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DIAGNOSTIC MODEL - EMPLOYEES CONSCIOUSNESS TOWARDS OCCUPATIONAL SYNDROME & PREVENTING STRATEGIES IN GARMENT INDUSTRY, TIRUPUR

M. MUTHUMANI
ASST. PROFESSOR
DEPARTMENT OF MANAGEMENT
KALAINAR KARUNANIDHI INSTITUTE OF TECHNOLOGY
COIMBATORE

Dr. K. GUNASUNDARI
ASST. PROFESSOR
DEPARTMENT OF MANAGEMENT STUDIES
PSG COLLEGE OF ARTS & SCIENCE
COIMBATORE

ABSTRACT

The study focuses on garment industry because it is one of the main sources of employment in India. Therefore, health care workforce need to be aware of the risks associated with the occupation in order to manage the diseases associated with it accurately. Awareness of occupational diseases is very important for each and every employee in garment industry. It helps to protect the worker against any health hazard arising out of work in which it is carried on and promote the employees in such a way that their career goals are achieved. Work plays a vital role in people's lives, since most workers spend at least eight hours a day in the workplace. Therefore, work environments should be safe and healthy. Every day workers all over the world are faced with a lot of health hazards. Unfortunately, some employers presume little responsibility for the protection of workers' health and safety. In fact, some employers do not know that moral and often legal responsibility to protect workers. As a result of the hazards and a need of awareness given to health and safety, industrial accidents and diseases are universal in all parts of the world. Workers and employers are to be informed about health and safety risks in the workplace and an active and effective health and safety committee that include both workers and management. This article can be prevalent to create consciousness among workers about occupational diseases and protect them from occupational diseases.

KEYWORDS

consciousness, hazards, workforce, occupational diseases.

INTRODUCTION

India being an embryonic nation is faced with conventional public health problems like communicable diseases, malnutrition, poor environmental sanitation and inadequate medical care. However, globalization and rapid industrial expansion in the last few years has resulted in surfacing of occupational health related issues. The foremost occupational diseases of concern in India are silicosis, musculo-skeletal injuries, coal workers' pneumoconiosis, chronic obstructive lung diseases, asbestosis, byssinosis, pesticide poisoning and noise induced hearing loss. Workforce around the world—despite of huge differences in their physical, social, economic and political environments—face virtually the same kinds of workplace hazards. These hazards are chemical, biological, physical, and psychosocial. More than 80 percent of the world's workforce in the developing world is proportionately shares in the global burden of occupational disease and injury.

OCCUPATIONAL DISEASE

According to Arthur L. Frank, "occupational disease" refers to those illnesses caused by exposures at the workplace. They should be separated, conceptually, from injuries that may also occur at workplaces due to a variety of hazards.

WORKPLACE HEALTH HAZARDS THAT CAN CAUSE AN OCCUPATIONAL DISEASES

- Dust, Gases or Fumes
- Noise
- Poisonous substances
- Vibration
- Radiation
- Viruse infection
- Temperatures (Extreme hot or cold)
- Air pressure (Extremely high or low)

WORKPLACE HEALTH HAZARDS CAN CAUSE THREE KINDS OF REACTIONS IN THE BODY

Immediate or Acute reactions, like smallness of inhalation or nausea, can be caused by a one-time incident, (e.g., a chemical spill). These reactions are not usually permanent.

Gradual reactions, like asthma or dermatitis (skin rashes), can get bad and persist when workers are exposed over days, weeks or months. These reactions tend to last for a longer time.

Delayed reactions, like lung cancer or loss of hearing, can be caused by long-term exposure to a substance or work activity. These reactions can be noticed long after the job is over.

OCCUPATIONAL EXPOSURES

- a. **Asbestosis**: Exposure to asbestos causes asbestosis, lung cancer and mesothelioma of pleura & peritoneum. Asbestos occurs mostly in asbestos cement factories, asbestos textile industry and asbestos mining and milling.
- b. **Byssinosis**: Byssinosis is a work-related lung disease caused by exposure to cotton, flax and hemp dust. Maximum numbers of workers with byssinosis are reported in the cotton textile and garment industry as it is one of the largest industries in the world.

- c. **Asthma:** An estimated 11 million workers in a wide scope of industries and occupations are exposed to at least one of the numerous agents known to be connected with occupational asthma. New arrival of occupational asthma has been reported to be the most common disorder among occupationally induced lung diseases in industrial countries.
 - a. Asthma and chronic obstructive pulmonary diseases are diseases of the lungs. More than 20 million workers are potentially exposed to these agents capable of causing occupational diseases including nearly 9 million workers occupationally exposed to known sensitizers and irritants associated with asthma.
- d. **Lung diseases:** It include asbestosis among asbestors miners and those engaged with friable asbestos insulation as well as black lung among coal mine workers and byssinosis among workers in parts of the cotton textile & garment industry.
- e. **Skin Diseases:** In the workplace the skin is a most key route of exposure to chemicals and other contaminants. According to the Bureau of Labour statistics occupational skin diseases are the second most common type of occupational diseases.
- f. **Hearing Loss :** Noise is not a new hazard.It has been a stable threat since the industrial revolution. Too much noise exposure may possibly cause a temporary change in hearing. These short term problems usually go away within a few minutes or hours after leaving the noise. however, frequent exposure to loud noise can lead to permanent hearing loss.
 - Abridged quality of life because of unrelenting tinnitus ringing in the ears
 - Impaired communication with family members, public and co workers
 - Decreased in productivity and increased accidents resultant from impaired communication and isolation
 - Diminished ability to observe the work environment

OCCUPATIONAL DISEASES IN OTHER INDUSTRIES

TABLE 1

Industry	Occupational diseases
Mining & coal industry	<ul style="list-style-type: none"> ➤ Cancer ➤ Lung diseases ➤ Hearing loss ➤ Respiratory diseases
Cement industry	<ul style="list-style-type: none"> ➤ Asthma ➤ Cancer ➤ Brown lung disease
Welding/metal industry	<ul style="list-style-type: none"> ➤ Respiratory diseases ➤ Asthma ➤ Hypertense ➤ Pulmonary ➤ Hypersensitivity pneumonits
Telecommunication industry	<ul style="list-style-type: none"> ➤ Physical discomfort ➤ Psychological job stress ➤ Upper limb work related musculoskeletal disorder
Garment Industry	<ul style="list-style-type: none"> ➤ Asthma and cancer in lungs ➤ Allergic contact ➤ Respiratory ➤ Skin Diseases ➤ Anaemia ➤ Headache and watery eye problems ➤ Arthritis ➤ Stress

Source: Secondary Data

TABLE 2: GARMENT INDUSTRY

Diseases	Sources	Place
Asthma and cancer in lungs	Cotton dust	Cutting,Stitching&checking section
Allergic contact	Chemical reactions	Dyeing unit
Respiratory	Cotton dust	Cutting,Stitching section
Skin Diseases	Chemical reactions	Dyeing unit
Anaemia	Not taking proper food	All sections of garment*
Headache and watery eye problems	Inadequate ventilation(Extremely high or low air pressure)	All sections of garment*
Arthritis	Standing for a long time	All sections of garment*
Stress	Over workload	All sections of garment*

Source: Primary - *cutting, stitching, checking, ironing and packing

REVIEW OF LITERATURE

Blanc et al (1999), found that, recruited a random sample of family practice physicians who referred a selection of their asthmatic patients. Twenty-five patients (17%) reported “recrudescence of previously quiescent childhood on set asthma during employment.”

Busse, W.W; Gern, J.E; and Dick (1997), stated that Environmental factors are associated with upper respiratory infections, which contribute to illness and disability in children and adults.

Chest, Paul Leigh (1997), professor of health economics in the Department of Epidemiology and Preventive Medicine, School of Medicine, UC Davis, and a team of physicians and epidemiologists reported that the nation spent \$6.6 billion on obstructive lung diseases, including asthma, in 1996.

Division of Health Promotion and Disease Prevention, Institute of Medicine More occupational safety and health professionals (industrial hygienists, nurses, physicians, ergonomists) are needed. Most important, as far as education goes, workers of all types need education and training as well. Workers should know about potential hazards in their workplace and how to avoid injury and disease. These educational programs should be carried with culturally sensitive and linguistically specific methods.

Friedman-Jime’nez et al (2000), found that as “symptomatic asthma significantly worsened by workplace environmental exposures.”

Stacciarini and Troccoli (2004), reveals that stress is inversely related with health global constructive thinking and job satisfaction.

Koren, H.S, Environmental and occupational factors contribute to illness and disability from asthma. Decreases in lung function and a worsening of asthma have been associated with exposure to allergens, indoor pollutants (for example, tobacco smoke), and ambient air pollutants (for example, ozone, sulfur dioxide, nitrogen dioxide, acid aerosols, and particulate matter).

Infante P (1995), found that risk is not being taken seriously and those cancer cases are not, on the whole, being prevented. Work-related cancer is far more common in blue-collar workers – there is an undeniable correlation between employment in lower status jobs and an increased risk.

Tiwari RR, Pathak MC, Zodpey SP (2003), reported that large number of the workers who complained of their occupation being the cause of their health problems, a majority reported these to be musculoskeletal problems with backache being predominant among these.

MANAGEMENT AND COPING STRATEGIES

ASTHMA AND CANCER IN LUNGS

The employer must provide respirators at without cost to the employees and ensure that they are used in fulfilment with the standard. Powered air-purifying respirators must be given to employees who request them and where this respirator will provide adequate protection. Employers must monitor that the respirators are properly fitted and used. The workers are unconscious that asthma may be worsened by the work environment. The management should concentrate on employees who are all working in cutting and stitching section as the place are filled with lot of cotton dust and dust condition result to vulnerable respiratory hazards to the workers. The management has to create awareness program to the workers in garment and also concentrate to provide various safety measures like mask, proper ventilation, job rotation and source modification.

STRESS

The employees to overcome from stress related occupational diseases, the individuals are need to adopt coping strategies immediately like muscle relaxation, slow and deep breathing, meditation practice for 20 minutes twice a day, time management which reduce employees with overwork, skipped schedules and tension. The organization should also adopt certain strategies to reduce harmful effect of stress such as improvements in the physical environment, job redesign to eliminate stressors, change in work load, change in work schedules and counselling to employees.

HEAD ACHE AND WATERY EYE PROBLEMS

The extend of head ache and watery eye problem can be overcome by adequate ventilation for free circulation of air, where in case of essential artificial humidification can also adopted to minimize the hazards. Relaxation time, job rotation will keep the workers to minimize he problems. The management should organize free eye camps by reputed eye care centres' and provide them with spectacles for affected employees.

ARTHRITIS

Majority of garment work is done through standing for a long time in a same place. The awareness should create with employees that prolonged standing consequence with arthritis. The adequate safety measures to be adopted by the management to decrease the effect of arthritis by providing sufficient rest time in between working hours, shifting employee from one nature of job to another, providing carpet at the place of standing so that extend of effect will be minimized. The employees can also do some physical exercise to overcome with arthritis related occupational diseases.

ANAEMIA

It is caused due to imbalance diet, overtime work and work load. The employees are not awake in taking proper food in time which in turn leads to anaemia. To prevent such occupational diseases, the joined steps to be taken by both individuals and managements. Every individual should have their own responsibilities to avoid coffee, tea and imbalance diet. Whereas management should provide proper and clean and hygienic food in canteen, proper time schedule etc. would reduce the extend of hazards.

SKIN DISEASES

To prevent skin diseases, the controls should be directed towards avoiding direct contact of dusts with the skin, collectively with avoiding build-up of materials on surfaces which may come into contact with the skin. Maintaining a high paradigm of hygiene in the work environment, incorporating practices of good housekeeping, a high standard of personal hygiene. Employees should have ready access to dirt-free work clothes, protective clothing, adequate washing and laundry facilities and some of the more hazardous situations, showers and change rooms. The company should make necessary facility to make ready access to first aid and medical treatment.

CONCLUSION

The employees working in garment industry faces various occupational diseases. Management should assist to create an awareness of employees about effect of occupational diseases and steps to make avail of necessary safety measures to the workers which in turn helps to prevent the work-related diseases.

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