

Prioritizing India's Occupational Health Infrastructure Needs

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Abstract

The Indian labour force is in a constant state of flux between two extremes: on the one hand, there is a high demand for output as a result of improved access to advanced technology and enhanced industrial competitiveness; on the other hand, the condition of the occupational health infrastructure is stagnant. When additional factors and variables are taken into consideration as inputs, this precarious circumstance is transformed into a picture that is more sophisticated. According to estimates provided by the International Labour Organization (ILO), the global economy suffered a loss equivalent to around 4% of its Gross National Product (GNP) in the year 1997 as a direct result of illnesses, accidents, and diseases that occurred on the job. Despite the rapid industrial production system that has been in place since the implementation of the New Economic Policy in 1991, India lags well behind the majority of its foreign competitors in the promotion of the occupational health status of its workforce.

Keywords: Labour, Infrastructure, Industrial, production, development

Introduction

Work-life balance is thrown off, and the average lifespan of factory workers continues to be negatively impacted as a result of the global burden of both communicable and non-communicable diseases, poor quality in the access and delivery of essential healthcare, high rate of out-of-pocket health expenditure, socioeconomic constraints, and divided sociocultural fabric of the country. A little more than 4.2% of the overall Gross Domestic Product (GDP) is spent on healthcare in India, although the present public expenditure is not even 2% of this total. Furthermore, out-of-pocket payments account for more than 70% of the total cost of healthcare in India. According to reports, occupational disorders account for 18% of mortality in India. [Citation needed] There are a number of elements that individually and in combination have an impact on the health and wellbeing of workers. These factors include the climate of the workplace, the expanding pollution index, the growing population, and the poor living conditions of the workers. It is possible to point out a deplorable situation regarding occupational health infrastructure, which is leading to increased economic costs, a greater financial burden, and less attention being paid to the health and safety of industrial workforces, despite the fact that economic growth is indicated by progress made by various sectors of the economy. In the Indian economy, which may be broken down into the organised and unorganised sectors, there is a tension between two seemingly contradictory work environments. Because more than 92 percent of workers are employed in the informal sector, the vast majority of unskilled and

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semi-skilled workers must learn to adapt and survive in an environment where there is no social security protection cover, health benefits, medical reimbursement, or financial sustainability. The remaining labour, which is working in the organised sector, is also subjected to challenging and health-compromising conditions, which can result in backpain, headaches, visual issues, cervical complaints, obesity, and neuromuscular problems. This includes the danger of exposure that comes with working in factories that produce chemicals, heavy metallurgical sectors, petroleum, synthetic colours, or open-cast mines. Incorrect audits, a lack of measures for the imposition of sanctions in the event of non-compliance, and the absence of a hazard-monitoring system are all indicators of the limitations in the design and execution of legislation.

The Current State of Occupational Health in India

The evaluation and prioritisation of demands for the occupational health infrastructure are currently facing a number of obstacles, which is making the process difficult. The power, vibrancy, and cohesiveness of labour unions have all but vanished in recent decades. It has been observed that labour unions put less effort into their efforts to harmonise relationships and coordinate activities with top management. This finding is in line with this view. Because there is no systematic group representation, the voice and concerns of a wider group of dispersed labourers continue to go ignored, are only partially acknowledged, and are not documented. A more in-depth examination of the workings of industrial relations reveals a surprising level of resistance and ignorance on the part of workers when it comes to the implementation of safety measures at industrial sites. This observation is made more difficult to understand when one considers the role that factory inspectors and labour welfare officers play. It would appear that these individuals take an approach that is improper, ineffective, and casual when it comes to the maintenance and upkeep of health and safety at vulnerable work stations. In addition, it has been shown that workers in industrial settings pick up the fundamentals of carrying out safety procedures through learning from their fellow employees through observational learning. The upper management continues to be ignorant and uninterested in their vision of defending the rights of workers by failing to recognise the health and safety needs of their workforce. This is a problem because health and safety issues can lead to serious injuries and illnesses. It has been reported that workers who are aware of occupational health diseases and informed about the repercussions are in a state of better health. Therefore, improving this situation should be of the utmost importance given that it has been reported that workers who are aware of these things are in better health. It has come to our attention that there are legal provisions that are inadequate, as well as a lack of coordination between grievance-redressal procedures and actions that can be taken. In addition, there is a lack of political will to examine the existing legislation and engagement from stakeholders; large-scale corporations that are dedicated to the cause of health supply expertise, but they lack the important component of safety, health, and the avoidance of injuries. Occupational health is not the same thing as "medical disease," but it continues to be a risk in the form of a hazard, which can be either active or passive, or even both. When there is this much upheaval, it is absolutely necessary to pinpoint the "agents" that are to blame for the dangers in the workplace.

Due to the double threat posed by communicable and non-communicable diseases, the existing health infrastructure is struggling to keep up (Tripathi, 2014). The author of the research piece

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underlines the physical anguish and discomfort that labourers suffer when completing safety measures. One example is the apathy among employees in utilising safety helmets due to the improper design and hefty weight of the helmets. Due to the absence of toxicology departments and intensive healthcare units that are solely devoted to the treatment of acute and chronic occupational accidents, hazards, and disasters, this highlights the critical need for the country to make significant progress toward the systematic development of "ergonomics." In workers employed in the garment industry, a high degree of musculoskeletal issues have been identified. These problems affect the limbs, neck, and low back, and they cause discomfort, weakness, and stiffness. Research along these lines has been carried out in the fish processing industry, where it was discovered that blanching and packaging might cause injuries to the hands. Workers in the cashew business in Kerala are subjected to hazardous furnace smoke, prolonged sitting/squatting, insufficient break times, and unsanitary working conditions, all of which have negative long-term effects on their health. In addition, empirical research conducted on workers employed in zarda (tobacco) manufacturing facilities have shown a harmful impact on the functioning of their lungs, as well as their respiratory and pulmonary systems.

Aspects of the Working Environment That Can Have an Impact on Employees' Health

The laws governing labour in India are not just confusing but also archaic. There are many laws, but the people who are affected by them have a poor knowledge of where laws come from. This is despite the fact that there are many laws. Financial compensation to an injured worker does not realistically solve the problem, according to observations made at the micro level. This is for two reasons: (a) the availability of abundant labour force and the perception of labour as a commodity that is easily and inexpensively replaceable; and (b) in situations of possible medical recovery in occupational health diseases or accidents, workers seek financial compensation and take voluntary retirement, thereby terminating the work contract with the company (in case of unorganised sector). The environment can be broken down into two distinct dimensions. A person's mental health, their sense of control over their environment, and the beliefs and values that are uniquely their own make up their internal environment. The natural world as well as the products of human ingenuity are both components of an individual's external environment. The governance, social and economic variables, and cultural fabric that make up the man-made environment are the kinds of things that are likely to have an impact on an individual's natural environment. As a consequence of this, the internal environment of the individual has an effect, either directly or indirectly, on the system of the man-made environment. When working in mines or quarries, an industrial worker might become a possible "carrier" of pollutants, which can have an impact on the health of other workers as well as the health of his immediate family. In this regard, the author suggests that occupational health should strive to achieve diversity in the sense of addressing a wider cross-section of the population, including not only the workers who are adversely impacted but also his or her immediate social networks. Such nuances become harder to track and document, particularly with relation to the ageing workforce, which has already been affected by lung diseases, neurological impairments, cancer, lifestyle disorders, and limb dislocations or injuries. When a worker reaches retirement age, he or she typically becomes economically reliant on his or her immediate family and experiences a decline in energy, respect, and basic treatment from others.

Occupational Health's Influencing Factors and Its Consequences

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Up to one-third of the workforce may be at risk of suffering occupational injury, impairment, and finally death. Unfavorable, challenging, and hazardous situations have the potential to be 1,000 times more prevalent at the job than they are everywhere else (WHO, 1994). The interplay between the various elements affecting occupational health in India, including social, environmental, economic, and political ones, can be understood through the use of multi-criteria dimensional analysis. The population health parameters that social factors fall under include the demographic profile of the population as a whole. Social factors can be broken down into population health parameters (e.g., death rate, mortality and life expectancy). Additionally, employability, the stratification of the caste system, and the general wellbeing of individuals all fall under the purview of social considerations. [Caste system] The biodiversity of the region under examination is measured using environmental criteria, such as the pollution index, the quality of the natural resources, and the biomass. On the other side, economic factors consist of economic indices such as national income, government debt, and affordability index. These indices are included in the category of economic factors. The author also states that public policy frameworks and regulatory systems are examples of political forces. As a result, it indicates the interaction between these elements and within the sub-dimensions of each factor, or the effect that it has on the occupational health infrastructure of the country. The effect of the availability of hospitals and local clinics, as well as the availability of skilled occupational health inspectors, legal frameworks, and industrial relations, confounds the interaction between these factors and variables. The social, environmental, economic, and political aspects are the external factors that can be theoretically categorised as having an effect on occupational health. [Citation needed] Each element has the potential to be further segmented into an additional group of variables. Each factor group can be thought of as a cluster that is made up of a variety of variables that together explain and predict the behavioural function of the specific factor.

Recommendations

The author has proposed workable decision-oriented prospects in light of the above issues and dilemmas that are operational in the present Indian context. These prospects include efforts required on the part of the legal system (jurisdiction), the government, factory inspectors, management, workers, and researchers. A recent critical analysis evaluated the Gujarat model of economic development in light of the changes that are necessary for the economy with reference to the employment norms, basis for national labour laws, and investment in State government for improved risk management and economic growth. This analysis was carried out in light of the fact that the Gujarat model of economic development was evaluated in light of the changes that were necessary for the economy. It is of the utmost importance that early steps be taken to initiate efforts spent in the direction of developing a comprehensive labour law that encompasses work across a wide variety of economic activity branches. In light of this, the author suggests establishing a common portfolio of employment (contractual, temporary, and permanent) across both organised and unorganised sectors. This would allow for a more in-depth comprehension of work hierarchies, the existence and functionality of labour unions, the role of contractors, sub-contractors, and subsub-contractors, as well as the nature and duration of work in relation to the workers' socio-demographic information.

It is anticipated that the Central and State governments will experience a reduction in the amount of work required to maintain occupational health as a result of the incorporation of labour unions into

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the definition of "peer educator." In addition to this, an emphasis is placed on the enhanced training of factory inspectors. In addition, universities and other stakeholders in educational networks need to prioritise the development of additional employment possibilities for professionals who have the necessary training and expertise in the fields of public and occupational health. The author makes a compelling case for the establishment of more recent academic programmes and the uninterrupted incorporation of medical professionals into the social and economic fabric of the nation. In addition, they emphasise the significance of workers capacity building and community mobilisation in order to empower workers by making them aware of the rights, responsibilities, and compensatory mechanisms that exist in labour laws for their own benefit and improvement. This is for the workers' benefit and improvement. They encourage people's participation in the activities taking place at the community level by means of activities taking place at the community level. To ensure that health promotion, quality control, and minimum standards are adhered to in a stringent manner, governmental and other public sector regulatory agencies need to be given their proper roles. It has been pointed out in the past that changes need to be made to public law in order to incorporate the unorganised sector in the process of ensuring that suitable regulatory frameworks, such as factory Acts, are in place. It is strongly recommended that upper management and industrialists uphold accountability while also accepting some level of social responsibility toward the industrial workers and the families of those workers. On a more local scale, we recommend environmental monitoring in the form of weather forecasting and the prediction of man-made disasters, in particular in the matchbox industry, fireworks, dyes, paints, and companies that make use of potentially hazardous chemicals and explosives. In order to successfully modify the existing labour rules, a strong political will is required. In this day and age of labour exploitation, strikes and lockouts, and dysfunctional industrial relations, the formulation of labour laws that are particular to the context in which they will be applied and are based on the realities on the ground is extremely pertinent. It is strongly advised that surveillance of the influence on public health be carried out using a systematic assessment of the health status of the population utilising demographic correlates, epidemiological research, and administration of healthcare data management systems.

Conclusion

Despite the existence of several labour regulations and legislations, the condition of labourers continues to be dismal. This is true despite the fact that variances in sector, division of labour, and regional differences exist. The author makes a point of highlighting the more relaxed dynamics that exist between workers, unions, and senior management, which, however, do not contribute to the movement toward reformation in order to improve the working conditions of people. The numerous stakeholders' widespread ignorance of the health and safety of workers has resulted in the fragmentation of efforts that have been relevant ever since the Factory Acts were passed. The main features of the paper are the sensitization of workers, the ensuring of accountability at the management level, and the promotion of coordination between various ministries and government departments dealing with labour issues. All of these things are important. In addition to this, we place a strong emphasis on governance through networking, political will, and real investment in occupational health. The eradication of poverty and the concurrent acceleration of economic growth are two goals that, when pursued simultaneously, can lead to an increase in the level of money

generated by the nation. As a result, we believe that the legal system, the government, factory inspectors, management, workers, and researchers all have an important part to play in the process of improving the precarious position. The authors advise that there be seamless coordination and exchanges between government health agencies, universities, commercial investors, and non-governmental organisations (NGOs), with the end goal of more effectively utilising human capital and natural resources. Investment of economic, financial, and human resources in occupational health infrastructure of the country in the form of capital, trained/skilled professionals, and consistent upgradation of industrial technology and advancements in ergonomics is likely to result in promising prospects for the development of the Indian economy. These investments are likely to result in capital, trained/skilled professionals, and consistent upgradation of industrial technology. The most important thing right now is to get the labour and top management more aware of the need for improved and more negotiable industrial relations.

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