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## GLOBALISATION AND WOMEN'S WORK IN THE BEEDI INDUSTRY

**Abstract:** The present paper views globalisation and women's work and exploitation in a micro enterprise in India, the beedi (indigenous cigarette) industry with a case study from one of the states in India. Rural occupational structures and employment patterns in India have undergone a transition in the last few decades due to globalisation. Newer forms of employment like construction work, domestic services and beedi making have become alternatives to agricultural labour for women. Beedi is an indigenous cigarette, in which tobacco is rolled in a *tendu* leaf and tied with a cotton thread. This is smaller and less expensive than a cigarette and in the popular imagination it stands for the working class. This work is done sitting at home and mostly women and girls do it. This is a very gendered industry, for only women and girls that too from low-income groups make beedis. There is a lot of exploitation in this industry and this has only increased with the advent of globalisation but this is generally ignored by data gathering systems, policy makers and administrators. There is an occupational health hazard too for many of these workers suffer from various health hazards not because they are smoking these beedis but because they are making them.

**Keywords:** Globalisation, women's work, exploitation, beedi industry, occupational health hazard, home based.

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### INTRODUCTION

The present paper views globalisation and women's work and exploitation in a micro enterprise in India, the beedi (indigenous cigarette) industry with a case study from one of the states in India. It argues that this is a highly exploitative industry and women continue to work here and

suffer various health hazards, because of the lack of alternatives. Over the years the awareness related to tobacco diseases and the anti-tobacco lobby has also impacted the work of these women. With the advent of globalisation even these limited work opportunities are being curtailed.

The increasing number of women in the small business has been a global phenomenon in developed and developing world. However, this productive activity which is largely the preserve of women tend to remain invisible in economic statistics and is generally ignored by legislators and planners. Since most of these women work at home in the informal or unorganized sectors these women workers work becomes invisible and they are extremely vulnerable to exploitation. India has a large labour force, majority of which are women workers. Nearly ninety percent of this labour force belongs to the unorganized sectors. Statistics clearly point out to the decrease in the number of women in the organized sectors and an increase in the unorganized sectors. This is a sector for which we do not have any official statistics but it is generally believed that the number of women workers engaged in the unorganized sectors has increased continuously. It is believed that in 2004-05 more than 92 per cent of the workers were what we call the unorganised or informal workers [*Report on the conditions...* 2014: 14]. In spite of this large numbers, women here, they continue to remain invisible in economic statistics and are generally ignored by legislators and planners. Women always contribute to the value addition of the final product in whatever activity they are engaged in and yet their work is perceived by all as subsidiary, unskilled and often as skill only of domestic value. Of these women, a large number work at home and are burdened with a double burden of work and vulnerable to exploitation. Even when women are employed in a factory like situation, there is the issue of de-skilling women workers, which results from greater access of men to skill acquisition, skill training and skill up gradation.

In India, many poor women from the lower castes and classes, with limited means and education, have no other possibilities but to work in the informal sector as home workers, domestic servants or construction workers. Women working in the informal sector are among the most vulnerable in the Indian society, they are very badly paid and often lacking formal employment. The global economy has been going through some major changes due to economic restructuring. In 1991 India implemented the New Economic Policy, as part of the Structural Adjustment Policy. This was a response to worldwide forces of globalisation and liberalization. Competition and export production were the key concepts and liber-

alisation and deregulation of the economy was the end result. This posed new challenges to India as structural adjustment is never gender neutral. The growth of transnational production relies to a great extent on subaltern women as cheap factory workers or as subcontracted home workers and has made third world women, minority groups and immigrants in the west into flexible global categories of workers with low pay and insecure terms of employments. Thereby the international division of labour has become dependent on ideological constructs of women's work and at the same time it produces Third World and immigrant women in the west as a cheap and flexible workforce. Global integration is thus a process which is uneven and which reinforces existing imbalances and has to a great deal weakened the capacity of the nation states to promote human development. The burden on women has increased as a consequence of a shrinking social sector. The groups mostly effected by these restructurings are the already poor and underprivileged, to a great deal inhabited by subaltern women in the unorganized and informal sectors of the developing world.

Available statistics also clearly show that there has been an increase of women working in the unorganized informal sectors and a decrease in the organized sectors of India. Economic globalisation is often looked at from the perspective of transnational companies and financial institutions versus the diminishing nation state. Globalisation then becomes something that makes certain groups of and individual women in the economy excluded from participation, but still dependent and influenced by decisions made in other places both in their country and abroad no matter where they are positioned in the economy. Globalisation has created transnational social classes, and institutionalised new class relations between the global capital and the global proletariat [Robinson W. I., Harris J. 2000: 11-54]. The transnational bourgeois reproduce the system and exercise power through supranational institutions like the International Monetary Fund (IMF) and the World Bank (WB). Global capitalism profits on naturalised assumptions of women and uses gendered and raced practices to create women's work and to increase profits. The creation and maintenance of naturalized assumptions of women become useful to obtain and create a cheap female labour force. The international division of labour is central for the establishment, the consolidation and the maintenance of the world order and naturalization of women's work and women workers are, vital to understand the gendered politics of capitalism and how exposed and exploited positions of women are created [Alexander J, M., Mohanty

Ch. T. 1997]. New forms of transnational production, the power of the global capital and the requirements of the WB and the IMF creates new terms of employment, such as homework, part time out-sourcing, patriarchal sweat shops, flexibilization, informalization, casualization of work and feminization of the labour force. The new development in these areas are the concept of, De unionization, "ad hoc", "just-in-time" labour supply, increased exploitation of immigrant workers, prolonged working days and new raced and gendered hierarchies. among workers are used.

The mainstream discussion about globalisation excludes certain jobs as part of the global system, even if it in many ways is dependent on these workers. These jobs are mainly performed by women in the Third World and by immigrants in the western countries. By a gendered postcolonial understanding of globalisation, women's "invisible" work (like beedi making) is placed within social and economic processes which are central to globalisation itself. Castells argues that the rise of the network society has had significant implications for the transnational working class, in terms of decreased working and living conditions. One sign of this is the growing marginalization within stagnated and underdeveloped countries in the third world. The network society underscores a qualitative change in the human experience [Castells M. 1996: 477].

## GLOBALISATION AND THE BEEDI WORKER

Many studies point out to the fact that a large number of women are entering the labour force as Informal sector workers. As more and more men are losing their jobs and are pushed into casual work with a loss of steady income, women start looking for alternate avenues of income in order to maintain a minimum standard of income. Since the income is not enough large number of girls are also drawn into it. Girl child labour has to be understood in the wider social matrix and the interrelated ness of the wider social and global process. From 1981 the rate of female employment increased, along with a marked drop in male employment. This was necessary for the maintenance of the family economy [*The Invisible Adjustment...* 1989, 66-7]. The move from formal employment to informal employment and from public to private sector favours feminization of employment. Structural adjustment policies lead to a fall in real wages, unemployment and reduce availabilities and has cuts in the subsidies of basic goods and services. This impacts women much more and has nega-

tive implications in terms of their roles as producers, mothers, household managers, community organisers. It reduces their incomes decreases their standard of living and a there is a greater burden of unpaid work [Ghosh J. 2000:18]. In such a situation child labour becomes a survival strategy. The unemployed and unemployed cannot afford to remain without a livelihood. They survive on a day to day basis and have to take up casual work or wage labour, irrespective of quantum of return. A large number of women in the unorganised sectors, suffer from frequent unemployment and mostly remain in abysmal poverty [Jayadevan C. M. 1996: 763].

Women in India work in the Unorganised sectors in large numbers. These works are performed in both urban and rural areas. These activities are characterized by ease of entry, reliance on indigenous sources, family ownership of enterprises, small scale of operation, labour intensive and adapted technology, skills acquired outside the formal school system, and the unregulated and competitive market. Within Indian society the ideological construction of patriarchy creates conditions for the subordination of women in a hierarchical structure [Kalpagam U. 1994: 234]. Therefore, this sector would include workers in the house hold production working directly under the own account system or under some form of putting out system. It would also include small workshops and factories, as well as women engaged in petty occupations and all other forms of casual labour in the rural and urban areas. Though not a homogeneous group in terms of caste, class or economic activity, deprivation and discrimination is common to all the workers in the Unorganized sectors. They suffer from lack of opportunity to work, low and discriminatory wages and exploitative conditions resulting in casualization. They lack social security, face occupational health hazards, and do not have access to new technologies, skills and knowledge [*Shram shakti* 1988: 110]. Of these women those who work at home, have long and erratic working hours, fragmentation and atomization of workforce and the absence of any form of workers organization. Most of this work is undervalued and classified as, "subsidiary activities", because women tend to do this work with their unpaid domestic task. The employers enjoy tremendous advantages from a home based piece rate system because there are no overhead costs or need to invest in tools or machinery, no trade Unions to contend with. There is also often a lack of legislation in this area and none of the workers get any social security benefits. The wages here are so low that every family member is called upon to assist in some aspect of production, resulting in large scale child labor in many home based industry [Pande R. 1999: 192-205].

## BEEDI AND THE TOBACCO INDUSTRY

For every beedi made a woman has to pick up a pinch of tobacco grains and arrange it on the leaf. She holds the leaf 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. It is then tied with cotton thread. In the popular imagination beedi is associated with the working class as distinct from the cigarette smoking elite class. This is an occupational health hazard for women in this industry suffer health hazards not because they are smoking, but because they are making these beedis.

India is the world's 2<sup>nd</sup> largest producer of tobacco with an estimated annual production of around 800 million kgs. Tobacco occupies a meagre 0.24% of the country's total arable land area (Figure 1). It is grown largely in semi-arid and rain-fed areas where the cultivation of alternative crops is economically unviable. The chief tobacco-growing States are Andhra Pradesh<sup>1</sup>, Gujarat, West Bengal, Karnataka, Orissa, Maharashtra, Tamil

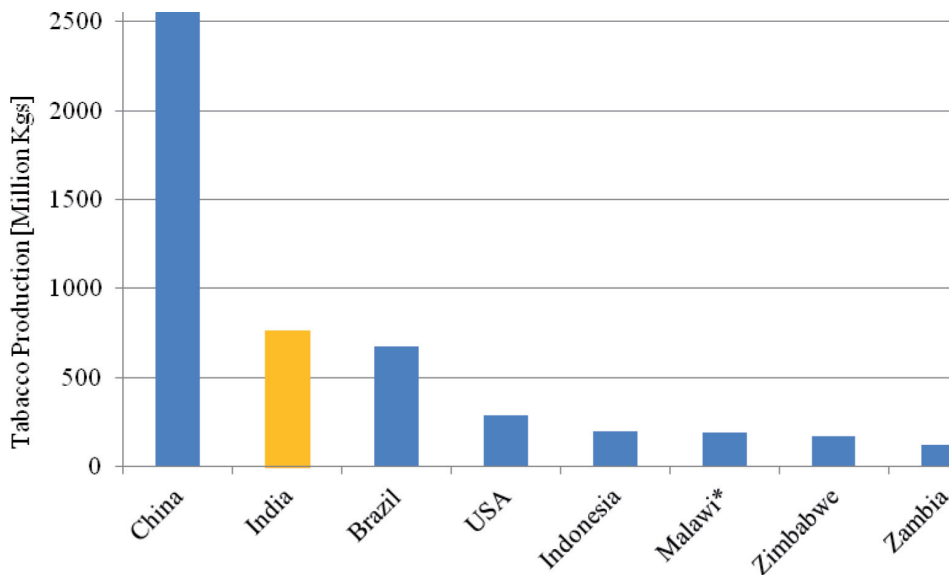


Figure 1: Tobacco Production (Million Kgs) in 2016

Source: Food and Agriculture Organization, United Nations & International Tobacco Growers' Association (ITGA), <https://www.tiionline.org/facts-sheets/tobacco-production/>

<sup>1</sup> Telangana became a State only in 2014 and was earlier a part of Andhra Pradesh

Nadu, and Bihar. Andhra Pradesh tops countrywide in tobacco production but slowly many of its farmers have started to shift to other crops [Singh J., Maganti R. 2018]. The area under tobacco fell from 3.3 lakh acres in 2015-16 to 2.24 lakh acres in 2016-17 ( Tobacco Institute of India). Due to the availability of markets abroad beedi production has got a boost. According to a report in one of the local English dailies, today in the U.S.A. Marlboro, Camel and Rothman have also given place to Indian brands of beedis like *Kailas*, *Shivoasagar*, *Ganesh* and *Parchan*. These beedis are marketed in a attractive pink package and enticingly flavored with strawberry, raspberry, vanilla, chocolate and even blueberry and have carved a niche for themselves among the American teenager. Five years back Los Angeles was the first city to get beedis smuggled from India but since then they have become a common sight [Sen A. K. 1999].

## THE BEEDI INDUSTRY IN INDIA

The beedi industry is spread all over India. It helps the owner make huge profits at low cost investments employing a large number of women and girls. Be it Karnataka, Kerala, Madhya Pradesh, West Bengal or Andhra Pradesh the reality is same everywhere. The very fact that it is in the informal sector indicates high exploitation. One view takes the informal sector to be a site for primitive capital accumulation, with underpaid workers working in abysmal conditions. Another view takes the informal sector to be the venue for economic dynamism and entrepreneurial creativity [Maiti D., Sen K. 2010: 1] This is the worst of the sweated industries, where employment of women exceeds that of men, 77.3 in Andhra Pradesh and 66.35 in Maharashtra [*Towards Equality* 1974: 171].

This is a highly gender and class divided industry. Boys and men are not involved in beedi making and most of this work is done by women and girls sitting at home. The fate of these girls gets symbolically related to the mothers [*Shram shakti* 1988: 76]. These women are at the receiving end because their productive roles as a worker gets subsumed under the reproductive world of their everyday domestic sphere. Such an ideology colors the social perception of women's work as secondary even under conditions of poverty in the Third World. The beedi industry is shaped to suit the conditions of these women who are perceived primarily as housewives. The rationale offered to the tobacco workers is that in any case their earnings are only supplementing the family income and so they do not object to the seasonal nature of the work [Datar Ch. 1989].

## INVISIBILITY OF WOMEN'S WORK

Policy-oriented researches on women, which have made an impact on development policy, have followed different approaches on looking at women's contributions. Some argues that women loose ground relative to men as development proceeds [Tinker I. et al. 1976: Introduction]. This view emphasizes on women's reproductive roles and emphasizes that the less is the economic system monetized the more important is the women's productive role. There is another argument that gender wage gaps directly contribute to income inequality, result in inequality of earnings between sexes. The inequality of opportunities, such as unequal access to education, health services, and finance are prevalent between men and women, and are strongly associated with income [Why Gender... 2015].

However due to the lack of database these studies cannot empirically test the hypothesis of the negative impact of development on sexual inequality. It has been argued that to promote balanced economic growth, focus should be on productivity and income especially of women who come from low income households [Buvinic M. et al. 1983]. Women's unpaid domestic work is generally invisible and undervalued, and so is her home based productive work for cash income [Singh A. M., Kelles-Viitanen A. 1987]. This is very paradoxical because often this income derived from home-based work frequently provides the basis for family survival especially among the poor. Since this is primarily an unorganized sector, falling under the small scale and cottage industry and as such, it is generally ignored by data gathering systems and policy makers and administrators.

## THE EXPLOITATIVE ENVIRONMENT

Beedi is made by women from the lower castes, low-income groups such as the other backward classes (OBC's), Scheduled Castes (SC's) and Scheduled Tribes (ST's) who live below the poverty line. The social and cultural construction of gender relations, the existing power relations in the society along with the disadvantages of the putting out system in the informal manufacturing system all combine in creating an exploitative environment. The beedi making women live and work in a male dominated industry where the manufacturer, the contractor, the consumer of the products are all male and only the actual worker is female. The contrac-



tor exercises strict control over these women for he supplies raw material, takes the finished product, evaluates and grades them against a standard and accepts or rejects them [Prakasamma M. 1993: 5]. Performing all the domestic tasks along with making beedis these women work for nearly fourteen to fifteen hours a day. Being a home-based industry, children in general and girls in particular are an easy prey as workers. Many of these girls work for long hours combining housework and homework with beedi making. Often these girls are denied access to education and entertainment, sports and recreation [Pande R. 2003: 52-73]. Being a health hazardous industry they are exposed to tobacco dust continuously which is a big health hazard. Women and girls suffer here not because they are smoking these cigarettes but because they are making them, in the absence of any other source of livelihood.

## PROFILE OF THE DISTRICT INVOLVED IN BEEDI MAKING

Telangana, is a part of the Deccan plateau, and is basically semi-arid and suffers from acute water scarcity. Nearly half the world's poverty-stricken marginalized farmers of the semi-arid topic live in the Deccan. Periodic droughts and famines make this among the poorest in the world [Annual Report 1972: XX]. As per the CMIE index which is based on a general baseline of economic and development criteria, seven districts of Telangana, with the exception of the Hyderabad, Nizamabad proper and Nalgonda, fall well below the national average. After independence some irrigation works, road construction and electrification has taken place, and paddy and sugarcane cultivation have brought in relative economic prosperity in few pockets but by and large the district continues to be backward.

Rural occupational structures and employment patterns in Indian villages have undergone a transition in the last few decades due to the variation in agricultural production patterns, introduction of technology, urbanization, industrialization and the breakdown of the earlier traditional relations of work [Shukla T. 1989: 1993]. Changes in relation of work in rural societies have led to the breakdown of the inter-caste *Jajmani* relations of production between the landlord and the specialist service provider. This has weakened the mutual dependence and obligations and artisans are no more specialists bound to serve the landlord and receive protec-

tion and grains in return. This has left a number of these people without means of livelihood. Though there is a large scale rural male employment in India, the problem is more so in the case of women. After the Green Revolution per hectare labour absorption rates fell in agriculture especially for women [Bhalla S. 1989: 68]. Newer forms of employment like construction work; domestic services and beedi making have become alternatives in lieu of agricultural labour, especially for women. Our study was carried out in the three rural districts of Armoor, Balkonda Nizamabad and the urban area of Hyderabad in Telangana.

## BEEDI PRODUCTION

A large number of women and children work in the beedi industry. With industrialization the traditional occupation of weaving could not survive the factory system and men slowly moved into agriculture as laborers and women into beedi making. Participation in beedi making is thus a survival strategy to meet the basic needs and avoid starvation in situations of high employment especially for women in landless families [Bromley R. 1982, 60]. The husband's occupation was irregular and earnings minimal and therefore support of the large families rests on women.

The different aspects of beedi making facilitate the creation and maintenance of the division of labor and highlight the high labor absorption capacity of this occupation. There is a need to put into perspective the exploitative relationship between employers and workers and the health hazards resulting from the monotonous nature of work, stress and tobacco inhaling. Beedi production is very labor intensive. The main steps involved in producing a beedi are rewinding the thread, soaking the *tendu* leaves, cutting them to size, rolling the beedis and folding the beedi head and tying it with a thread. Usually a factory employs a very few workers and the workers sitting at home do major portion of this work outside the factory. The factory owner who is the principal employer operates through a number of branches of the company, referred to as firms, with in a state or across a number of states. Each branch has a specific geographical jurisdiction marked for operation. A typical branch gets the beedis rolled by workers in the village through the contractors, collects them and gets the finished product packed and labeled.

## THE CONTRACTOR

It is the contractor who plays a very important role in the beedi industry. The factory owner works through the contractor. The factory owner supplies the raw materials, leaves, tobacco and yarn in large quantities to the contractor, for a specified number of beedis and these contractors in turn distribute the raw material to several workers attached to them to roll a stipulated number of beedis in their homes. Manufacturers and the contractors thus get away from their responsibility and cut costs by passing on these to the workers, who are paid Rs 173 per 1,000 beedis<sup>2</sup>.

Sometimes the contractor provides a work shed or *Karkhana*, which is a common space given by the contractor or the *village panchayat* (local administration) to work. These work sheds are often dimly lit rooms but women and children prefer them because here women are not disturbed by domestic work and can make a large number of beedis. They also do not get bored with their work because they can sing, chat and share village gossip while making beedis. These sheds are at a walking distance but have no facilities of toilet, rest, lunchtime, and medical or paid holidays. Sometimes drinking water is provided in the form of a pot. These work sheds are organized very informally and women and children come here and leave as per their convenience.

Each contractor has hundreds of home workers employed by him and thousands of beedis pour in every day. Since physical counting of these would be a very laborious task, the employer stacks them in trays, which are designed to hold usually thousands of beedis. The beedis are then sent to factories or firms where they are cured in an Owen for twenty-four hours at a controlled temperature. It is here that men and older boys are employed. On removal from the Owen the bundle of beedis are wrapped in thin tissue paper, labeled and dispatched to retail units. Women who are provided with large sheets of paper again often do labeling by cutting thin strips of these large sheets and pasting these to the beedi bundles.

Beedi making involves skills which need to be acquired gradually. Some girls in the household are introduced into beedi making when they are as young as four years old. Many others are introduced when they are between 5 to 10 years of age. It takes about three years to learn the full beedi-making process. These children start by assisting an elder by either cut-

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<sup>2</sup> United States, 1 \$ = 70.81 Indian Rupee. Hence the beedi workers are paid 2.44 US Dollars for making 1000 Beedis.

ting the leaf, folding the beedi head or tying the thread. Assistance in beedi making is only a transitional stage prior to making the complete beedi.

The low living standards and vulnerability of home based or factory worker in this industry is as a result of the way in which this industry is organized. The beedi worker gets a predetermined amount of beedi leaves for a given amount of tobacco. The worker has to produce a fixed amount of beedis for the given amount of tobacco. The contractors are flexible only in the amount of thread bundles supplied. The worker has to get the material, soak the leaves to make them malleable for folding, then dry them, cut them to size and make the beedi. The beedi maker is totally at the mercy of the contractor, who can weigh less (800 grams of *tendu* leaves and 350 grams of tobacco are required to roll 1000 beedis, provided the leaves are not defective). It is the contractor who decides if the beedi is of a poor quality or up to the mark. He picks up at random one or two beedis from the bundle and if he is not satisfied, the whole bundle can be rejected. The worker in this situation not only loses the wage for the work done, but also the raw material and has to replace it. Hence the beedi worker has to maintain very cordial relations with the contractor [Pande R. 2001: 8-16]. If the workers complain about the bad quality of leaves provided the contractor puts the blame on the factory owner and tells the worker to stop working and wait for good leaves. This is not possible and so the workers continue to work with low quality material and lose a lot of their wages due to rejection of beedis. In fact there is a thriving business of private vendors who sell *tendu* leaves, tobacco dust and the workers often buy from them, to make up for the loss and with the hope of getting continuous work from the contractor on a regular basis in future.

Rolling of the beedis depends on the speed and skill of the worker and the amount of help the women may get at home. Beedi making is regarded as "Women's Work", and boys will never be involved in it. Men and boys if employed are employed in factories and are involved in baking, packaging and transport. Women and girls are not in beedi making out of choice but are glad that it is available. Survival through this employment under compelling forces heightens the perception of exploitation [Prakasamma M. 1993: 8].

## PRE INDEPENDENCE PERIOD

An organization *Sree Narayan beedi Thozhilali Sangham* (SNBTS) was formed in the 1930's in response to the deterioration in the labour conditions at the onset of depression and to protect the interests of the beedi workers before independence [Isaac T. T. M. et. al. 1998: 29]. This organization made attempts to improve the lot of the beedi workers and fought for their rights. A Government of Madras Report points out in 1947: "The workers everywhere squat on the floor on tattered mats surrounded by trays containing tobacco and cut or uncut wrapper leaves, the latter soaked in water emits a peculiar odor while the tobacco exhales its characteristic smell. The mixture of these strong odorous pervades the whole workshop. Men, children, heaps of waste, remnants of wrapped leaves and tin trays stuffed with tobacco or newly made beedis, dirty and torn mats here and there presents a queer picture of jumble and disarray. On the whole working conditions are extremely unsatisfactory. Spending the better part of life in such miserable environments, workers in general and children in particular present a haggard appearance with yellowish eyes and haggard cheeks" [Government of India report 1947: ]. Today nearly more than seventy a after the report was published we found that things have really not changed except for the fact that this environment has come into the homes which is now the workplace of the women.

## POST-INDEPENDENCE LEGISLATIONS

The Government tried to regulate the working conditions in the beedi industry, through the *Beedi and cigar workers (conditions of employment) Act* [1966]. This act provided measures for safeguarding the health and welfare of the workers by regulating the working hours, provision of overtime, leaves for holidays, but in the absence of any monitoring the act has just been ignored. This act clearly states that no child who is under fourteen will be allowed to work in any premise where any manufacturing process connected with making of beedi or cigar takes place. The *Beedi workers cess Act* [1976] and the *Beedi workers welfare fund act* [1976], provide for housing loans, mobile medical units, granting of scholarship for children, but due to the contract system nothing much has been done. This system is open-ended and there are various layers of exploitation. In this

system the profit margin gets distributed amongst a number of intermediaries and therefore there is a denial of barest minimum and reasonable amenities and facilities.

Women in beedi making continue to perform their normal domestic functions such as cooking, washing, cleaning. While these tasks involve work, which would have to be paid for were a person hired to do so, the domestic functions are not normally counted as work in the economic sense when performed by the housewife or other female of the household. This non-valuation of domestic work also results in neglect of a systematic analysis of decision to allocate female labor between domestic work and economically remunerative work.

## MATERIALS AND METHODS OF OUR STUDY

A survey was conducted in four major areas, three rural districts of Armoor, Balakonda, and Nizamabad and the urban area of Hyderabad in the state of Telangana, India, to collect the basic data sets to analyze and evaluate issues of structural violence, women's work and health.

The specific objectives of the survey were 1) to examine the status of the women and child in the beedi industry, 2) to analyze socio economic background of the household, 3) to evaluate literary status of mother and girl child, 4) to evaluate the health status of the mother and the girl child, 5) suggest remedial measures and policy inputs, 6) to recommend social action plan.

To meet these objectives three questionnaires in the regional language (*Telugu and Urdu*) were developed. The first questionnaire was administered to seek information on the household, the second on the mother and the third on the child worker. The questionnaire on the household assessed family size, occupation of members, total earnings in the household and income from beedi making. The questions related to the mother dealt with domestic work, educational attainments, age of marriage, nutrition and health status, and child feeding practices and reproductive history. Several questions were formulated to assess the degrees of exploitation. The questions dealt with the reasons for taking up the work, conditions and nature of work, how time was spent in a day and the risks involved in the work. Health risks were determined through self-reports of perceived problems due to beedi making. The questions related to the child

Table 1: Sample Size

Town	Women	Children	Total women	Total children	Grand Total
1. Armoor					
Pipri	90	85	150	125	175
Armoor Town	60	40			
2. Balkonda					
Kisanagar	63	42	150	125	175
Balkonda town	87	83			
3. Nizamabad					
Gaggupalle	40	34	150	125	175
Nizamabad Town	110	91			
4. Hyderabad					
Amberpet	49		215		215
Ramanthpur	76				
Musheerabad	17				
Parsigutta	45				
Malkajgiri	10				
Uppal	18				
Total			665	375	1040

Source: own calculation.

also assessed the working conditions, reasons for taking up the work, literary status, recreation, domestic work, health status and ambitions. We had a total sample size of 665 women and 375 children working in the beedi industry (Table 2). A child labor was understood to be one between 5 to 15 years of age. The area chosen was based on high incidence of child labor or concentration of beedi making.

## METHODOLOGY

We first attained the list of all the households from the village *gram panchayats* and when this was not available rounds of the village were made or information collected from the public health center. Having selected the village we adopted the circular systematic random sampling

method to select a household. A household was defined as one in which all the people share one kitchen. To select the child worker we adopted the random sampling method. If in a village there were 500 households and we had to study 100, we chose  $500/100=5$ , i.e. the 5<sup>th</sup> or 6<sup>th</sup> household. If there were more than 4 to 5 child workers in a household, we saw to it that in one particular village we had a fairly representative sample of different age groups. We tentatively divided the age groups into pre-adolescent 5-12 years, adolescent 13 to 15 and married child workers. The data that was collected through the questionnaires were then tabulated and analysed. The interview schedule was prepared for collecting primary data because a sizable proportion of the respondents were illiterate and hence they were unable to use a questionnaire. Keeping this in mind an extensive interview schedule was prepared. The interview schedule contained the areas such as sociodemographic profile, terms and working conditions, health related issues, gender disparity, life styles and views on governmental policies etc. Before finalizing the interview schedule, it was tested for its validity and reliability through pre-test. We also held focus group discussions with the beedi workers about their working environment, health problems due to the constant rolling of beedis and inhaling tobacco dust in the process of beedi making and Governmental policies on beedi workers etc. The outcome of focus group discussion was recorded in the field diary. The researchers also used the technique of participatory observation. During field work the researcher sat down with the beedi workers for several hours during the course of the research, while they were working and observed various activities of the women workers during beedi manufacturing process. This was facilitated to gain more knowledge about beedi manufacturing and its related problems.

## RESULTS

In our data we had 97% of the families which were nuclear, 2% were joint and 1% were extended. Of these 90% households were headed by a male member and 10% were female headed households. Majority of the houses had 3 to 5 members. Of this household, 30.6% in Armoor, had four members, 32.1% in Balkonda had 3 members, 30.0% had three members in Nizamabad and 39.07% had four members in their family in Hyderabad. A large number of these households were nuclear families. The household sizes were as follows (Figure 2).



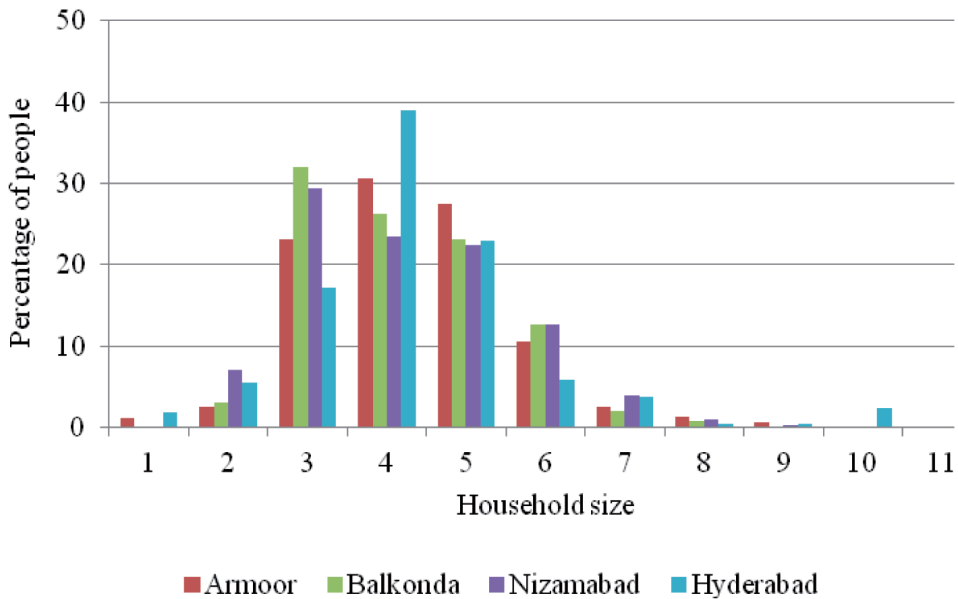


Figure 2: Population structure depending on the household sizes

Source: own calculations.

In our data, in the overall households in the three Districts and one Mandal, both Armour and Balkonda has 44 percent of male children in the age group of 6 to 15. Whereas in Nizamabad it is around 42 percent. There is a large population of female in Nizamabad district (27%) and the number falls in Balkonda (23%) and Armour (12.6%). It can be observed that Beedi making is primarily dominated by women because nearly 92% women were employed in it as compared to 8% men. The men even if involved in beedi manufacturing, worked only in the *Karkhanas* and were employed in labelling, baking, packaging, transporting etc., never in making the individual beedi. The same pattern was followed for boys and girls also. While 26% of boys were employed in beedi making the number was 74% in the case of girls.

Our study shows that majority of our respondents (45%) were involved in beedi making for more than twenty years and 42.4% were involved in it from 16 to 20 years and another 12.6% between 11 to 15 years. Beedi making was a very specialized kind of activity and was passed from one generation to another. There was hardly any scope for new comers in this field because being novices their beedis were often be rejected by the contractors for they were not up to the expected standards. This was a great

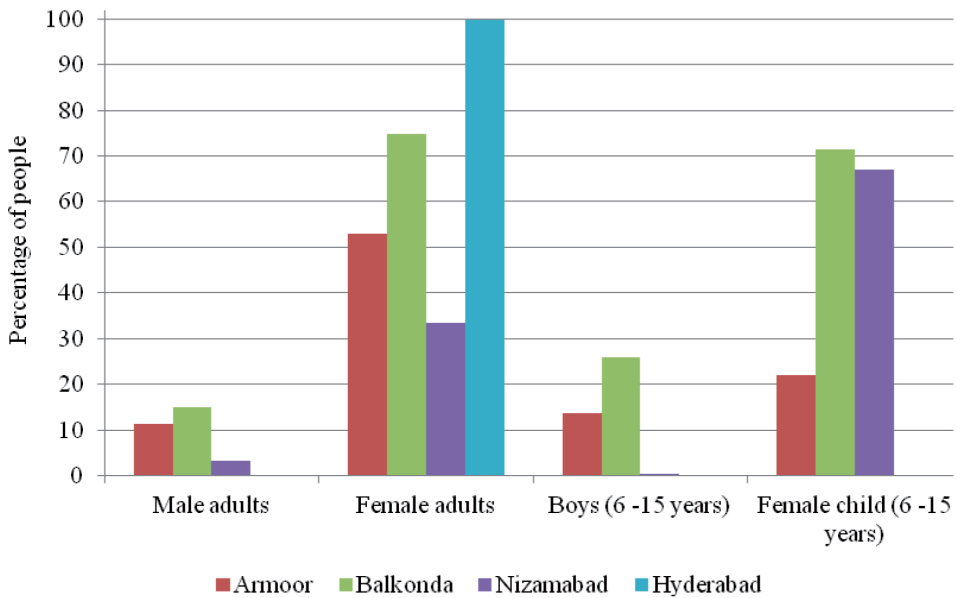


Figure 3: Number of people employed in beedi making

Source: own calculations.

loss to the beedi worker for they had to then purchase beedis or more leaves and tobacco powder at their own expense from some professionals or a different vendor/supplier at a higher price and then supply it to the contractor. Therefore new comers took to other jobs and if at all they ventured into beedi making it was primarily to assist others in performing of certain initial tasks like soaking the leaves and drying them in the sun, cutting the leaves, making bundles of the thread etc. We found that the contractors also relied more on old established families and did not want to give work to new comers in the field. In fact much to our surprise in some families involved in beedi making, daughter in laws who had come from outside the village did not make beedis even when the whole family was involved in beedi making.

Young girl children between the age of eight and eleven spent two to four hours in beedi making because they were also attending school but the girls who had reached puberty and were either dropout or not going to school, spend more time in beedi making. Majority of these children in the districts did this work in evenings and both in morning and evening before going to school and after coming back from school. We could not get any data for girls in the Hyderabad city for most of them were going

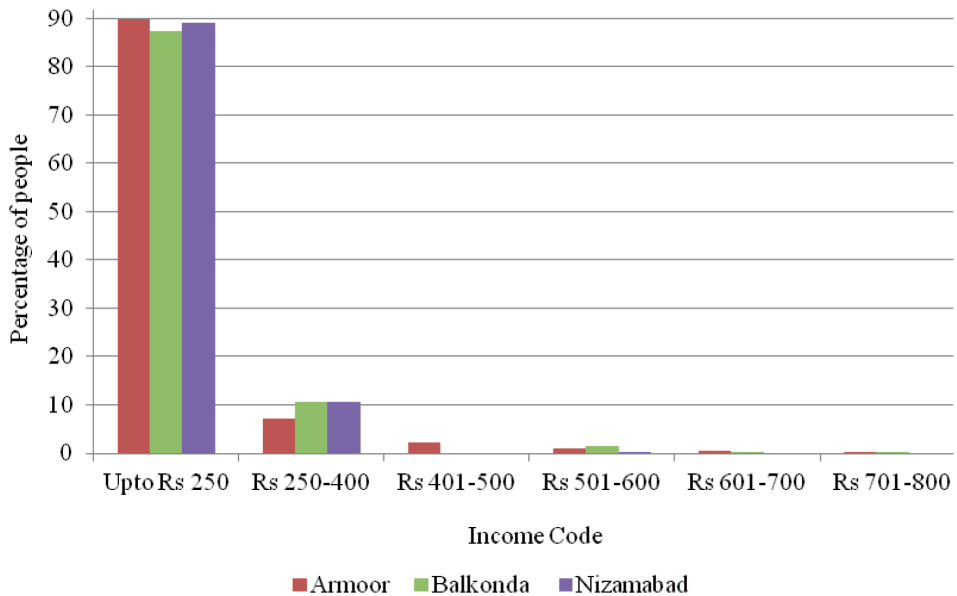


Figure 4: Contribution of the girl to the family income

Source: own calculations.

to school and helped their mothers on and off in making beedis. When a child worker was a beginner in beedi making and had been initiated into it only for a year or so they mostly rolled the beedis (39%) or cut the leaves (.7%) or tied the thread 12% but once they had been in beedi making for more than 2 years or so they performed more than one activity (54%) and often made the complete beedi. To save time most of the child workers and women would cut the leaves at one stretch and then carry on the other workers in beedi making. These girl children did contribute a lot in making of these beedis and helped in the earnings of the family.

Majority of the women in all the three districts and Hyderabad could make anywhere between 500 to 1000 beedis per day. If they got some assistance by their daughters, they could also make 1000 to 1500 beedis per day. It must be remembered that beedi making was not the only activity of the women. They also had to do the regular household chores, which included fetching the water from a distance, cooking, cleaning and shopping for provisions. After their daily household chores were done, they would sit and make the beedis.

We also calculated the monthly income of the family from beedi making. In order to derive at this income of the family, we deducted the ex-

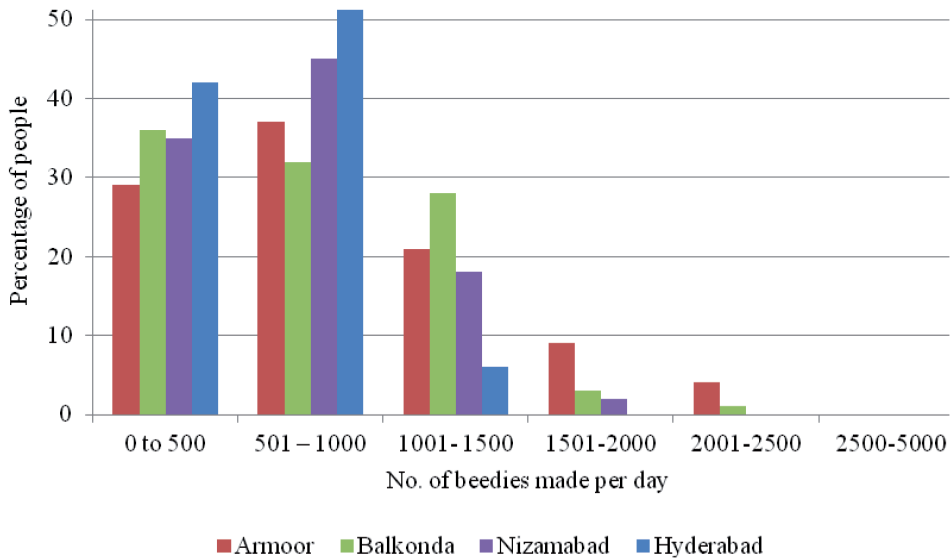


Figure 5: Number of beedis made per year

Source: own calculations.

penses incurred by the family on purchase of leaves and cost incurred on transportation. The beedi making women did not incur any expense on transport because most of the *karkhanas* or the contractor's houses were at walking distances. On interaction with the families of beedi makers we found families from nearby villages also walking for about 4-5 kms in order to collect tobacco, thread and leaves from the contractor. The little expenditure which they incurred was primarily for buying leaves from outside to make up for the poor-quality leaves supplied by the contractor. For a majority of the respondents, the income from beedi making, per month lies between Rs. 1000-2000 (6.97-27.87 US Dollars) or between 2001- 3000. Very rarely, was it between 4001- 5000, with 6.7% in Armour, 8.1 % in Balkonda, 7.5% in Nizamabad and 13.9% of the total beedi making women in our sample. Even fewer women earned between Rs. 5001- 6000( ), with only 2.9% in Armour, 0.6% in Balkonda, Nil in Nizamabad and 7.4% in Hyderabad from our sample.

Our study clearly showed us that, beedi making was a specialized job and newcomers hardly joined this work. Not being experts their beedis were often rejected by the contractor, causing a financial loss to them, for they had to make up for these rejected beedis by buying leaves and tobacco from outside, hence they preferred to assist in some aspect of beedi

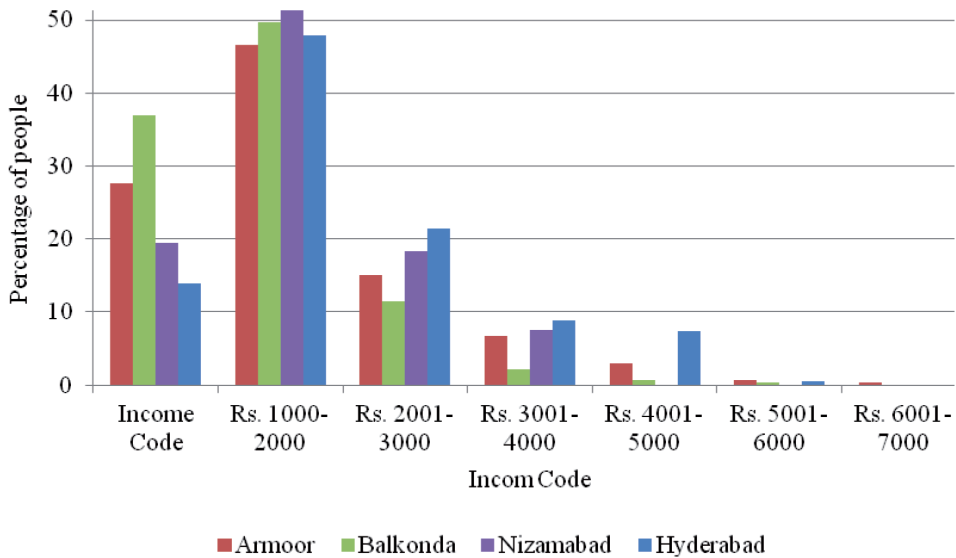


Figure 6: Monthly income of the families from Beedi making

Source: own calculations.

making rather than making it completely. It should also be remembered that beedi making was not available throughout the month. Often the contractor did not get raw material or the firm remained closed during festivals, sometimes there would be a strike or the beedi worker had to attend to a family function like marriage or death in the family and sometimes they were too sick to work. Hence, this work was not available all the times and on an average the women could work between 20 to 22 days.

Boys made beedis only if they were less than 10 years of age. Boys who were above this age did not make beedis, but worked in the factory or the firm and were involved in packaging, transportation etc. The boys looked down upon beedi making and even when they were unemployed and did not find work in the factory, they would just loaf around, or bring the material from the contractor and return the finished beedis (especially in Muslim households), but would never make beedis. Many elder boys told us that this was a, "women's work", and others would laugh if they made beedis. Many girl children dropped out of school because they had to supplement the family income or take care of the domestic tasks while the mother made beedis. A large number of children attended school due to the Mid day meal scheme, of the Government, whereby school children are provided a free meal during the lunch hour. In our study 84.6%

of the women and 78.2% children suffered from various diseases because of their association with beedi making. Only 18.9% of our respondents admitted to having TB but the attender at the local health center had a different tale to tell. 78.2% of the women and 87.8% of the children suffer from frequent cough and cold. The other problems from which they suffered were headache and giddiness (59% mothers and 50% children), backaches (69% mothers and 30% children), burning and itching of the eyes (32% women and 28% children). The incidence of sickness is high among beedi worker households. An important aspect of home based beedi work is the fact that there is no separation of work space from other living spaces such as kitchens. This contributes to poor health among workers and their families. To some extent, the high incidence of sickness may be due to poverty and low health status independent of tobacco work, but it appears to be exacerbated by the continuous contact of beedi workers with tobacco [Sudarshan R., Kaur R. 1999: 676]. The continuous contact of beedi workers with tobacco and the inhalation of tobacco dust while working, may result in bronchitis, asthma, cancer, and dust related allergies such as conjunctivitis and occupational dermatitis. Conjunctivitis, leads to red and swollen eyes which are itching and burning. Symptoms of occupational dermatitis are redness, itching, scaling and blistering of the skin (skin rashes). If dermatitis is spotted early enough and adequate precautions are taken, most people will make a full recovery.

## RESULT OF RESEARCH AND CONCLUSIONS

Our study of the beedi workers clearly brought out some conclusions, namely 1. human rights being gender specific, 2. the poor socio-economic conditions, 3. occupational hazard, 4. health issues and structural violence. 5. Role of the Anti-Tobacco Lobby and Globalisation, 6. Intervention required.

### **1. Human rights being Gender specific**

Human rights are gender specific. Our constitution enshrines equality but in practice there was a lot of exploitation of the beedi making women. Our study clearly indicates that beedi-making women were young and illiterate from landless families. The husband's occupation was irregular

and earnings minimal and the burden of large families fell upon women. The girl child assisted the mother often dropping out of school. The women and child besides doing domestic work spent nine to ten hours in actual beedi making besides related activities like getting the raw material, cutting the leaves, soaking them and cleaning them and handing over the finished products to the contractor.

## **2. The poor socio-economic conditions**

Most of the women and girls in our study came from poor socio-economic backgrounds. This coupled with malnutrition, unsanitary and unhygienic environment contributes to the poor health status [Singh I. J., 1979: 193]. A large number of women are said to be malnourished and unable to afford a diet which meets their minimum energy needs for a healthy active life. Due to insufficient dietary intake and poor environment anemia is indicated in majority of the women [Gupta, S.D. et al. 1983: 28-31]. There was a vicious cycle for the girl child ate less than her brother and worked more. Her fragile nutritional status leads to anemia and other nutritional deficiencies and exposes her to infections and she was more ill than her brother, but rarely brought to the hospital for treatment. In poor families, children may become malnourished and drop out of school. [Elson D. 1989, 43-4]. Poverty only exacerbates these differences; the root cause is not so much the lack of food but the value attached to the girl child [Pande R. 2004: 149]. She then becomes an adolescent bride and mother of usually a number of low birth weight babies. Nutrition and health are inextricably linked to the quality of life and economic productivity. For these women every day was a race against time to make the required beedis and get more raw materials from the contractor.

## **3. Occupational hazards**

Occupational health hazard have never been the focus in either legislation or implementation and are generally ignored in India [Durvasula R. 1992: 103]. Making beedis is an occupational hazard. Women suffer from ill health not because they are smoking these beedis but because they are making them. Due to the inhaling of tobacco dust, to which the worker is

continuously exposed, there was a lot of burning of the eyes, conjunctivitis, rhinitis, mucous dryness and bronchitis. The nature of the work in beedi making is so monotonous that after a few years the work becomes mechanical. There is no room for creativity or innovation. The nature of work is such that a worker cannot take her eyes off it even for a moment if she is to make the required number of beedis for a day. This takes the toll of these women's eyesight, especially as they grow older. We got to know of a number of stories of friends and neighbors, who suffered from various symptoms of ill health. A number of workers showed us their nails and hands, which were yellow in color, as a proof of skin rashes.

#### 4. Health Issues

A large number of activities of beedi making are performed in a sitting posture i.e. Sitting on the floor with crossed legs, with right or left leg bent at knee or with legs extended. Prolonged sitting with forward trunk bent leads to sustained static construction of the back muscle. Hence a number of workers suffered from backaches. Prolonged involvement in beedi making, confinement in the dark, small and closed space of the hut or the workshop also causes problems. Activities involving repetitive movement have known to deter the effectiveness and sustained participation of women in health care activities [Leslie J. 1989: 59]. The enclosed atmosphere and the overcrowding in *karkhanas* or huts along with the odour of the wet leaf and tobacco adds to the already poor ventilation and make the environment in which the beedi maker works very unhealthy.

It is a known fact that continuous contact with tobacco leads to higher absorption of nicotine and this in the long run damages the respiratory, circulatory and reproductive system. Women in beedi making had several reproductive problems like abortions, still births and reproductive tract infections. Many of the women told us that they had less labor pains and prolonged labor when compared to women who worked as agricultural laborers. Many women felt that since they were seated most of the time with legs bent or folded, there was no circulation of blood in their thighs or legs. Hence they felt that they had more complications during delivery when compared to women who worked in the fields. Both the mother and the child worker did not hold beedi making as being responsible for asthma, bronchitis, and T.B. or cancer. They regarded beedi making as being



largely responsible for minor ailments (as they call them) like headache, giddiness, body ache, pains in the joints, burning and etching in the eyes and peeling away of the skin and development of skin rashes. These respondents were clear that while cancer, asthma and T.B. were serious because one was laid in bed and could not do any work, the ailments from which they suffered were minor because it only caused irritation and discomfort but never came in the way of beedi making since they were not laid in bed for a long time.

The beedi makers avoided going to the doctor as long as it was possible but when they felt too ill and were not able to make beedis they had no choice but to go to a doctor. This happened a little too frequently. Most of them relied on government dispensary (98%) and .8% on private hospitals and 1.1% on private doctors. Many of the beedi makers went to the government dispensary since they had no choice. The facilities at the government hospital were not good and most of the time the medicines were not available. Given the choice they would prefer a private doctor, who even supplied the medicines in few cases but it was expensive and they could not afford it. Majority of the people 51% availed of the facilities located within the village for treatment and only 39% had to walk out of the village about 5 to 8 km in order to get treatment for the patient. We did not find any mobile dispensaries in these villages. Distance obviously is a very important factor for accessing the medical facilities. Hard pressed for time the beedi workers can ill afford the time and money to go to a far distance in order to avail the facilities of medical services.

## **5. Structural Violence**

In the case of the beedi workers, the structural violence is rooted in class, caste and sexist nature of society whereby women are undervalued and discriminated against at every turn. All this creates a very low image for the women and they internalize many of these values and notions and pass it on to their girls and the vicious cycle continues. Many of these women and girls have a very low self-esteem and told us that since they were poor and illiterate they could do nothing else but make beedis. The nature of work, the social environment, over work, stresses and strains all affect women's health adversely. Human rights cannot be viewed independent of the socio-economic systems in operation. Since most of the

girls help the mothers in making beedi, they readily become the exploited group and their work is not even recognised as work. Besides overwork and surviving on a bare minimum most of these women and children suffer from various health problems. In the case of the beedi workers their human rights cannot be isolated from class, caste and gender.

## 6. Anti-Tobacco Lobby and Globalisation

The anti-tobacco Lobby and the onset of globalisation has further curtailed the avenues of work for these women. The spectacular rise and spread of tobacco consumption around the world is a challenge and an opportunity for the World Health Organization (WHO). The challenge comes in seeking global solutions for a problem that cuts across national boundaries, cultures, societies and socio-economic strata. The WHO's message is that, every tobacco related death is preventable. On 24 May 1999, the World Health Assembly (WHA), the governing body of the WHO, paved the way for multilateral negotiations to begin on a set of rules and regulations that will govern the global rise and spread of tobacco and tobacco products. The 191 Member States unanimously backed a resolution calling for work to begin on the Framework Convention on Tobacco Control (FCTC) - a new legal instrument that could address issues as diverse as tobacco advertising and promotion, agricultural diversification, smuggling, taxes and subsidies.

The All India Bidi Industry Federation (30 August 2000) quoted a passage from the then Prime Minister Vajpayee's speech which was given on the occasion of the New Delhi Conference on Global Tobacco Control Law: Towards a WHO Framework Convention on Tobacco Control: *"The Honorable Prime Minister Mr Atal Bihari Vajpayee said at WHO's Conference in Delhi on 7<sup>th</sup> January 2000, "-it would be unrealistic to view tobacco purely as a health problem and ignore the economic and social fall-outs of tobacco control ... we have to bear in mind the employment and livelihood of the large numbers engaged in tobacco cultivation and production. If we do not conceive of tobacco control as a comprehensive package, our attempts at intervention may become self-defeating .. For a tobacco control law to be successfully implemented, it must be accompanied by alternative modes of income for those dependent on tobacco and the community at large has to be fully informed and involved."* [All India bidi industry... 2000: 3].

Some groups, such as the Federation of Farmers Associations Andhra Pradesh (26 August 2001), described the fears of tobacco farmers about the certainty of their future livelihood: *"Tobacco cultivation, processing and marketing involves over 30 million people in India. Among them 90% are farmers, agricultural labourers, beedi rolling workers and tendu leaves pickers living in rural India with whom our organisation is directly working. This is not a simple health issue. It is a lifeline for millions of people over 4 generations. ... In a developing nation like India, ... growing, processing and marketing cannot be overnight shifted to other sectors. We want the government to implement WHO Framework Convention on Tobacco Control which says under Article 5 that first an alternative crop has to be worked upon and the farmer should be encouraged for alternate farming. The government should not straightaway go for stringent regulation (to curb tobacco consumption) [The Economic Times 2014: 1].*

In November 2016, an image of a hapless farmer with folded hands appeared on the backs of autorickshaws in Delhi. On closer look, one learnt that it was a tobacco farmer requesting help to save his livelihood. The ad campaign was put out by a farmers' organisation ahead of the World Health Organisation's annual convention, held in Noida that year, which frames laws for countries to reduce tobacco consumption [Singh J., Maganti R. 2018]. With an increasing awareness on environmental issues there is also attention paid to tobacco cultivation. Tobacco contributes to deforestation in three ways: forests cleared for cultivation of tobacco, fuelwood stripped from forests for curing and forest resources used for packaging of tobacco, tobacco leaves, cigarettes [Reddy S., Gupta P. C. 2004: 139-47]. Globalisation has hit the last nail and there are many voices against beedi and tobacco in general. Many factories have now closed shop and are moving into other sectors in search of livelihood. The marked shift in tobacco-related disease and death, from traditional to emerging markets in low and middle-income countries (LMICs), began to garner major attention within the public health community during the 1980s [Stebbins, 1987: 521]. With an increase in activism and a public outcry against tobacco, there is a decrease in work for these women for they are making fewer beedis and the workshops are closed most of the time due to the lack of availability of raw materials. It is not easy to develop any meaningful alternative employment, in particularly for the home-based workers. Actually, one of the characteristics of the beedi industry seems to be that the industry operates where there are no alternatives available.

## 7. Intervention

Most of the Dalit (lower caste) women and girls are not in beedi making out of choice but are glad that it is available. The manufacturers have not shown any interest in either punitive or curative actions. Women and girls are aware of the health hazards but suffer silently for want of time and resources. We strongly feel that unless regular medical surveys are conducted, diseases like bronchitis, asthma and TB cannot be detected in time and treatment provided. Though there is a provision for a mobile medical unit facility, this is not to be seen at all. The factory owners and contractors need to take responsibility. Alternative methods of handling tobacco need to be designed so that women and children do not handle the tobacco with bare hands. There should be a compulsory use of goggles and nose masks while making beedis. When we mooted this idea most of the women and girls laughed and found this very alien and uncomfortable. However, this needs to be strictly enforced by creating awareness about the serious health hazards of beedi making and there have to be designed more friendly masks easy to handle and one with which the beedi worker is comfortable. No single action can be effective in this complex situation. Education and awareness will trigger of demands for better conditions of work and higher wages and more welfare measures. There is a need to protect the livelihood of this vulnerable group and yet deal with the hazards of this work. The beedi worker works in a hazardous industry, in an environment of exploitation due to the organization of the industry and the gender relations.

## REFERENCES

### Literature

- Alexander J. M., Mohanty J., Talpade Ch. (1997), *Feminist genealogies, colonial legacies, democratic futures*, Routledge, New York.
- Bhalla S. (1989), *Technological change and women workers: Evidence from the expansionary phase in Haryana agriculture*, Economic and Political Weekly, October 28, 67-78.
- Bromley R. (1982), *Working in the streets: Survival strategy, Necessity or unavoidable Evil?* [in:] Gilbert A., Hardoy J., Ramirez R. (eds.), *Urbanisation in Contemporary Latin America*, John Wiley, New York, 59-77.
- Buvinic M., Lycette M. A., Mc Greevey W. P. (1983), *Women and poverty in the third world*, John Hopkins Press, London.
- Castells M. (1996), *The rise of the network society*, Blackwell, New York.
- Datar Ch. (1989), *Waging change*, Women Tobacco Nipani Organize, Kali for women, New Delhi.

- Durvasula R. (1992), *Occupational Health Information's systems in India*, [in:] Michael R., Okubo T. (eds.), *Protecting workers health in the third world, National and International Strategies*, Auburn House, New York, 103-34.
- Diane E. (1989), *Gender and the global economic crisis in developing countries: a framework for analysis*, [in:] Pearson R., Sweetman C. (eds.), *Gender and the Economic Crisis*, Practical Action Publishing in association with Oxfam GB, Warwickshire, 37-49.
- Ghosh J. (2002), *Globalization, Export-Oriented Employment for Women and Social Policy: A Case Study of India*, *Social Scientist*, 30, 11/12 (Nov. - Dec.), 17-60.
- Gupta S. D., Gupta R., Zafar A., Mangal D. K., Sharma R. (1983), *Control of anemia among pregnant women by iron supplementations*, *Indian Journal of Public Health*, 27, 28-31.
- Isaac Thomas, T. M., Richard W. Franke, Pyaralal, Raghavan (1998): *Democracy at work in an Indian Cooperative: The story of Kerala Dinesh Beedi*. Cornell University Press, Ithaca, U.S.A.
- Jayadevan C. M. (1996), *Casualisation of Work-force in India: An Analysis of Spatial Variations*, *Indian Journal of Labour Economics*, 39, 4, 763-84.
- Kalpagam U. (1994), *Labour and Gender, Survival in Urban India*, Sage Publications, New Delhi.
- Leslie J. (1989), *Women's work and child nutrition in the third world*, [in:] Leslie J., Paolisso M. (eds.), *Women work and child welfare in the third world*, Westview press, Boulder, Colorado, 19-58.
- Maiti D., Sen K. (2010), *The Informal Sector in India: A Means of Exploitation or Accumulation?* *Journal of South Asian Development*, 5/1, 1-13.
- Pande R. (1999), *Structural Violence and women's Health - work in the beedi industry in India*. Violence and health, Proceedings of W.H.O. Global Symposium, Japan, 192-205.
- Pande R. (2001), *Health issues of Women and Children - a study of the Beedi industry*, *Women's Link*, VII, 2, 8-16.
- Pande R. (2003), *Girl Child rights and Labour exploitation in the Beedi industry*. *Indian Journal of Human Rights*, 7, 1-2, 52-73.
- Pande R. (2004), *The girl child in India*. *Review of Women's Studies*, XIV, 2, 149-173.
- Prakasamma M. (1993), *Women's employment as empowerment and exploitation: The case of beedi making women*, Mimeographed paper, Research Paper No. 80, Takemi Program, Harvard school of public health, Boston.
- Robinson W. I., Harris J. (2000), *Towards a Global Ruling Class? Globalization and the Transnational Capitalist Class*, *Science & Society*, 64, 1, 11-54.
- Sen A. K. (1999), *Marlboro, Camels, Rothman make ay for Bidis*, *Deccan Chronicle*, September 20, 1.
- Shukla T. (1989), *Rural Non agricultural employment*, *Economic and Political Weekly*, 24/35-36, 1993-5.
- Singh A. M., Kelles-Viitanen A. (eds.) (1987), *Invisible hands, women in home based production*. Sage Publications, New Delhi.
- Singh I. J. (1979), *A study of morbidity pattern in rural community*, *Health and Population Perspectives and Issues*, 2, 193-206.
- Singh J., Maganti R. (2018), *Injurious to farmers*, *The Hindu Business Line*, February 2, <https://www.thehindubusinessline.com/blink/know/injurious-to-farmers/article22631199.ece>, accessed on September 30, 2019.
- Stebbins K. (1987), *Tobacco or health in the third world: A political economy perspective with emphasis on Mexico*. *International Journal of Health Services*, 17(3), 521-536.
- Sudarshan R., Kaur R. (1999), *The Tobacco Industry and Women's Employment: Old Concerns and New Imperatives*. *The Indian Journal of Labour Economics*, 42, 4: 675-85.

Tinker I., Bramsen M. Bo, Buvinić M. (eds.) (1976), *Women and world Development*, Overseas Development Council, Praeger, Washington.

*The Economic Times* (2014), Pradesh A., Karnataka tobacco farmers seek non-discrimination, hold 'Growers' Day' in Delhi, //economictimes.indiatimes.com/articleshow/45352488.cms?from=mdr&utm\_source=contentofinterest&utm\_medium=text&utm\_campaign=cppst , accessed,30<sup>th</sup> November, 2019.

### Reports

*All India bidi industry federation* (2000), [https://www.who.int/tobacco/framework/public\\_hearings/F2000196.pdf](https://www.who.int/tobacco/framework/public_hearings/F2000196.pdf), accessed 30<sup>th</sup> November, 2019.

*Annual Report* (1972), International Crop Research Institute for Semi Arid Tropics, Patancheru, Hyderabad, India.

*Employment, Income and Equality: A strategy for increasing productive employment in Kenya* (1972), ILO, International Labour Office, Geneva.

*Government of India report* (1947), [in:] Isaac T. Richard T. M., Franke W. D., Raghavan P. (1998), *Democracy at work in an Indian Cooperative: The story of Kerala Dinesh Beedi*, Cornell University Press, Ithaca, U.S.A, XX-XX.

*Report on the conditions of work and promotion of livelihood in the Unorganised sectors* (2014), National Commission for enterprises in the Unorganised sectors, New Delhi, [https://dcmsme.gov.in/Condition\\_of\\_workers\\_sep\\_2007.pdf](https://dcmsme.gov.in/Condition_of_workers_sep_2007.pdf), accessed November 26, 2019.

*Shram shakti* (1988), Report of the National Commission on Self-Employed Women and women in the Informal sector, New Delhi. <http://krishikosh.egranth.ac.in/displaybitstream?handle=1/2041426>, accessed 29<sup>th</sup> November, 2019.

Srinath Reddy and Prakash C.Gupta (ed.) (2004), *Report on Tobacco Control in India*, Ministry of Health & Family Welfare, Ministry of Health & Family Welfare, Government of India, New Delhi.

*Towards a WHO Framework Convention on Tobacco Control. Report of an International Conference* (2000), W. H.O, World Health Organization, Global Tobacco Control Law:, 7-9 January 2000, New Delhi, India.

*Towards Equality* (1974), Report on the Committee on the Status of women, Ministry of Education and Social Welfare, New Delhi, Government of India. <https://pldindia.org/wp-content/uploads/2013/04/Towards-Equality-1974-Part-1.pdf>, accessed 29<sup>th</sup> November, 2019.

*Useful Plants of India* (1986), CSIR Council of Scientific and Industrial Research, Publication and Information Directorate, New Delhi.

*Why gender and income inequality are linked* (2015), World Economic Forum, <https://www.weforum.org/agenda/2015/10/why-gender-and-income-inequality-are-linked/>, accessed on 1<sup>st</sup> October, 2019.

United Nations & International Tobacco Growers' Association (ITGA) *Tobacco Institute of India*, <https://www.tiionline.org/facts-sheets/tobacco-production/>, accessed on 30<sup>th</sup> September, 2019.

### Normative acts

*Beedi and cigar workers (conditions of employment) Act* (1966) <http://labour.bih.nic.in/acts/beedi-and-cigar-workers-act-1966.pdf>, accessed, 29<sup>th</sup> November, 2019.

*Beedi workers cess Act* (1976),. <http://legislative.gov.in/sites/default/files/A1976-56.pdf>, Accessed, 29<sup>th</sup> November, 2019.

*Beedi workers welfare fund act* (1976) <http://vikaspedia.in/social-welfare/unorganised-sector-1/thebeediworkerswelfarefundact1976>, accessed 29<sup>th</sup> November, 2019.

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