated in Tirunelveli, Tuticorin, Tiruchirappalli and Vellore districts have taken up for study revealed that more than 60 percent of the beedi rollers suffered from respiratory problems, while more than 30 percent of the respondents suffered from the eye, gastrointestinal and nervous problems mostly throat burning and cough. More than 45 percent of the respondents faced osteological problems. The study

concluded that the health hazards level is very high especially respiratory diseases like COPD are more common among them.

Bharathi (2010) in his study, reveals that occupational health hazards have recently given more importance because of the increase in occupational disease. For instance, the beedi workers are affected by diseases like tuberculosis, chronic bronchitis, nutritional anemia, back pain, headache, and eye irritation. It is reported that children engaged in beedi work are often subjects to respiratory infection. Beedi making inherently possesses tremendous health risks for the workers who are constantly exposed to tobacco dust and fumes. The risk is even more in the case of children both as workers and household members since the living and working places are the same for home-based workers. Two factors that cause health hazards are first, the raw materials, especially tobacco and secondly the nature of work, working conditions, and the workplace.

Rupali V. Sabale Shobha etc. (2012) Studies have been conducted on beedi workers but not many studies are

carried out in urban areas. Thus, the study was carried out to understand the working condition and health hazards .in beedi workers residing in the urban slums of Mumbai and to know whether the beedi roller is in better condition in urban areas. The mean age was 45 years with SD of 12 years. All were Hindu females. Around 42.31% were illiterate. The mean years of service were 30 years and they work on an average for eight hours. Children were not involved in beedi rolling. The most common morbidity was fatigue. None were aware of the benefits provided for them. Awareness regarding health hazards and safety measures was poor. The working condition of beedi rollers in urban areas is not favorable.

Swaminathan (2012) stated that Beedi workers in India, the third largest component of the workforce in India after agricultural workers and textile workers, live and work in conditions of poverty and exploitation. Rolling beedi, an indigenous, handmade cigarette, has provided employed for millions of Indians (Mehra-Kerpelman, 2007). Beedi rolling is a popular small-scale industry in Jhansi, Uttar Pradesh, Bundelkhand region, India. It is an arduous, labour intensive task

because each beedi is rolled individually. Beedi rolling is done by women and girls sitting at home and is regarded as primarily women's work. Yasmin et al. (2010) reported that more than 70% of the beedi rollers suffered from the eye, gastrointestinal and nervous problems while more than 50% of the respondents suffered from respiratory problems, mostly throat burning and cough. More than 75% of the respondents faced astrological problems.

Singh J.K. Rana S.V.S. Mishra N. (2014) revealed that the occupationally related health problems among women beedi rollers in Jhansi, Uttar Pradesh, Bundelkhand region, India. Beedi rolling is a serious occupational health hazard as these workers are constantly exposed to tobacco dust, fumes, and other dangerous chemicals vi., nitrosamines, and nicotine which are readily absorbed by the body through the skin, respiratory epithelium and mucous covering of mouth, nose, and intestine. Exposure to tobacco dust is known to affect the respiratory tracts in humans. This study revealed that women beedi rollers face numerous health problems possibly due to the direct inhalation of

tobacco flakes. This study included 216 females (mean age 39.17 ± 11.95 Years) actively involved in beedi rolling to ascertain the effect of beedi rolling on health. The study found that the majority of the respondents complained of problems i.e. joint pain, eye problems, Nervous and skin diseases. Increased systemic exposure to tobacco constituents was evident from the high levels of creatine in urine samples. Thus beedi rolling causes serious health problems in women.

Meenashi and Solomon Raj (2014) in the article "The Status of Women Beedi Workers in Tirunelveli District", Beedi industry provides employment opportunities to lakhs of people in our country, especially in rural areas. Beedi rolling is one of the major informal sector activities in India, which employs a large number of women. The Government of India estimates that there are about 4.4 million workers in this industry. Of these, the majority are home-based women workers who live under the poverty line. There is a need to improve the living and working condition as well as to promote decent employment and income

opportunities for women beedi rollers. An overwhelming majority of the beedi workers roll the beedies from 700 to 1200 per day. The beedi workers both literate, as well as illiterate, have grievances about the leave wages, wages, work-load, cutting beedies, and the quality of the tendu leaves.

Thenguzhali T. and Veerachamy P. (2015) in their study reveal that the study of major research works on occupational health hazards of women construction workers in the non- farm sector. These papers analyze how various hazards affect women workers in the construction industry. The studies cover major hazards like mechanical, chemical, mental, biological, and physical ones, in the field of community medicine, environmental studies, psychological, sociological, and general medicine point of view. Only a few studies have been done to incorporate the ideologies of occupational health hazards within an economic point of view. This research gap opens a new avenue of research for the study on an economic analysis of occupational health hazards in the construction industry.

Sanat Kumar Purkait et al. (2015) executed a study on "Occupational Health Hazard of Women Beedi Workers in Rural India". Beedi workers more often are the most vulnerable sector of the society and a large number of them are dependent on beedi rolling in rural India. They continue to struggle for survival despite low wages, steady exploitation by the contractors, lack of education and medical facilities, and neglect in Government policies. In India, most of the beedi workers are women who operate from their homes and are isolated from the rest of the industrial workforce, and for this reason they are an easy target for gross exploitation. Women workers tend to suffer from several occupational health problems. This study also portrays the causes and the remedial measures such as the Awareness Programme, health education, proper implementation of different schemes to mitigate the problems of the workers, etc.

Sudina et al. (2015) in their study reveals that beedi rolling is the major occupation of the women and children residing in many villages in the country employing about 4.2 million beedi workers with the

highest number in Madhya Pradesh (18.3%), followed by Andhra Pradesh (14.4%) and Tamil Nadu(13.8%). The beedi workers' welfare fund consists of a 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. The descriptive study design was carried out among conveniently selected two hundred women between 20 to 70 years of age. The awareness of medical and social benefits was measured by a structured knowledge questionnaire. 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 ($\chi2$ =9.204, $p = 0.01$). 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.

Muralidharan Nambiar (2015) did a study on "Health Hazards among Beedi Rollers in North Malabar". Beedi manufacturing the traditional agroforest based industry in India is highly labour intensive. The beedi rolling is generally done by women from poor socio- economic strata. The beedi industry at the beginning is generally located in the unorganized sector. Even though beedi rolling began in the factory sector during the early 20th century by the last three decades this system has increasingly shifted from factory to household work. In this circumstance, the production is widely dispersed and it is undertaken by a chain of contractors and there is no employer-employee relationship existing. This study is mainly focusing on the study of the origin and expansion of the beedi industry in North Malabar, the study of the commonly seeing occupational health problems among the beedi rollers and study of how far the globalization policies affect this industry and worsened the occupational safety and health of beedi rollers.

Divya Hegde Priya Kamath (2014) the study revealed that the health status of the beedi rollers could be

relatively poorer when compared to that of non-exposed individuals. Adding to the above problems are factors like poor nutrition and illiteracy indirectly leading to further deterioration of health. The socio-economic aspect of the beedi rollers revealed that most beedi worker families earn about $6.40 per 7-day work week, leaving them below the poverty line. Who toil long hours in toxic environments. A single woman on an average rolls 1000 beedies per day, using around 500 grams of tobacco flake. A beedi roller may in the process inhale tobacco dust and other volatile components. 1,2 India tops in beedi consumption, followed by other Southeast Asian countries.6 Beedis are also exported to western countries where they are marketed in various flavors and are popular among middle school and high school students. The popular belief among teenagers in the west is that beedi is herbal and hence cannot cause cancer.

Ansari (2014) A study on the working conditions of home-based women workers in the beedi industry reveals that the majority of the workforce in Uttar

Pradesh's unorganised sector faces numerous issues such as low wages, illiteracy,exploitative practises such as verbal and sexual abuse by agents, and a low standard of living with contracutal piece payments leads to poor wages with socialand economic consequences.

Mohd shaman Ansari and Aparna Raj (2015) An empirical study of the socioeconomic position of women beedi workers in Uttar Pradesh's Bundelkhand area. The study was unbiased and focused on the role of women in beedi rolling. Even while this business benefits women by allowing them to work from home, it has been declining in recent years, resulting in underemployment.

Sudina M. Ansuya Alma Juliet Lakra (2015) the revealed that Beedi rolling is the major occupation of the women and children residing in many villages in the country employing about 4.2 million beedi workers with the highest number in Madhya Pradesh (18.3%), followed by Andhra Pradesh (14.4%) and Tamil Nadu(13.8%). The beedi workers' welfare fund consists of a 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. Among these 200 beedi workers, 67.5 percent had average awareness and 32.5 percent poor awareness on the available benefits. This ignorance also affects their health and quality of life. Imparting knowledge is imperativeso that their quality of life.

Maniklal Adhikary and Chandrasekhar Hajra (2016) in his study reveals that Beedi rolling is a primary job which is a source of subsidiary occupation and supplementary income to lakhs of poor rural people at Jharkhand. Tendu leaves are collected from the forest area in all the districts of Jharkhand. In the Beedi Industry, most of the works are done by women supported by children, elderly people, and even sometimes by male members also. Women work hard, for long periods and in an exploitative framework to earn money in this industry. A cross-section study among 698 rural workers (out of which 345 are beedi workers) of Bokaro District reveals that access to education is far less among children of beedi rollers than other workers.

Nature of beedi rolling job is compelling girls not to go to school but enroll their names in school register to get government benefits if any. Benefits of different welfare schemes are to be properly utilized for better attainments of Millennium Development Goals in general and access to education in Particular.

II. 5 RESEARCH GAP

Though many studies have conducted in India and a few studies in Tamil Nadu covering psychological and sociological aspects of social security measures for the beedi rollers. A comprehensive study covering the psycho social well-being of women beedi rollers in Tenkasi district and their level of satisfaction on their work has not so far made at the micro level in Tenkasi district of Tamil Nadu. The researcher could gain significant insights into the several aspects, dimensions, prospects and problems among beedi rollers at different places. Still, anyone can identify a few gaps in the previous studies or past literature.

II. 6 GAPS IN EARLIER STUDIES

- ❖ Earlier studies mainly covered one or two districts of Tamilnadu state, but inter-district studies are meager.
- ❖ Research on the determinant of choice of beedi rolling activity by different types of beedi workers were not given much importance.
- ❖ An in depth analysis on the problems encountered by the workers in beedi rolling activity were neglected.
- ❖ Major research work was missed on the problem of beedi workers in general but focus was missed on prospects of beedi rolling workers.
- ❖ No comprehensive research has been done so far on the alternative choices of work for beedi rollers in Tamilnadu.

In view of the above gaps in research, we framed the objective function for our research work on psycho social well-being of women beedi rollers in Tenkasi district State.

II. 7 CRITICAL REVIEW

Review of Research studies pertaining to the problem under investigation is of fundamental importance to provide insight into the problem, broaden the general concepts and principles and sharpen understanding. The investigators collected a bulk of materials and identified some studies as relevant to the present one.

The investigators have reviewed 56 studies in different states of India and abroad. In the view, population included in these studies was women beedi rollers. All the respondents belong to socially backward area in Tenkasi district. The mean, Standard Deviation, ’t’ test , ANOVA, percentage analysis were used for analyzing the data. Many of the have used self-made tool. The methodology followed in above received the studies in mainly survey method. No study has been

under the title Psycho Social Well-being of Women Beedi Rollers in Tenkasi District.

In this present study, the investigators have adopted survey method. The investigators used self-made tools for collecting data. Mean, Standard Deviation, “t” test, Chi-square test, was used for analyzing the data. Thus, the present study is different from the reviewed studies. It seems Psycho Social Well-being of Women Beedi Rollers in Tenkasi District is a new study. So in order to fill this gap the investigator has probed into this study.

II. 8 CONCLUSION

The research works reviewed above reveal the availability of a wide range of studies, each focusing on specific themes of different locations of the country. Women beedi rollers face lot of problems relating to psycho-social problem, economic problem, health issues, exploitation and alternate choice of work. The studies reviewed above have not attempted to study the above issues on micro-level. Hence this research is designed in such a way as to touch upon the above vital,

areas of the study concept. To cover this research gap in the rural area, the researchers has chosen this relevant topic for his research study. This study tries to fill in the research gaps in a modest manner. The researcher has been optimistic that this task well met to a very extreme extent.

CHAPTER-III

METHODOLOGY

III.1 INTRODUCTION

Practically there is no single fixed blue print for planning research design. It generally depends on (a) the kind of question being asked or investigate, (b) the purpose of the research, (c) the research approach (paradigm) and principles on which the researcher is working and (d) the philosophy, ontology and epistemology. Research design is governed by the notion of "fitness for purpose". However the purpose of the research determines the research design and research methodology. The present chapter indicates those matters that need to be address in practice so that an area of research interest can be translated into researchable, practical and feasible. It shows how research might be operationalized. It is essential to try as far as possible to plan every stage of the research process. Once it has been decided the researcher is in very positive position to conduct the research. In the way of planning research

design, the researcher will open up a range of possible options or possibilities. Now the researcher has to pick those options which are desirable and compatible with each other according to the nature of the research topic. Hence the researcher is require to established a detailed framework or blueprint of options that will actually work in the situation and more towards an action plan that can be realistically operate the research work. Research process depends on what the researcher wants to know. The planning of research design depends on the questions being asked or investigates. This depends on the researcher's careful consideration of the purpose of research which is discussedearlier.

III. 2 RESEARCH METHODOLOGY

Research methodology is a collective term for the whole structured process of conducting a research study. It is science of studying how the research is conducted. It is a procedure by which a researcher performs the work of description, explanation and prediction during a study. Research methodology is a way to systematically solve the research problem. It

may be understood as a science of studying how research is done. The various steps that are generally adopted by a researcher in are studying his research problem along the logic behind them and explain why one is using a particular method or technique and why he or she is not using others. Research Methodology describes research methods, approaches and designs in details that are used throughout the study and highlights and justifies the choice by explaining the advantages and disadvantages of each, taking into account their practicability in the particular research.

III. 3 RESEARCH DESIGN

A design of research refers basically to the conceptual structure within which the research is conducted. It implies a plan to render the enquiry efficiently, so as to yield the truest possible generalizations, descriptions and predictions. In fundamental research it adopts a very rigid structure while in applied research it becomes a flexible one. It is a plan that displays overall devices to be employed,

allocates the time and resources and decisions about the precise treatment to be given in a specific situations. This overall structure with which implementation of a plan or program occurs is known as research design.

III. 4 METHODS OF RESEARCH

Methods of research may be classified from many points of view, the decision about the method or methods to be employed always depends upon the nature of problem selected and the kinds of data necessary for its solution. The methods of sociological research applicable to study related to education are as follows;

i) Historical Method
ii) Experimental Method
iii) Genetic Method
iv) Case study
v) Survey Method

III.4.1. Method Adopted for the Present Study

The world survey refers to gathering of data from a relatively large number of cases at a particular time. It involves interpretations, comparison measurement,

classification, evaluation and generalization all directed towards a proper understanding and solution of significant educational problem.

The investigators, in their present study, adopted survey method of educational research. Survey research studies large and small populations by selecting and studying sample chosen from the population to discover the relative incidence, distribution and inter relations of sociological and psychological variables. It is considered to be a branch of social scientific research, which immediately distinguishes survey research from status research. The survey researcher is interested in the accurate assessment of the characteristics of whole population; random sample can often furnish some information as a census at less cost, with greater efficiency and sometime greater accuracy. Survey research focused on the people, the vital facts of people and their belief, opinion, attitude, motivation and behaviour. Since present study aim at to find out the level of educational status, sociability, economic status,

social support and health and hygiene. Since the survey method has been adopted.

III.4.2 Reasons for Selecting Survey Method

Survey Method is important for the following reasons.

1. It provides comprehension of underlying issues in the area of study.
2. It focuses attention upon the needs that otherwise could remain unnoticed.
3. It provides extensive information about the nature of educational phenomena.
4. It gathers data from relatively large number of cases at a particular time.
5. It is concerned with generalized statistics of the whole population and with the characteristics of individuals.

III. 5 STEPS IN SURVEY METHOD

According to William Wireman (1985) the detailed steps in a survey method are as follows;

1. Planning
2. Development and application of sampling plan
3. Construction of questionnaire
4. Data collection
5. Translation of data
6. Data analysis
7. Conclusion and Reporting

III.5.1 Planning

The plan of action has to be drawn up to ensure scientific and objective merits of the study. Definition of the problem, operational definitions of variables, review and development of the survey design should be clearly drawn out.

III.5.2 Development and Application of Sampling Plan

The geographical area to be covered, the sample to be selected and detailed sampling procedure, should be defined and formulated.

III.5.3 Construction of Research Tool

The tools of investigation generally used are interview schedule or questionnaire and the like. A specified investigation should require specified tools of inquiry. If no readymade tool is available, a suitable one will be prepared in a systematic manner. The tools should be tested in a pilot sample before it is administered to the vast sample.

III.5.4 Data Collection

The data will be collected from the proposed group of persons or sources with the help of the tool to be employed in the study. The participation respondents is imperative to ensure comprehensiveness and authenticity of the data.

III.5.5 Translation of Data

Depending upon the extensiveness of the survey data and upon the nature of the material collected the handling of data usually takes initial tabulation and construction of category systems as necessary and

technical preparation for analysis.

III.5.6 Data Analysis

Analysis of data comprises, various approaches designed to restrict the phenomena in their constitutional parts with a view to obtain greater insight into specified aspects. The statistical analysis of data is principally based on counts of numbers of units that fall into different classes and subclasses, where quantitative responses have been obtained total for the classes are secured. From these numbers and totals, the arithmetic means can be computed for the different classes. Basic summary table can then be compiled more critical analysis can be applied to the data.

III.5.7 Conclusion and Reporting

After collecting and analyzing the data, the researches have to accomplish the tasks of drawing inferences following by reporting. It is only through interpretation that the research can expose relations and processes that come under his findings. Research report

is considered a major component of the research study for the research task remains incomplete till the report has been presented. As the problem selected for the present study is concerned with one of the current problems, the investigator decided to employ the survey method for the collection of data.

III.6 OBJECTIVES OF THE STUDY

Section – I

Percentage Analysis

1. To find out the level of educational status, economic status, social participation, social support, physical health and hygiene and mental health of women beedi rollers with reference to age.
2. To find out the level of educational status, economic status, social participation, social support, physical health and hygiene and mental health of women beedi rollers with reference to type of family.

3. To find out the level of educational status, economic status, social participation, social support, physical health and hygiene and mental health of women beedi rollers with reference to education.
4. To find out the level of educational status, economic status, social participation, social support, physical health and hygiene and mental health of women beedi rollers with reference to nature of residence.
5. To find out the level of educational status, economic status, social participation, social support, physical health and hygiene and mental health of women beedi rollers with reference to marital status.
6. To find out the level of educational status, economic status, social participation, social support, physical health and hygiene and mental health of women beedi rollers with reference to occupation of father.
7. To find out the level of educational status, economic status, social participation, social

support, physical health and hygiene and mental health of women beedi rollers with reference to occupation of mother.

8. To find out the level of educational status, economic status, social participation, social support, physical health and hygiene and mental health of women beedi rollers with reference to monthly income of family.
9. To find out the level of educational status, economic status, social participation, social support, physical health and hygiene and mental health of women beedi rollers with reference to number of children in the family.

Section – II

Differential Analysis

10. To find out significant difference, if any, between psycho social well-being of beedi rollers and its dimensions: educational status, economic status, social participation, social support, physical

health and hygiene and mental health with reference to type of family.

11. To find out significant difference, if any, between psycho social well-being of beedi rollers and its dimensions: educational status, economic status, social participation, social support, physical health and hygiene and mental health with reference to nature of residence.
12. To find out significant difference, if any, between psycho social well-being of beedi rollers and its dimensions: educational status, economic status, social participation, social support, physical health and hygiene and mental health with reference to marital status.

Section – III

Analysis of Variance

13. To find out significant difference, if any, psycho social well-being of beedi rollers and its dimensions: educational status, economic status, social participation, social support, physical

health and hygiene and mental health with reference to education.

14. To find out significant difference, if any, psycho social well-being of beedi rollers and its dimensions: educational status, economic status, social participation, social support, physical health and hygiene and mental health with reference to number of children in the family.

Section – IV

Associational Analysis

15. To find out significant association, if any, between age and psycho social well-being of beedi rollers and its dimensions: educational status, economic status, social participation, social support, physical health and hygiene and mental health.
16. To find out significant association, if any, between occupation of father and psycho social well-being of beedi rollers and its dimensions: educational status, economic status, social

participation, social support, physical health and hygiene and mental health.

17. To find out significant association, if any, between occupation of mother and psycho social well-being of beedi rollers and its dimensions: educational status, economic status, social participation, social support, physical health and hygiene and mental health.

To find out significant association, if any, between income of the family and psycho social well-being of beedi rollers and its dimensions: educational status, economic status, social participation, social support, physical health and hygiene and mental health.

III.7 HYPOTHESES

Section – I

Percentage Analysis

1. The level of educational status, economic status, social participation, social support, physical

health and hygiene and mental health of women beedi rollers with reference to age is moderate.

2. The level of educational status, economic status, social participation, social support, physical health and hygiene and mental health of women beedi rollers with reference to type of family is moderate.
3. The level of educational status, economic status, social participation, social support, physical health and hygiene and mental health of women beedi rollers with reference to education is moderate.
4. The level of educational status, economic status, social participation, social support, physical health and hygiene and mental health of women beedi rollers with reference to nature of residence is moderate.
5. The level of educational status, economic status, social participation, social support, physical health and hygiene and mental health of women beedi rollers with reference to marital status is moderate.

6. The level of educational status, economic status, social participation, social support, physical health and hygiene and mental health of women beedi rollers with reference to occupation of father is moderate.
7. The level of educational status, economic status, social participation, social support, physical health and hygiene and mental health of women beedi rollers with reference to occupation of mother is moderate.
8. The level of educational status, economic status, social participation, social support, physical health and hygiene and mental health of women beedi rollers with reference to monthly income of family is moderate.
9. The level of educational status, economic status, social participation, social support, physical health and hygiene and mental health of women beedi rollers with reference to number of children in the family is moderate.

Section – II

Differential Analysis

10. There is no significant difference between psycho social well-being of beedi rollers and its dimensions: educational status, economic status, social participation, social support, physical health and hygiene and mental health with reference to type of family.
11. There is no significant difference between psycho social well-being of beedi rollers and its dimensions: educational status, economic status, social participation, social support, physical health and hygiene and mental health with reference to nature of residence.
12. There is no significant difference between psycho social well-being of beedi rollers and its dimensions: educational status, economic status, social participation, social support, physical health and hygiene and mental health with reference to marital status.

Section – III

Analysis of Variance

13. There is no significant difference psycho social well-being of beedi rollers and its dimensions: educational status, economic status, social participation, social support, physical health and hygiene and mental health with reference to education.
14. There is no significant difference psycho social well-being of beedi rollers and its dimensions: educational status, economic status, social participation, social support, physical health and hygiene and mental health with reference to number of children in the family.

Section – IV

Associational Analysis

15. There is no significant association between age and psycho social well-being of beedi rollers and its dimensions: educational status, economic

status, social participation, social support, physical health and hygiene and mental health.

16. There is no significant association between occupation of father and psycho social well-being of beedi rollers and its dimensions: educational status, economic status, social participation, social support, physical health and hygiene and mental health.
17. There is no significant association between occupation of mother and psycho social well-being of beedi rollers and its dimensions: educational status, economic status, social participation, social support, physical health and hygiene and mental health.
18. There is no significant association between income of the family and psycho social well-being of beedi rollers and its dimensions: educational status, economic status, social participation, social support, physical health and hygiene and mental health.

III.8 POPULATION FOR THE STUDY

The population for the present study was identified as the women beedi rollers those who are residing in Kaalathimadam, Karampalur, Vadakku Karampalur, Aandipatti, Keela Aandipatti, Indra Colony, Vaithialingapuram, Subramaniapuram, Vaikalipatti, Rehumanyapuram,Thipanampatti, Mettur, Pulavanur, Mela Ariappapuram, Keela Ariappapuram, Mylappapuram, Pethunadarpatti, Cherikudiyiruppu, Muthukrishnaperi and Sivasailanoor. These areas are located in Tenkasi District.

III.9 SAMPLE FOR THE STUDY

The study was conducted in Tenkasi district. Among the population 100 women beedi rollers were selected randomly for the present investigation. The list of the villages and samples are given in the following table.

III.10. DISTRIBUTION OF THE SAMPLE

TABLE 3.1

Area-wise distribution of the sample

S.No.	Name of the Villages	No. of Respondents
1.	Kaalathimadam	6
2.	Karampalur	4
3.	Vadakku Karampalur	4
4.	Aandipatti,	6
5.	Keela Aandipatti	6
6.	Indra Colony	6
7.	Vaithialingapuram	4
8.	Subramaniapuram	4
9.	Vaikalipatti,	6

10.	Rehumanyapuram	5
11.	Thipanampatti	6
12.	Mettur	6
13.	Pulavanur	4
14.	Mela Ariappapuram	5
15.	Keela Ariappapuram	6
16.	Mylappapuram	6
17.	Pethunadarpatti	4
18.	Cherikudiyiruppu	4
19.	Muthukrishnaperi	4
20.	Sivasailanoor	4
	Total	100

Table 3.2

Distribution of the sample with respect to age

Categories	Number
Age 18 - 21	3
Age 22 – 34	32
Age 35 & Above	65
Total	100

Figure 3.1

Distribution of the sample with respect to age

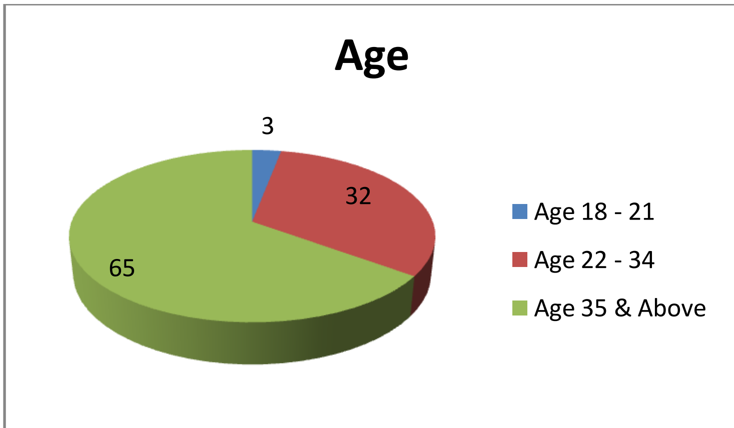


Table 3.3

Distribution of the sample with respect to type of family

Category	Number
Joint	24
Nuclear	76
Total	100

Figure 3.2

Distribution of the sample with respect to type of family

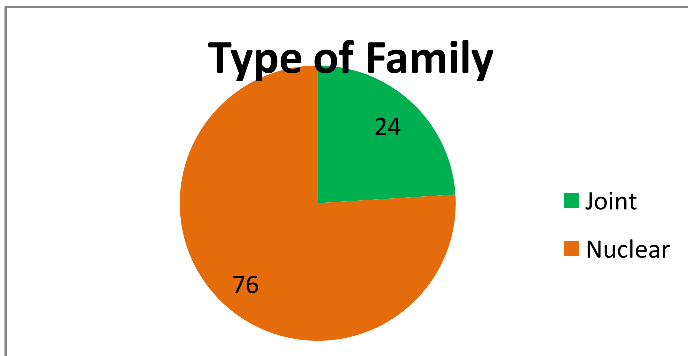


Table 3.4

Distribution of the sample with respect to education

Category	Number
Illiterate	35
School Level	51
College Level	14
Total	100

Figure 3.3

Distribution of the sample with respect to education

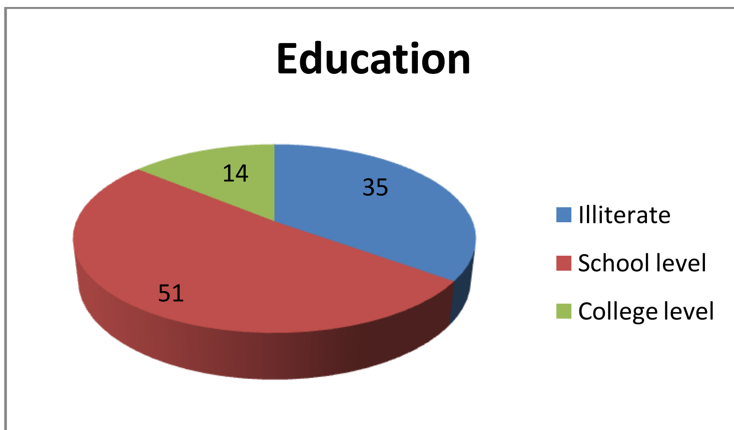


Table 3.5

Distribution of the sample with respect to nature of residence

Category	Number
Own House	84
Rental House	16
Total	100

Figure 3.4

Distribution of the sample with respect to nature of residence

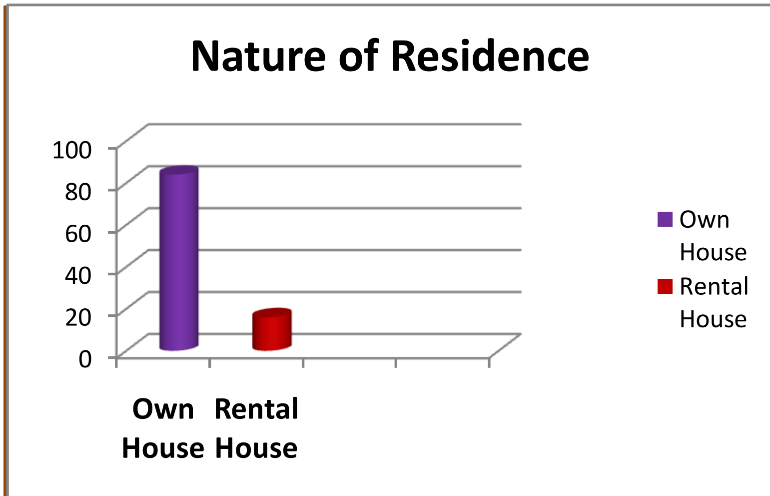


Table 3.6

Distribution of the sample with respect to marital status

Category	Number
Married	97
Unmarried	3
Total	100

Figure 3.5

Distribution of the sample with respect to marital status

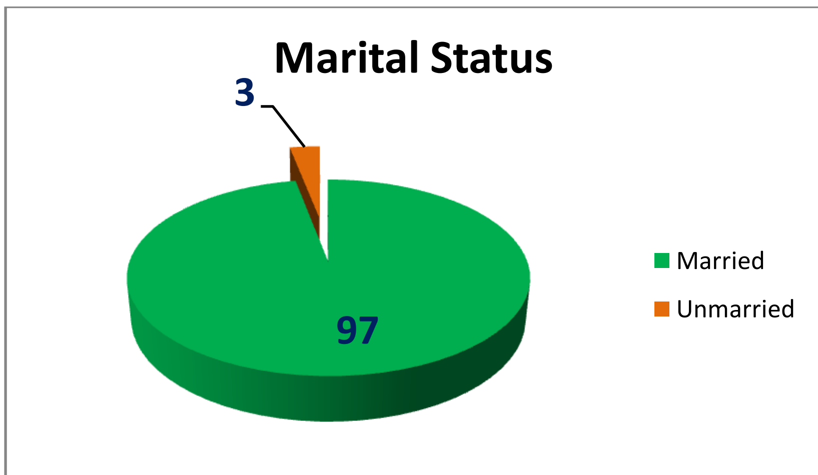


Table 3.7

Distribution of the sample with respect to occupation of father

Category	Number
Daily Wages	86
Business	7
Private	7
Total	100

Figure 3.6

Distribution of the sample with respect to occupation of father

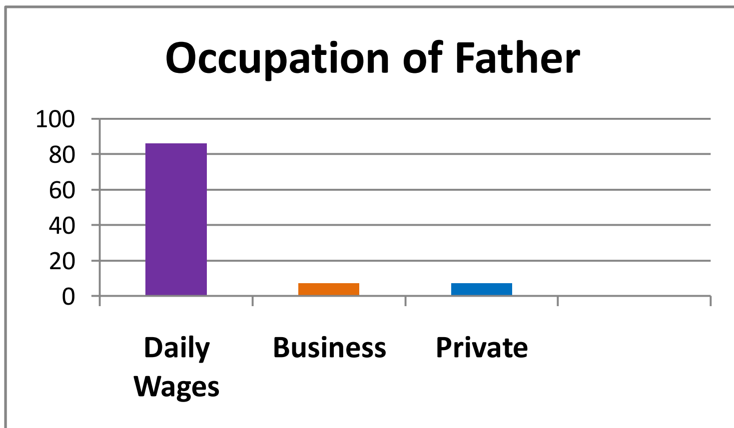


Table 3.8

Distribution of the sample with respect to occupation of mother

Category	Number
Daily Wages	97
Private	3
Total	100

Figure 3.7

Distribution of the sample with respect to occupation of mother

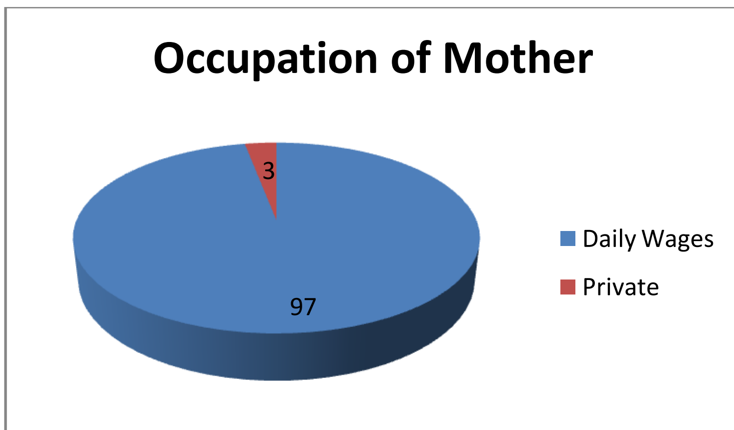


Table 3.9

Distribution of the sample with respect to income of the family

Category	Number
Rs.5000 & below	65
Rs.5001 - 10,000	27
Rs.10,001 - 20,000	7
Rs.20,001 & above	1
Total	100

Figure 3.8

Distribution of the sample with respect to income of the family

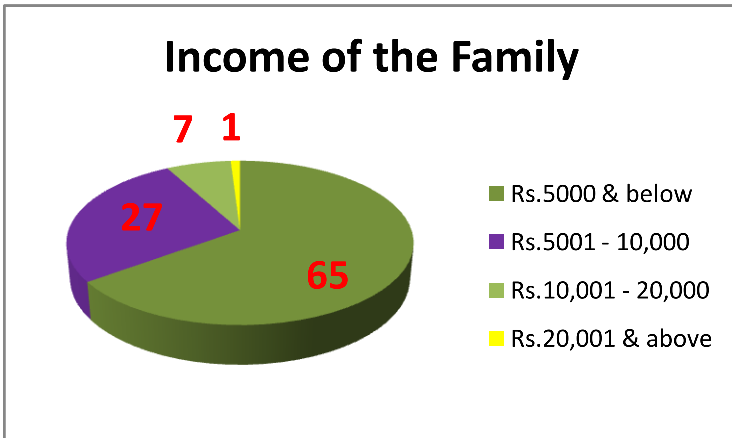


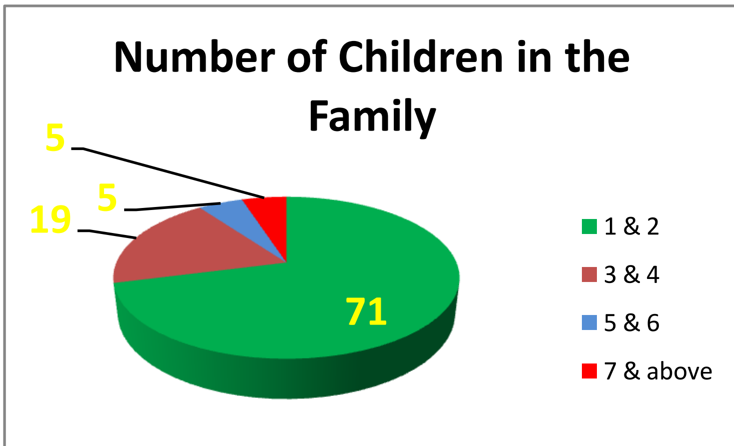
Table 3.10

Distribution of the sample with respect to number of children in the family

Category	Number
1 & 2	71
3 & 4	19
5 & 6	5
7 & above	5
Total	100

Figure 3.9

Distribution of the sample with respect to number of children in the family



III.11 TOOL FOR THE PRESENT STUDY

In this present study, the investigators have used self made tool to measure the Psycho Social Well-being of Women Beedi Rollers in Tenkasi District. It was developed by Dr.J.Maria Prema, Asistant Professor in Education, St.Ignatius College of Education (Autonomous), Palayamkottai and Dr.A.Jeya Sudha, Assistant Professor of History, St.Ignatius College of Education (Autonomous), Palayamkottai. The self made tool is; Questionnair for Psycho Social Well-being of Women Beedi Rollers (PSWWBR), 2023.

III.12 TOOL CONSTRUCTION

III.12.1. Questionnaire for Psycho Social Well-being of Women Beedi Rollers

Development of the Tool

In the present study after a thorough survey on the available tool, the investigators have to go for a suitable tool that will measure the life psycho social well-being of women beedi rollers Tenkasi district.

The major steps followed in the construction of this tool are described under different heads.

III.13 STEPS IN CONSTRUCTION OF TOOL

i) Planning of the tool
ii) Item writing
iii) item editing
iv) Arrangement of items
v) Preliminary try out
vi) Draft Questionnaire
vii) Pilot study
viii) Final try out
ix) Scoring
x) Establishing Reliability and Validity
xi) Final form of tool

Planning of the Test

The tool to assess the Social Well-being of Women Beedi Rollers in Tenkasi District was developed by Dr.J.Maria Prema, Asistant Professor in Education, St.Ignatius College of Education (Autonomous), Palayamkottai and Dr.A.Jeya Sudha, Assistant Professor of History, St.Ignatius College of Education (Autonomous), Palayamkottai. The self made tool is; Questionnair for Psycho Social Well-being of Women Beedi Rollers (PSWWBR), 2023. Due considerations

were given to the variables tested and to the different aspects involved.

Item Writing

The important step in the construction of any research tool is writing of suitable items. After a thorough and careful study of the literature available, the investigators collected materials and prepared the items. The questionnaire covers the decisive features of the needed data. The evaluator must select one.

Item Editing

Each item in the tool was based on the psychology of respondent. Item editing is the process of checking and scrutinizing items. The items were referred to experts for the modification. The ambiguous items were rewritten in simple meaningful manner.

Arrangement of Items

The investigators read all the statements carefully. All the items were then arranged based on the nature of statements. The tool for the present study was

constructed by the investigators under the following dimensions;

1. Educational Status
2. Economic Status
3. Social Participation
4. Social Support
5. Physical Health and Hygiene
6. Mental Health

Preliminary Try Out

A preliminary tryout was made to fix out the weakness and workability of the items. The difficulties in responding the items were noted. This step helped the investigators to modify the certain variables, which were vague and questionable. For this purpose the questionnaire was used to measure the psycho social well-being of women beedi rollers in Tenkasi district.

Draft

The first draft was prepared by printing the items with the options to mark responses.

Pilot Study

The pilot study was conducted with 30 respondents from different villages in Tenkasi district by simple random sampling technique.

Final Try Out

Totally 100 women beedi rollers in Tenkasi district were selected as the sample.

III.14 ESTABLISHING RELIABILITY AND VALIDITY

Content Validity

For content validity, the tool was given to the panel of experts in the field of education for evaluating the worthiness of the items in the tool. Thus the content validity of the tool was established by experts' opinion.

Item Validity

The pilot study was conducted to establish the item validity of the research tool. The tool was administrated with 30 women beedi rollers and they

were selected randomly. The item in the questionnaire for psycho social well-being of women beedi rollers was selected through item-total correlation. The investigators tried to refine the tool by finding out the most suitable items to be included in the final tool. The item analysis was used to find out item correlation of each item. The item was selected based on the correlation value. The item was selected from 0.371 "r" value. Among the 45 items,8 items were eliminated and 37 items were selected for the present study.

Table 4.14

Correlation value for the items in the questionnaire for psycho social well-being of women beedi rollers

Items	'r' value	Remarks
1	0.3702	S
2	0.6200	S
3	0.7237	S
4	0.5116	S
5	0.3021	NS
6	0.5668	S

7	0.1354	NS
8	0.4213	S
9	0.2451	NS
10	0.5724	S
11	0.1657	NS
12	0.6153	S
13	0.5784	S
14	0.3567	NS
15	0.5224	S
16	0.5348	S
17	0.5019	S
18	0.7135	S
19	0.4615	S
20	0.6279	S
21	0.7902	S
22	0.6702	S
23	0.6526	S
24	0.5912	S
25	0.5545	S
26	0.5137	S
27	0.5234	S

28	0.4358	S
29	0.5237	S
30	0.2349	NS
31	0.6257	S
32	0.6249	S
33	0.5220	S
34	0.6524	S
35	0.1358	NS
36	0.5349	S
37	0.6724	S
38	0.5251	S
39	0.5968	S
40	0.4358	S
41	0.5743	S
42	0.3594	NS
43	0.5500	S
44	0.6558	S
45	0.5324	S

NS - Not Selected **S** - Selected

Reliability

For establishing the reliability of the tool, test-retest method was followed. For this draft tool was administrated with 30 women beedi rollers randomly selected and observed. After 15 days the questionnaire was given to the same set of the women beedi rollers. Then the product moment co-efficient of correlation was found. It is 0.62. Thus, the tool is taken as reliable.

III.15 SCORING

Agreement Points	Yes	No
Questions	2	1

(The maximum score is 74 and the minimum score is 37)

III.17 ADMINISTRATION OF THE TOOL

The investigators personally visited the women beedi rollers residing in 20 villages in Tenkasi district and met the people with the help of Nava Jeevan Trust, Tiruvelveli. Then the investigators explained about the questionnaire and asked the people to fill the

questionnaire. Finally the investigators collected all questionnaires from the respondents.

III.17 BACKGROUND VARIABLES

The investigator has taken 9 background variables for the present study. They are as follows;

1. Age
2. Type of Family
3. Education
4. Nature of Residence
5. Marital Status
6. Occupation of Father
7. Occupation of Mother
8. Monthly Income of Family
9. Number of Children in the Family

III.18 STATISTICAL TECHNIQUES USED

The data collected from the respondents by administered the tool was processed with the help of the following statistics;

- Percentage Analysis
- Differential Analysis (‘t’ test)
- Analysis of Variance (F-test)
- Associational Analysis (Chi-square test)

III.16 DELIMITATIONS

i) The present investigation had been confined to women beedi rollers those who are residing in Tenkasi district only.

ii) The data were collected from women beedi rollers those who are residing in Kaalathimadam, Karampalur, Vadakku Karampalur, Aandipatti, Keela Aandipatti, Indra Colony, Vaithialingapuram, Subramaniapuram, Vaikalipatti, Rehumanyapuram, Thipanampatti, Mettur, Pulavanur, Mela Ariappapuram, Keela Ariappapuram, Mylappapuram, Pethunadarpatti, Cherikudiyiruppu, Muthukrishnaperi and Sivasailanoor.

III.20 CONCLUSION

In this chapter the investigators provided information in relation with methodology of study including the method for data collection and the pattern of data analysis. The collected data was processed by using the statistical techniques with the tabular columns and the interpretations are discussed in the succeeding chapter.

CHAPTER IV

ANALYSIS OF DATA

IV. 1 INTRODUCTION

Analysis as a process enters into research in one form or the other the very beginning in the selection of the problem, in the determination of methods and in interpreting and drawing conclusion from the data gathered. Analysis otherwise means a critical examination of the assembled and grouped data for studying the characteristics of the object under study and for determining the patterns of relationships among the variables relating to it.

In this chapter, an attempt has been made to find out the level of psycho social well-being of women beedi rollers. Further, it examines the association between the background variables of women beedi workers. Analysis of data means studying the tabulated material in order to determine inherent facts or meanings. It involves breaking down exiting complex factors into simple parts

together in new arrangements for the purpose of interpretation.

The major aim of the present study is to analyze the psycho social well-being of women beedi workers under different dimensions such as Educational Status, Economical Status, Social Support, Social Participation, Physical Health and Hygiene and Mental Health. For the purpose of gathering data for the study, appropriate tool has been used with the sample of 100 women beedi rollers. The data thus collected were subjected to different types of quantitative treatment. The major procedures like percentage analysis, 't'-test, F-test and Chi-square test were applied. The SPSS package was employed for the purpose of data analysis.

SECTION I

It deals with the level of psycho social well being of women beedi rollers under different dimensions with respect to background variables.

SECTION II

It deals with the significant difference in psycho social well being of women beedi rollers and its dimensions with respect to background variables; Educational Status, Economical Status, Social Support, Social Participation, Physical Health and Hygiene Mental Health.

SECTION III

It deals with the significant difference among psycho social well being of women beedi rollers with respect to background variables.

SECTION IV

It deals with the significant association in psycho social well being of women beedi rollers and its different dimensions with respect to background variables.

IV.2.DATA ANALYSIS

IV.2.1 PERCENTAGE ANALYSIS

Null Hypothesis 1

The level of educational status, economic status, social participation, social support, physical health and hygiene

and mental health of women beedi rollers with reference to age is moderate.

Table 4.1

Level of educational status, economic status, social participation, social support, physicalhealth and hygiene and mental health of women beedi rollers with reference to age

Dimensions	Categories	No	Low		Moderate		High	
			No	%	No	%	No	%
Educational Status	18 – 21	3	1	33.3	0	0.0	2	66.7
	22 – 34	32	11	34.4	9	28.1	12	37.5
	35 & Above	65	27	41.5	10	15.4	28	43.1
Economic Status	18 – 21	3	0	0.0	3	100.0	0	0.0
	22 – 34	32	5	15.6	22	68.8	5	15.6
	35 & Above	65	22	33.8	26	40.0	17	26.2
Social Participation	18 – 21	3	1	33.3	0	00.0	2	66.7
	22 – 34	32	9	28.1	16	50.0	7	21.9
	35 & Above	65	19	29.2	30	46.2	16	24.6

Social Support	18 – 21	3	1	33.3	1	33.3	1	33.3
	22 – 34	32	5	15.6	24	75.0	3	9.4
	35 & Above	65	22	33.8	31	47.7	12	18.5
Physical Health and Hygiene	18 – 21	3	1	33.3	1	33.3	1	33.3
	22 – 34	32	6	18.8	21	65.6	5	15.6
	35 & Above	65	12	18.5	42	64.4	11	16.9
Mental Health	18 – 21	3	2	66.7	0	0.0	1	33.3
	22 – 34	32	11	34.4	14	43.8	7	21.9
	35 & Above	65	13	20.0	42	64.6	10	15.4

It is inferred from the above table that the majority of psycho social well-being of women beedi rollers and its dimensions; economic status, social participation, social support, physical health and hygiene and mental health with reference to age is moderate. Psycho social well-being of women beedi rollers shows high level in educational status with reference to age.

Null Hypothesis2

The level of educational status, economic status, social participation, social support, physical health and hygiene and mental health of women beedi rollers with reference to type of family is moderate**.**

Table 4.2

Level of educational status, economic status, social participation, social support, physical health and hygiene and mental health of women beedi rollers with reference to type of family

Dimensions	Categories	No	Low		Medium		High	
Educational Status	Joint	24	9	37.5	5	20.8	10	41.7
	Nuclear	76	30	39.5	14	18.4	32	42.1
Economic Status	Joint	24	8	33.3	10	41.7	6	25.0
	Nuclear	76	19	25.0	41	53.9	16	21.1
Social Participation	Joint	24	7	29.2	10	41.7	7	29.2
	Nuclear	76	22	28.9	36	47.4	18	23.7
Social	Joint	24	5	20.8	12	50.0	7	29.2

Support	Nuclear	76	23	30.3	44	57.9	9	11.8
Physical Health and Hygiene	Joint	24	7	29.2	11	45.8	6	25.0
	Nuclear	76	12	15.8	53	69.7	11	14.5
Mental Health	Joint	24	7	29.2	12	50.0	5	20.8
	Nuclear	76	19	25.0	44	57.9	13	17.1

It is inferred from the above table that the majority of psycho social well-being of women beedi rollers and its dimensions; economic status, social participation, social support, physical health and hygiene and mental health of women beedi rollers with reference to type of family is moderate. Psycho social well-being of women beedi rollers shows high level in educational status with reference to type of family.

Null Hypothesis 3

The level of educational status, economic status, social participation, social support, physical health and hygiene and mental health of women beedi rollers with reference to education is moderate.

Table 4.3

Level of educational status, economic status, social participation, social support, physical health and hygiene and mental health of women beedi rollers with reference to education

Dimensions	Categories	No	Low		Moderate		High	
			No	%	No	%	No	%
Educational Status	Illiterate	35	17	48.6	5	14.3	13	37.1
	School Level	51	16	31.4	13	25.5	22	43.1
	College Level	14	6	42.9	1	7.1	7	50.0
Economic Status	Illiterate	35	12	34.3	16	45.7	7	20.0
	School Level	51	13	25.5	27	52.9	11	21.6
	College Level	14	2	14.3	8	57.1	4	28.6
Social Participation	Illiterate	35	9	25.7	19	54.3	7	20.0
	School Level	51	15	29.4	25	49.0	11	21.6
	College Level	14	5	35.7	2	14.3	7	50.0
Social Support	Illiterate	35	10	28.6	20	57.1	5	14.3
	School Level	51	15	29.4	28	54.9	8	15.7

	College Level	14	3	21.4	8	57.1	3	21.4
Physical Health & Hygiene	Illiterate	35	11	31.4	19	54.3	5	14.3
	School Level	51	4	7.8	41	80.4	6	11.8
	College Level	14	4	28.6	4	28.6	6	42.9
Mental Health	Illiterate	35	8	22.9	21	60.0	6	17.1
	School Level	51	13	25.5	32	62.7	6	11.8
	College Level	14	5	35.7	3	21.4	6	42.9

It is inferred from the above table that the majority of psycho social well-being of women beedi rollers and its dimensions; economic status, social participation, social support, physical health and hygiene and mental health of women beedi rollers with reference to education is moderate. Psycho social well-being of women beedi rollers shows high level in educational status with reference to education.

Null Hypothesis 4

The level of educational status, economic status, social participation, social support, physical health and hygiene

and mental health of women beedi rollers with reference to nature of residence is moderate.

Table 4.4

Level of educational status, economic status, social participation, social support, physical health and hygiene and mental health of women beedi rollers with reference to nature of residence

Dimensions	Categories	No	Low		Medium		High	
			No	%	No	%	No	%
Educational Status	Own House	84	34	40.5	15	17.9	35	41.7
	Rental House	16	5	31.2	4	25.0	7	16.7
Economic Status	Own House	84	21	25.0	45	53.6	18	21.4
	Rental House	16	6	37.5	6	37.5	4	25.0
Social Participation	Own House	84	25	29.8	38	45.2	21	25.0
	Rental House	16	4	25.0	8	50.0	4	25.0
Social Support	Own House	84	23	27.4	48	57.1	13	15.5
	Rental House	16	5	31.2	8	50.0	3	18.8
Physical	Own House	84	17	20.2	54	64.3	13	15.5

Health and Hygiene	Rental House	16	2	12.5	10	62.5	4	25.0
Mental Health	Own House	84	21	25.0	48	57.1	15	17.9
	Rental House	16	5	31.2	8	50.0	3	18.8

It is inferred from the above table that the majority of psycho social well-being of women beedi rollers and its dimensions; economic status, social participation, social support, physical health and hygiene and mental health of women beedi rollers with reference to nature of residence is moderate. Psycho social well-being of women beedi rollers shows high level in educational status with reference to nature of residence.

Null Hypothesis 5

The level of educational status, economic status, social participation, social support, physical health and hygiene and mental health of women beedi rollers with reference to marital status is moderate.

Table 4.5

Level of educational status, economic status, social participation, social support, physical health and hygiene and mental health of women beedi rollers with reference to marital status

Dimensions	Categories	No	Low		Medium		High	
			No	%	No	%	No	%
Educational Status	Married	97	39	40.2	19	19.6	39	40.2
	Unmarried	3	0	0.0	0	0.0	3	100.0
Economic Status	Married	97	26	26.8	49	50.5	22	22.7
	Unmarried	3	1	33.3	2	66.7	0	0.0
Social Participation	Married	97	28	28.9	45	46.4	24	24.7
	Unmarried	3	1	33.3	1	33.3	1	33.3
Social Support	Married	97	25	25.8	56	57.7	16	16.5
	Unmarried	3	3	100.0	0	0.0	0	0.0
Physical Health and Hygiene	Married	97	18	18.6	63	64.9	16	16.5
	Unmarried	3	1	33.3	1	33.3	1	33.3
Mental Health	Married	97	25	25.8	55	56.7	17	17.5
	Unmarried	3	1	33.3	1	33.3	1	33.3

It is inferred from the above table that the majority of psycho social well-being of women beedi rollers and its dimensions; economic status, social participation, social support, physical health and hygiene and mental health of women beedi rollers with reference to marital status is moderate. Psycho social well-being of women beedi rollers shows high level in educational status with reference to marital status.

Null Hypothesis 6

The level of educational status, economic status, social participation, social support, physical health and hygiene and mental health of women beedirollers with reference to occupation of father is moderate.

Table 4.6
Level of educational status, economic status, social participation, social support, physical health and hygiene and mental health of women beedi rollers with reference to occupation of father

Dimensions	Categories	No	Low		Moderate		High	
			No	%	No	%	No	%
Educational Status	Daily Wages	86	32	37.2	17	19.8	37	43.0
	Business	7	3	42.9	1	14.3	3	42.9
	Private	7	4	57.1	1	14.3	2	28.6
Economic Status	Daily Wages	86	27	31.4	42	48.8	17	19.8
	Business	7	0	0.0	3	42.9	4	57.1
	Private	7	0	0.0	6	85.7	1	14.3
Social Participation	Daily Wages	86	25	29.1	41	47.7	20	23.3
	Business	7	2	28.6	2	28.6	3	42.9
	Private	7	2	28.6	3	42.9	2	28.6
Social Support	Daily Wages	80	26	30.2	48	55.8	12	14.0
	Business	7	1	14.3	3	42.9	3	42.9
	Private	7	1	14.3	5	71.4	1	14.3

Physical Health and Hygiene	Daily Wages	86	14	16.3	59	68.6	13	15.1
	Business	7	2	28.6	3	42.9	2	28.6
	Private	7	3	42.9	2	28.6	2	28.6
Mental Health	Daily Wages	86	19	22.1	53	61.1	14	16.3
	Business	7	4	57.1	1	14.3	2	28.6
	Private	7	3	42.9	2	28.6	2	28.6

It is inferred from the above table that the majority of psycho social well-being of women beedi rollers and its dimensions; economic status, social participation, social support, physical health and hygiene and mental health of women beedi rollers with reference to occupation of father is moderate. Psycho social well-being of women beedi rollers shows high level in educational status with reference to occupation of father.

Null Hypothesis 7

The level of educational status, economic status, social participation, social support, physical health and hygiene and mental health of women beedi rollers with reference to occupation of mother is moderate.

Table 4.7

Level of educational status, economic status, social participation, social support, physical health and hygiene and mental health of women beedi rollers with reference to occupation of mother

Dimensions	Categories	No	Low		Moderate		High	
			No	%	No	%	No	%
Educational Status	Daily Wages	97	37	38.1	19	19.6	41	42.3
	Private	3	2	66.7	0	0.0	1	33.3
Economic Status	Daily Wages	97	27	27.8	49	50.5	21	21.6
	Private	3	0	0.0	2	66.7	1	33.3
Social Participation	Daily Wages	97	28	28.9	45	46.4	24	24.7
	Private	3	1	33.3	1	33.3	1	33.3
Social Support	Daily Wages	97	27	27.8	56	57.7	14	14.4
	Private	3	1	33.3	0	0.0	2	66.7
Physical Health and Hygiene	Daily Wages	97	17	17.5	63	64.9	17	17.5
	Private	3	2	66.7	1	33.3	0	0.0
Mental Health	Daily Wages	97	24	24.7	55	56.7	18	18.6
	Private	3	2	66.7	1	33.3	0	0.0

It is inferred from the above table that the majority of psycho social well-being of women beedi rollers and its dimensions; economic status, social participation, social support, physical health and hygiene and mental health of women beedi rollers with reference to occupation of mother is moderate. Psycho social well-being of women beedi rollers shows high level in educational status with reference to occupation of mother.

Null Hypothesis 8

The level of educational status, economic status, social participation, social support, physical health and hygiene and mental health of women beedi rollers with reference to monthly income of family is moderate.

Table 4.8
Level of educational status, economic status, social participation, social support, physical health and hygiene and mental health of women beedi rollers with reference to monthly income of family

Dimensions	Categories	No	Low		Moderate		High	
			No	%	No	%	No	%
Educational Status	Rs.5000 & below	65	29	44.6	12	18.5	24	36.9
	Rs.5001-10,000	27	10	37.0	7	25.9	10	37.0
	Rs.10,001 - 20,000	7	0	0.0	0	0.0	7	100.0
	Rs.20,000& above	1	0	0.0	0	0.0	1	100.0
Economic Status	Rs.5000 & below	65	20	30.8	34	52.3	11	16.9
	Rs.5001-10,000	27	7	25.9	14	51.9	6	22.2
	Rs.10,001 - 20,000	7	0	0.0	3	42.9	4	57.1
	Rs.20,000&above	1	0	0.0	0	0.0	1	100.0
Social Participation	Rs.5000 & below	65	24	36.9	30	46.2	11	16.9
	Rs.5001-10,000	27	5	18.5	16	59.3	6	22.2
	Rs.10,001 - 20,000	7	0	0.0	0	0.0	7	100.0
	Rs.20,000& above	1	0	00	0	0.0	1	100.0

Social Support	Rs.5000 & below	65	19	29.2	36	55.4	10	15.4
	Rs.5001-10,000	27	8	29.6	16	59.3	3	11.1
	Rs.10,001 - 20,000	7	1	14.3	4	57.1	2	28.6
	Rs.20,000& above	1	0	0.0	0	0.0	1	100.0
Physical Health and Hygiene	Rs.5000 & below	65	12	18.5	45	69.2	8	12.3
	Rs.5001-10,000	27	6	22.2	19	70.4	2	7.4
	Rs.10,001 - 20,000	7	1	14.3	0	0.0	6	85.7
	Rs.20,000& above	1	0	0.0	0	0.0	1	100.0
Mental Health	Rs.5000 & below	65	12	18.5	44	67.7	9	13.8
	Rs.5001-10,000	27	13	48.1	12	44.4	2	7.4
	Rs.10,001 - 20,000	7	1	14.3	0	0.0	6	85.7
	Rs.20,000& above	1	0	0.0	0	0.0	1	100.0

It is inferred from the above table that the majority of psycho social well-being of women beedi rollers and its dimensions; economic status, social participation, social support, physical health and hygiene and mental health of women beedi rollers with reference to monthly income of family is moderate. Psycho social

well-being of women beedi rollers shows high level in educational status with reference to monthly income of family.

Null Hypothesis 9

The level of educational status, economic status, social participation, social support, physical health and hygiene and mental health of women beedi rollers with reference to number of children in the family is moderate.

Table 4.9
Level of educational status, economic status, social participation, social support, physical health and hygiene and mental health of women beedi rollers with reference to number of children in the family

Dimensions	Categories	No	Low		Moderate		High	
			No	%	No	%	No	%
Educational Status	1 & 2	71	23	59.0	13	68.4	35	83.3
	3 & 4	19	9	23.1	4	21.1	6	14.3
	5 & 6	5	2	5.1	2	10.5	1	2.4
	7 & Above	5	5	12.8	0	00	0	0.0
Economic	1 & 2	71	22	81.5	34	66.7	15	68.2

Status	3 & 4	19	4	14.8	11	21.6	4	18.2
	5 & 6	5	0	0.0	3	5.9	2	9.1
	7 & Above	5	1	3.7	3	5.9	1	4.5
Social Participation	1 & 2	71	20	69.0	29	63.0	22	88.0
	3 & 4	19	6	20.7	10	21.7	3	12.0
	5 & 6	5	2	6.9	3	6.5	0	0.0
	7 & Above	5	1	3.4	4	8.7	0	0.0
Social Support	1 & 2	71	23	82.1	35	62.5	13	81.2
	3 & 4	19	4	14.3	12	21.4	3	18.8
	5 & 6	5	1	3.6	4	7.1	0	0.0
	7 & Above	5	0	0.0	5	8.9	0	0.0
Physical Health and Hygiene	1 & 2	71	9	47.4	48	75.0	14	82.4
	3 & 4	19	4	21.1	12	18.8	3	17.6
	5 & 6	5	3	15.8	2	3.1	0	0.0
	7 & Above	5	3	15.8	2	3.1	0	0.0
Mental	1 & 2	71	15	57.7	41	73.2	15	83.3

Health	3 & 4	19	8	30.8	9	16.1	2	11.1
	5 & 6	5	1	3.8	3	5.4	1	5.6
	7 & Above	5	2	7.7	3	5.4	0	0.0

It is inferred from the above table that the majority of psycho social well-being of women beedi rollers and its dimensions; economic status, social participation, social support, physical health and hygiene and mental health of women beedi rollers with reference to number of children in the family is moderate. Psycho social well-being of women beedi rollers shows high level in educational status with reference to number of children in the family.

IV.2.2.DIFFERENTIAL ANALYSIS

Null Hypothesis 10

There is no significant difference between psycho social well-being of beedi rollers and its dimensions: educational status, economic status, social participation, social support, physical health and hygiene and mental health with reference to type of family.

Table 4.10
Difference between psycho social well-being of beedi rollers and its dimensions: educational status, economic status, social participation, social support, physical health and hygiene and mental health with reference to type of family

Dimensions	Category	N	Mean	S.D.	Calculated t-value	Remarks at 5% level
Educational Status	Joint	24	10.79	3.297	0.377	NS
	Nuclear	76	10.50	3.341		
Economic Status	Joint	24	8.88	1.872	0.195	NS
	Nuclear	76	8.96	1.893		
Social Participation	Joint	24	7.50	2.043	0.613	NS
	Nuclear	76	7.21	1.927		
Social Support	Joint	24	10.92	2.569	0.611	NS
	Nuclear	76	10.55	2.473		
Physical Health and Hygiene	Joint	24	10.63	2.281	0.703	NS
	Nuclear	76	10.26	1.914		
Mental Health	Joint	24	7.79	1.793	0.263	NS
	Nuclear	76	7.68	1.568		

(At 5% level of significance the table value of 't' is 1.96)

It is inferred from the above table that there is no significant difference between women beedi rollers in their psycho social well-being and its dimensions; educational status, economic status, social participation, social support, physical health and hygiene and mental

health with reference to type of family. The calculated 't' value is less than the table value. Hence the null hypothesis is accepted.

Null Hypothesis 11

There is no significant difference between psycho social well-being of beedi rollers and its dimensions: educational status, economic status, social participation, social support, physical health and hygiene and mental health with reference to nature of residence.

Table 4.11
Difference between psycho social well-being of beedi rollers and its dimensions: educational status, economic status, social participation, social support, physical health and hygiene and mental health with reference to nature of residence

Dimensions	Category	N	Mean	S.D.	Calculated t-value	Remarks at 5% level
Educational Status	Owned	84	10.42	3.334	1.090	NS
	Rental	16	11.38	3.202		
Economic Status	Owned	84	8.99	1.853	0.544	NS
	Rental	84	8.99	2.056		
Social Participation	Owned	16	7.26	1.958	0.211	NS
	Rental	84	7.38	1.962		
Social Support	Owned	16	10.64	2.482	0.025	NS
	Rental	84	10.63	2.604		
Physical	Owned	16	10.21	1.970		

Health and Hygiene	Rental	84	11.06	2.081	1.507	NS
Mental Health	Owned	16	7.74	1.584	0..360	NS
	Rental	84	7.56	1.825		

(At 5% level of significance the table value of 't' is 1.96)

It is inferred from the above table that there is no significant difference between women beedi rollers in their psycho social well-being and its dimensions; educational status, economic status, social participation, social support, physical health and hygiene and mental health with reference to nature of residence. The calculated 't' value is less than the table value. Hence the null hypothesis is accepted.

Null Hypothesis 12

There is no significant difference between psycho social well-being of beedi rollers and its dimensions: educational status, economic status, social participation, social support, physical health and hygiene and mental health with reference to marital status.

Table 4.12
Difference between psycho social well-being of beedi rollers and its dimensions: educational status, economic status, social participation, social support, physical health and hygiene and mental health with reference to marital status

Dimensions	Category	N	Mean	S.D.	Calculated t-value	Remarks at 5% level
Educational Status	Married	97	10.46	3.311	10.520	S
	Unmarried	3	14.00	0.000		
Economic Status	Married	97	8.97	1.879	0.828	NS
	Unmarried	3	8.00	2.000		
Social Participation	Married	97	7.26	1.938	0.482	NS
	Unmarried	3	8.00	2.646		
Social Support	Married	97	10.75	2.441	15.140	S
	Unmarried	3	7.00	0.000		
Physical Health and Hygiene	Married	97	10.35	1.985	0.010	NS
	Unmarried	3	10.33	3.055		
Mental Health	Married	97	7.69	1.610	0.530	NS
	Unmarried	3	8.33	2.082		

(At 5% level of significance the table value of 't' is 1.96)

It is inferred from the above table that there is no significant difference between women beedi rollers in their psycho social well-being and its dimensions; economic status, social participation, physical health and hygiene and mental health with reference to marital

status. The calculated ‘t’ value is less than the table value. Hence the null hypothesis is accepted.

There is significant difference between women beedi rollers in their psycho social well-being and its dimensions; educational statusand social supportwith reference to marital status. The calculated ‘t’ value is greater than the table value. Hence the null hypothesis is rejected.

Null Hypothesis 13

There is no significant difference among psycho social well-being of beedi rollers and its dimensions: educational status, economic status, social participation, social support, physical health and hygiene and mental health with reference to education.

Table 4.13
Difference among psycho social well-being of beedi rollers and its dimensions: educational status, economic status, social participation, social support, physical health and hygiene and mental health with reference to education

Dimensions	Source of variation	df=3, 96		Calculated 'f' value	Remark at 5% level
		Sum of squares	Mean square variation		
Educational Status	Between	63.327	21.109	1.977	NS
	Within	1025.183	10.679		
Economic Status	Between	10.789	3.596	1.019	NS
	Within	338.851	3.530		
Social Participation	Between	18.131	6.044	1.621	NS
	Within	358.029	3.729		
Social Support	Between	6.184	2.061	0.326	NS
	Within	606.856	6.321		
Physical Health and Hygiene	Between	24.279	8.093	2.086	NS
	Within	372.471	3.880		
Mental Health	Between	6.753	2.251	0.858	NS
	Within	251.837	2.623		

(At 5% level of significance the table value of 'f' is 2.68)

It is inferred from the above table that there is no significant difference among women beedi rollers in their psycho social well-being and its dimensions;

educational status, economic status, social participation, social support, physical health and hygiene and mental health with reference to education. The calculated 't' value is less than the table value. Hence the null hypothesis is accepted.

Null Hypothesis 14

There is no significant difference among psycho social well-being of beedi rollers and its dimensions: educational status, economic status, social participation, social support, physical health and hygiene and mental health with reference to number of children in the family.

Table 4.14
Difference among psycho social well-being of beedi rollers and its dimensions: educational status, economic status, social participation, social support, physical health and hygiene and mental health with reference to number of children in the family

Dimensions	Source of variation	df=3, 96		Calculated 'f' value	Remark at 5% level
		Sum of squares	Mean square variation		
Educational Status	Between	8.924	4.462	0.401	NS
	Within	1079.586	11.130		
Economic Status	Between	4.702	2.351	0.661	NS
	Within	344.938	3.556		
Social Participation	Between	4.903	2.452	0.641	NS
	Within	371.257	3.827		
Social Support	Between	3.648	1.824	0.290	NS
	Within	609.392	6.282		
Physical Health and Hygiene	Between	17.712	8.856	2.266	NS
	Within	379.038	3.908		
Mental Health	Between	2.623	1.311	0.497	NS
	Within	255.967	2.639		

(At 5% level of significance the table value of 'f' is 2.68)

It is inferred from the above table that there is no significant difference among women beedi rollers in their psycho social well-being and its dimensions; educational status, economic status, social participation,

social support, physical health and hygiene and mental health with reference to number of children on the family. The calculated 't' value is less than the table value. Hence the null hypothesis is accepted.

Null Hypothesis 15

There is no significant association between age and psycho social well-being of beedi rollers and its dimensions: educational status, economic status, social participation, social support, physical health and hygiene and mental health.

Table 4.15

Association between age and psycho social well-being of beedi rollers and its dimensions: educational status, economic status, social participation, social support, physical health and hygiene and mental health

Dimensions	df	Calculated 'χ^2' value	Remarks at 5% level
Educational Status	4	3.334	NS
Economic Status		10.164	S
Social Participation		3.733	NS
Social Support		7.401	NS
Physical Health and Hygiene		1.300	NS
Mental Health		7.976	NS

(At 5% level of significance, the table value of χ^2 is 9.488)

It is inferred from the above table that there is no significant difference between age and psycho social well-being of women beedi rollers and its dimensions; educational status, social participation, social support, physical health and hygiene and mental health. The

calculated ‘t’ value is less than the table value. Hence the null hypothesis is accepted.

It is inferred from the above table that there is significant difference between age and psycho social well-being of women beedi rollers and its dimension; economic status. The calculated ‘t’ value is greater than the table value. Hence the null hypothesis is rejected.

Null Hypothesis 16

There is no significant association between occupation of father and psycho social well-being of beedi rollers and its dimensions: educational status, economic status, social participation, social support, physical health and hygiene and mental health.

Table 4.16
Association between occupation of father and psycho social well-being of beedi rollers and its dimensions: educational status, economic status, social participation, social support, physical health and hygiene and mental health

Dimensions	df	Calculated 'χ^2' value	Remarks at 5% level
Educational Status	4	1.202	NS
Economic Status		10.533	S
Social Participation		1.564	NS
Social Support		5.001	NS
Physical Health and Hygiene		6.198	NS
Mental Health		8.494	NS

(At 5% level of significance, the table value of χ^2 is 9.488)

It is inferred from the above table that there is no significant difference between occupation of father and psycho social well-being of women beedi rollers and its dimensions; educational status, social participation, social support, physical health and hygiene and mental

health. The calculated ‘t’ value is less than the table value. Hence the null hypothesis is accepted.

It is inferred from the above table that there is significant difference between occupation of father and psycho social well-being of women beedi rollers and its dimension; economic status. The calculated ‘t’ value is greater than the table value. Hence the null hypothesis is rejected.

Null Hypothesis 17

There is no significant association between occupation of mother and psycho social well-being of beedi rollers and its dimensions: educational status, economic status, social participation, social support, physical health and hygiene and mental health.

Table 4.17
Association between occupation of mother and psycho social well-being of beedi rollers and its dimensions: educational status, economic status, social participation, social support, physical health and hygiene and mental health

Dimensions	df	Calculated 'χ^2' value	Remarks at 5% level
Educational Status	2	1.250	NS
Economic Status		1.164	NS
Social Participation		0.214	NS
Social Support		6.726	S
Physical Health and Hygiene		4.679	NS
Mental Health		2.808	NS

(At 5% level of significance, the table value of χ^2 is 5.991)

It is inferred from the above table that there is no significant difference between occupation of mother and psycho social well-being of women beedi rollers and its dimensions; educational status, economic status, social participation, physical health and hygiene and mental

health. The calculated ‘t’ value is less than the table value. Hence the null hypothesis is accepted.

It is inferred from the above table that there is significant difference between occupation of mother and psycho social well-being of women beedi rollers and its dimension; social support. The calculated ‘t’ value is greater than the table value. Hence the null hypothesis is rejected.

Null Hypothesis 18

There is no significant association between income of the family and psycho social well-being of beedi rollers and its dimensions: educational status, economic status, social participation, social support, physical health and hygiene and mental health.

Table 4.18
Association between income of the family and psycho social well-being of beedi rollers and its dimensions: educational status, economic status, social participation, social support, physical health and hygiene and mental health

Dimensions	df	Calculated 'χ^2' value	Remarks at 5% level
Educational Status	6	12.849	S
Economic Status		10.597	NS
Social Participation		29.242	S
Social Support		6.948	NS
Physical Health and Hygiene		31.796	S
Mental Health		37.728	S

(At 5% level of significance, the table value of χ^2 is 12.592)

It is inferred from the above table that there is no significant difference between income of the family and psycho social well-being of women beedi rollers and its dimensions; educational status and social support. The

calculated ‘t’ value is less than the table value. Hence the null hypothesis is accepted.

It is inferred from the above table that there is significant difference between income of the family and psycho social well-being of women beedi rollers and its dimension; economic status, social participation, physical health and hygiene and mental health. The calculated ‘t’ value is greater than the table value. Hence the null hypothesis is rejected.

IV.3 CONCLUSION

The investigator applied percentage analysis; critical ratio test, ANOVA test and chi square statistical test were used to find out the study on Psycho Social Well-being of Women Beedi Rollers in Tenkasi District. The statistical techniques are given in this chapter. The findings, recommendation and suggestions for further research are discussed in the next chapter. In this chapter, the data are analyzed. The calculated values are compared with table values at 5% level of significance. The hypotheses are accepted or rejected based on the calculated values. If the calculated value is less than the table value, null hypothesis is accepted. If the calculated

value is greater than the table value, null hypothesis is rejected. All the data are shown in the table and the interpretation is given below the table.

CHAPTER V

FINDINGS, INTERPRETATIONS, RECOMMENDATIONS AND SUGGESTIONS

V.1 INTRODUCTION

The present study is an endeavor to investigate the Psycho social wellbeing of women beedi rollers of Tenkasi district. Most of the women beedi workers in Tenkasi district, work at home based unorganized sectors and become invisible and are extremely vulnerable to exploitation. Beedi Industries play an important role in the district economy and its sustained growth and development will ensure the employment of thousands of women, raise the standards of living, and contribute to the economic progress of the area. Beedi rolling is an extremely labour intensive, back-breaking and strenuous occupation, but women and children continue to do it in the absence of other sources of livelihood. This chapter presents the summary of the findings, so conclusions drawn from the findings and corresponding recommendations. The findings have been listed along with significant quantitative information. The

implications of these findings may direct towards alternate job opportunities for beedi rollers and suggest research and recommendations for further research.

V.2 TITLE OF THE PROBLEM

"PSYCHO SOCIAL WELL - BEING OF WOMEN BEEDI ROLLERS IN TENKASI DISTRICT"

V.3 FINDINGS

Section – I

Percentage Analysis

- The level of economic status, social participation, social support, physical health and hygiene and mental health of women beedi rollers with reference to age is moderate.
- The level of educational statusof women beedi rollers with reference to age is high.
- The level of, economic status, social participation, social support, physical health and hygiene and mental health of women beedi

rollers with reference to type of family is moderate.

- The level of educational statusof women beedi rollers with reference to type of family is high.
- The level of economic status, social participation, social support, physical health and hygiene and mental health of women beedi rollers with reference to education is moderate.
- The level of educational statusof women beedi rollers with reference to education is high.
- The level of economic status, social participation, social support, physical health and hygiene and mental health of women beedi rollers with reference to nature of residence is moderate.
- The level of educational statusof women beedi rollers with reference to nature of residence is high.
- The level of economic status, social participation, social support, physical health and hygiene and mental health of women beedi rollers with reference to marital status is moderate.

- The level of educational statusof women beedi rollers with reference to marital status is high.
- The level of economic status, social participation, social support, physical health and hygiene and mental health of women beedi rollers with reference to occupation of father is moderate.
- The level of educational statusof women beedi rollers with reference to occupation of father is high.
- The level of economic status, social participation, social support, physical health and hygiene and mental health of women beedi rollers with reference to occupation of mother is moderate.
- The level of educational statusof women beedi rollers with reference to occupation of mother is high.
- The level of educational status, economic status, social participation, social support, physical health and hygiene and mental health of women beedi rollers with reference to monthly income of family is moderate.

- The level of educational statusof women beedi rollers with reference to number of children in the family is high.

Section – II

Differential Analysis

- There is no significant difference between psycho social well-being of beedi rollers and its dimensions: educational status, economic status, social participation, social support, physical health and hygiene and mental health with reference to type of family.
- There is no significant difference between psycho social well-being of beedi rollers and its dimensions: educational status, economic status, social participation, social support, physical health and hygiene and mental health with reference to nature of residence.
- There is no significant difference between psycho social well-being of beedi rollers and its dimensions: economic status, social participation,

physical health and hygiene and mental health with reference tomarital status.

- There is significant difference between psycho social well-being of beedi rollers and its dimensions: educational status and social support with reference tomarital status.

Section – III

Analysis of Variance

- There is no significant difference psycho social well-being of beedi rollers and its dimensions: educational status, economic status, social participation, social support, physical health and hygiene and mental health with reference to education.
- There is no significant difference psycho social well-being of beedi rollers and its dimensions: educational status, economic status, social participation, social support, physical health and hygiene and mental health with reference to number of children in the family.

Section – IV

Associational Analysis

- There is no significant association between age and psycho social well-being of beedi rollers and its dimensions: educational status, economic status, social participation, social support, physical health and hygiene and mental health.
- There is significant association between age and psycho social well-being of beedi rollers and its dimensions: economic status.
- There is no significant association between occupation of father and psycho social well-being of beedi rollers and its dimensions: educational status, social participation, social support, physical health and hygiene and mental health.
- There is no significant association between occupation of father and psycho social well-being of beedi rollers and its dimensions: economic status.
- There is no significant association between occupation of mother and psycho social well-

being of beedi rollers and its dimensions: educational status, economic status, social participation, physical health and hygiene and mental health.

- There is no significant association between occupation of mother and psycho social well-being of beedi rollers and its dimensions: social support.
- There is no significant association between income of the family and psycho social well-being of beedi rollers and its dimensions: economic status and social support.
- There is no significant association between income of the family and psycho social well-being of beedi rollers and its dimensions: educational status, social participation, physical health and hygiene and mental health.

V.4 INTERPRETATIONS

Percentage Analysis

The present study reveals that the level of educational status of women beedi rollers with reference to background variables is high.It shows that the families of Beedi rollers knew the importance of education. But many of them not continued their education. This may be due to economic constraints of family and patriarchal attitudes; they were not able to continue their studies. They had responsibility tomaintain the family and it wasvery expensive to send them for higher education.They may be thought that their female childmight be helped in their Beedirolling profession and they would become the source of them byrolling the Beedi. Therefore, the educational status of women beedi rollers may be high in nature.

Differential Analysis

There is significant difference between psycho social well-being of beedi rollers and its dimensions: educational status and social support with reference to

marital status.Comparing the mean score of the dimension educational status the psycho social well-being of unmarried is higher than their counterpart.This may be due to the fact that, the unmarried women are free from the familial responsibilities such as house hold activities, financial problems and take care of the children and their needs, including education. So they have enough time to learn formally and informally. So they are psychologically and socially fit and in a comfort zone, while comparing to the married ones.

Regarding the dimension social support, the mean score of married women is greater than the unmarried. Social support is the perception and actuality that one is cared for, has assistance available from other people. The married women may get this type of assistance from their husband, children, family members relatives, well-wishers and neighborhood. It may be the reason for their balanced nature of psycho social well-being.

Associational Analysis

There is significant association between age and psycho social well-being of beedi rollers and its dimensions: economic status.Psychosocial well-being incorporates the physical, economic, social, mental, emotional, cultural, and spiritual determinants of health. Well-being of an individual includes coping with the various stresses of everyday living and realization of the full potential of an individual as a productive member of the society. Good economic status of the women beedi rollers may help them to live a peaceful life and which automatically fulfil their basic needs.Beedi rolling is one of the low-income occupations, yet it is largely prevalent among the villagers. A beedi worker earns up to an average of Rs 1000 a week, this means a beedi worker is paid approximately 20 paise for rolling one beedi. Therefore, the economic status of the beedi rollers plays a significant role in their psychosocial wellbeing.

V.5 RECOMMENDATIONS

For Government Authorities

- Government authorities should take essential steps to conduct research on the field of beedi workers and analyze the challenges of the field.
- Government in collaboration with NGO's should organize or conduct training programmes to provide alternative job for the beedi rollers.
- Government should ban the usage of beedi in their respective state may reduce the consumption of tobacco and the production too.
- The present study reveals that the beedi work is dangerous to the health of the workers. So, the Government must declare home-based beedi rolling as hazardous.

- Proper medical care should be provided to them by giving free medical support in all government hospitals.

For the NGOs

- The non- governmental organizations, should conduct action research about the life of the women beedi rollers and take adequate steps to rectify their problems.
- Periodic awareness programmes regarding health, education and alternate job opportunities should be conducted to improve their psychosocial wellbeing.
- The findings of the present study show that, the beedi rollers doing this work in unavoidable circumstances. Hence, the NGOs should conduct workshops and skill based training programme on self-entrepreneurial development of the beedi rollers in alternate fields.

V.6 SUGGESTIONS FOR FUTHER RESEARCH

- The present study confined to the women beedi rollers, but men workers are engaged in the drying and bundling of the Beedi. So further research can be conducted on men workersmay help to provide proper guidance to avoid this work.
- A study on influence of contractors and unknown companies in the life of Beedi workers to be conducted.
- Further study can be done on physical and mental health of the beedi rollers.
- The present study is conducted on descriptive method and further studies can be conducted by using experimental method or case study method

V.7. CONCLUSION

The present study is an attempt to examine the psycho social wellbeing of the women beedi rollers of Tenkasi district. The findings of the present study reveal the association of psychosocial wellbeing and economic status of the women beedi workers.

Based on the testimony of Srimati M.Vasanthi (Tenkasi), Beedi rolling an important occupation of the people of my Tenkasi constituency. Majority of them are women and are from very poor socio-economic background. They work very hard for long hours to earn their livelihood. But unfortunately, 80% of them are suffering a lot due to various health problems. Apart from severe pain in their hips and hands, they also suffer from asthma, wheezing, coughing and stomach pain. The Beedi workers welfare fund dispensary data also revealed that they are prone to respiratory, gastrointestinal problems. Many people are reported to have problems in their eyes.Hence, I urge upon the Union Minister for Labour and Employment to create a new ESI hospital at Rajapalayam and increase the funds

for the existing ESI hospital at Tenkasi and provide financial and medical support for the development and upgrading of dispensaries at Alangulam, Surandai meant for beedi workers.“I have been rolling beedis since I was fifteen. Our whole community is dependent on the profession. Our employers underpay us, our pension never arrives without a struggle and the state is oblivious to our condition- where do we go from here?” said Aysha Begum, a Beedi worker from Sengottai in Tenkasi district of Tamil Nadu.

Among the beedi rollers,92.5% women workers reported suffering from bronchitis according to the survey which formed the basis of the report on Beedi workers. 90.5% women Beedi rollers had severe body aches. The health problems are primarily due to inhalation of large amounts of tobacco dust during beedi rolling, and sitting in the same position for eight to ten hours a day.More than half of the women Beedi workers want to shift to another profession according to the report. Women who left the industry either set up small shops of their own.“This is a multi-crore industry

controlled by elites and women are at the bottom of the rung.The smoking culture in India is such that the poor cannot afford high quality cigarettes and therefore there is a constant demand for Beedis. Offering alternative livelihood options and skill training is not feasible in this case, unless there are provision of secure government jobs for women workers.

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PSYCHO SOCIAL WELL-BEING OF WOMEN BEEDI ROLLERS IN TENKASI DISTRICT

Personal Data

Name of the Respondent :

1. Age : 18 -21 / 22-34 / 35 &above
2. Type of Family : Joint / Nuclear
3. Education : Illiterate / School Level / College Level
4. Nature of Residence : Own House / Rental House
5. Marital Status : Married / Unmarried
6. Occupation of Father : Daily Wages / Business/ Private
7. Occupation of Mother : Daily Wages / Private
8. Monthly Income of Family : Rs.5000 & below / Rs.5001-10,000 / Rs.10,001 - 20,000 / Rs.20, 001 & above

"PSYCHO SOCIAL WELL-BEING OF WOMEN BEEDI ROLLERS IN TENKASI DISTRICT"

QUESTIONNAIRE

I. EDUCATIONAL STATUS

1.	Do you think education is a basic requirement for everyone?	Yes	
2.	Do you think education is necessary for women?	Yes	
3.	Is a school hall located near your area?	Yes	
4.	Did you know that everyone has the right to education?	Yes	
5.	Do you feel that higher education is necessary for a prosperous life?	Yes	
6.	Are teaching and learning facilities located in the classroom?	Yes	
7.	Do you think the teaching quality is good?	Yes	

II. ECONOMIC STATUS

8.	Is the family income enough to meet your needs?	Yes	
9.	Is saving habit in your family?	Yes	
10.	Does your family have a habit of borrowing money?	Yes	
11.	Can you repay the loan?	Yes	
12.	Do you have any self-employment income?	Yes	
13.	Does anyone in your family work as a government employee?	Yes	

III. SOCIAL PARTICIPATION

14.	Do you care about social welfare?	Yes	
15.	Do you like to participate in social events?	Yes	
16.	Do you involve yourself in community service?	Yes	
17.	Do you celebrate public festivals with other people?	Yes	
18.	Do you involve yourself in finding a solution to a social problem?	Yes	

IV. SOCIAL SUPPORT

19.	Do you accessing government assistance for your social needs?	Yes	
20.	Has your family received any welfare assistance from any government agency?	Yes	
21.	Do you think you might benefit from a government welfare program?	Yes	
22.	Are you aware of the many benefits that are available to you under the Government Bill?	Yes	
23.	Do you receive any help from NGOs?	Yes	
24.	Are your basic needs being met by local councillors?	Yes	
25.	Do government officials come to your area and discuss your grievances?	Yes	

V. PHYSICAL HEALTH AND HYGIENE

26.	Have you had your government-sponsored vaccinations against the coronavirus?	Yes	

27.	Eating nutritious foods?	Yes	
28.	Are you suffering from any chronic illness?	Yes	
29.	Do you think beedi profession brings certain diseases?	Yes	
30.	Is the area you live in hygienic?	Yes	
31.	Do janitors spray disinfectants in your neighbourhood?	Yes	
32.	Clean drinking water on your street; Is there a facility?	Yes	

VI. MENTAL HEALTH

33.	Are you living with peace of mind?	Yes	
34.	Can you live peacefully with family members?	Yes	
35.	Are you satisfied with your work?	Yes	
36.	Do you think it would be good to do an alternative career?	Yes	
37.	Would you accept an alternative career if offered?	Yes	

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