

# **Study on the Health Status of Adolescent Girls working in Textile and Spinning Mills**

## **1.1 Sumangali Scheme – Modern Form of Bonded Labour**

Sumangali Scheme or Thirumagal Thirumana Thittam, an euphemism for Camp Coolie System, introduced 15 years ago by textile mills and garment industries in Western Tamil Nadu, is nothing but a modern form of bonded labour system. Under the scheme, unmarried girls between 12-21 are being recruited from rural area in large numbers through agents to work in the industries.

After entering into a contract for three or four years, these girls have to stay in the camps (hostels) and work as demanded by the mills. In turn they are promised a lump sum at the end of the contract period. Conservative estimates suggest that 1,20,000 adolescent girls from rural Tamil Nadu are being engaged under this type of nefarious scheme in nearly 1685 spinning mills in various parts of western Tamil Nadu.

With an attractive offer by the mills that specifically target rural illiterate or semi-literate poor adolescent girls, the mill owners exploit sweated labour of tens of thousands of these migrant workers, largely drawn from dry and drought prone area. Forced Labour, compulsory overtime, late night shifts, excessive working hours without rest and leisure, paltry sum for overtime, no weekly holidays, sexual harassment at work place, restriction of free movement and child labour are the characteristics of the system. With no safety tools provided to the workers in the mills, most of them suffer from physical ailments and fatigue. These casual labourers cannot demand statutory benefits like the regular employees in the companies (PF, Bonus, maternity benefits, minimum wage, weekly off...).

The hostels, where these young girls stay, are poorly equipped and the maintenance of the hostels has not been up to the standards. Overcrowding, lack of sanitation facilities and poor meals provided to the inmates make worse the situation and the living conditions of the women workers during their stay. Verbal abuse is found among several cases and physical abuse too is not unknown. Lack of sleep, mental and physical fatigue, health problems related to tiredness,

low calorie food and malnutrition, problems related to menstruation cycle and chronic headache are the health disorders found among these young women.

## **1.2 Researches and Studies conducted**

Quite a few articles and analyses have come out on Sumangali issue in Indian print media, focusing on the violations that occur in the spinning mills and garment units for the past few years. Number of studies have been conducted by various agencies on the labour rights violations in Tamil Nadu Garment Industry under Sumangali Scheme and this nefarious scheme got international attention, when Centre for Research on Multinational Corporations (SOMO) and the India Committee Netherlands (ICN) released its first report in May 2011 (Captured by Cotton), its second report on the issue in April 2012 (Maid in India), followed by its latest report in October 2014 (Flawed Fabrics). These reports highlighted the exploitative conditions in spinning mills and garment units and how poor adolescent girls are being exploited and abused under the inhuman practice called Sumangali Scheme.

Apart from the reports by SOMO / ICN, other international agencies such as Anti – Slavery International, European Coalition for Corporate Justice, Fair Labour Association and Solidaridad, Fair Wear Foundation, Dalit Freedom Network, The Freedom Fund, De Volkstant, and Ethical Trading Initiative, also brought out reports on the labour rights violations in the mills during the last four years. Vaan Muhil had earlier carried out a study on the impact of Sumangali Scheme on the adolescent girls from rural areas of southern Tamil Nadu in 2011. These reports have focused on the labour and human rights violations in the mills.

## **2. Present Study**

There has been a mention in these researches and global studies on health and safety aspects in the mills but they have not sufficiently dealt with the health problems and psychological issues faced by the girls working in the mills and have not adequately discussed the contributing factors to the issues related to health problems of these girls. There is a dire need to focus on the physical health and mental health issues they face in the mills and after their comeback home from the mills, as there are far reaching implications on the life and future of these young women working in the mills. And therefore the present study has been undertaken to highlight the health status of adolescent girls working in Textile and Spinning mills.

## 2.1 Specific Objectives of the Study

- ▶ To highlight major health problems faced by adolescent girls working in Textile and spinning mills
- ▶ To identify the specific conditions, practices and treatment that have led to the present status of health of the girls
- ▶ To suggest ways and means to improve their health status and to work out strategies to address crucial issues in sumangali issue.

## 2.2 Study area

34 Grama Panchayats in four Panchayat Unions in Tirunelveli district, namely Manur, Alangulam, Kalakkad and Cheranmahadevi, have been selected for the present study. 9 Grama Panchayats in Manur Union, 7 each in Alangulam and Cheranmahadevi Unions and 11 Panchayats in Kalakkad Union were identified, as these grama Panchayats have more girls working in the mills.

## 2.3 Sampling Size

A total of 193 girls have been selected for the study, based on the following criteria: concentration of adolescent girls (working in the mills) or returnees of Sumangali Scheme in the area, diversity of health problems, relative accessibility of the villages/Grama Panchayats, familiarity or existing contacts with the villages or area, reasonable geographical representation in four Unions and diversity of cases from different caste groups/ communities

### *List of Grama Panchayats identified and the number of girls interviewed*

- ▶ **Manur:** Suthamalli (7), Therku Sankan Theradu (2), Mela Kallur (7), Kodaka Nallur (9), Madhava Kurchi (5), Thirupani Karisal Kulam (9), Narasinga Nallur (3), Yettan Kulam (7), Pazhavur (1)
- ▶ **Alangulam:** Oothumalai (5), Achankuttam (4), Kidarakulam (10), Nettur (6), Solaichery (11), Veeranam (7), Alangulam (7)
- ▶ **Cheranmahadevi:** Pudhukudi (6), Karukurchi (4), Kooniyur (4), Melachevel (2), Thiruviruthapuli (13), Pottal (8), Therku Veeravanallur (10)
- ▶ **Kalakkad:** Keezhaduvaraikulam (6), Meenavankulam (5), Kallikulam (3), Keezhadevanallur (5), Perumalkulam (4), Kalladi Chidambarapuram (2), Singikulam (5), Keezhasadayankulam(5) (Number of girls interviewed is given with in brackets)

It is a qualitative study using focus group discussions, case study method and indepth interviews. Besides, interview schedules have been used to capture quantitative data and information from the girls working in the mills.

## **2.5 Methodology and duration of the study**

The study was conducted between October 2014 to February 2015

- Interview schedules were administered and responses were collected from 193 girls working in the mills
- Special interviews with 44 current workers working in Textile and spinning mills in Coimbatore – Tirupur area
- Detailed case studies were carried out for 54 girls selected for the study
- Four Focus Group Discussions were organized, one each in the four Panchayat Unions
- Interviews were conducted with 8 HMs / School Teachers, 8 Village Health Nurses, 8 Panchayat Raj members, 9 Parents, 8 Anganwadi Workers and 8 SHG members in the study area.

## **3. Major Findings of the study**

The following are some of the key findings of the present study on the health status of girls working in Textile and Spinning Mills

### **3.1 Age of the girls at the time of joining the mills**

- Nearly 75% of the girls working under the scheme have joined the mills for the first time at the age group between 13 to 16. Out of the **total respondents, 24% have started working at the age of 13 or 14 and at least 5% of the girls have joined the mills below 13. Working in the mills at the tender age affects their health very badly.**
- Instances of locking these minor girls below 15 **in bathrooms** or separate dark rooms are common in the mills, when inspections take place. In some mills these girls would be sent home during visits by the officials.

### 3.2 Educational level of the girls

- The educational level of majority of the girls interviewed **has been very minimum**. Almost 90% of them have just passed either 8th or studied upto 10th Std. Out of the total number of respondents, a negligible 5.69% of the girls have completed +2 and less than 1% of them Diploma courses or degree.

### 3.3 Family size and alcoholic father / male members

- **The family size of the respondents, particularly more girls at home, indicates the reason why the parents want to send their daughters to the mills at an early age. The size of the family in 93% of the samples which have more than 4 members, mostly with a drunken father, complicates the family situation further.**
- Of the total respondents, 49 girls (one fourth) have no father, and out of the remaining 144 families, at least one of the male members in 98 families (68%) has regular drinking habit or an addict to alcoholism, which forces the female members (particularly these young ones) to shoulder more family responsibilities and economic burden for the entire families and in return this situation affects the future of these girls, apart from exerting pressure on their physical and mental health.

### 3.4 Duration of their work in the mills

- 64% of girls interviewed have worked under the scheme for more than three and a half years **At least 20% of the respondents have been in the mills for more than five years and 18 girls reported that they have worked more than seven years in the mills, which is a long duration and that has telling effect on their health.**

### 3.5 Menstruation problems

- Health issues among the adolescent girls working in the mills under Sumangali Scheme are of high concern. **84% of the respondents have said that they had developed some our health problem or other, after working in the mills and they strongly feel that they did not have any of these problems before going to work in the mill.**
- Out of the total respondents, **more than three – fourth girls (78.24%) have complained that they have menstruation problems, after going to work in the mills. While nearly**

**half of the girls reported to have suffered irregular monthly cycle, 41% of them have complained of overbleeding. A whopping 71% of the girls are suffering from white discharge, which affects their health very much.** Many have also complained of low HB count and weight loss.

### **3.6 Arthritis Pain**

- **Nearly 90% of them have developed Arthritis pain and that could be due to long working hours in the mills. More than half of the adolescent girls (55.96%) suffer from chronic headache and nearly 73% of them suffer from insomnia,** this might be due to continuous night shifts.

### **3.7 Indigestion and loss of appetite**

- **More than 80% of them suffer from indigestion and loss of appetite.** Lack of proper rest, coupled with poor intake of food, affects the health of the adolescent girls working in the mills. Many have developed ulcer problem, as they go empty stomach after night shifts. Before going for night shifts, many girls try to avoid full meals, in order to resist the temptation of sleep during night shifts.

### **3.8 Bronchitis problems**

- **55% of the working girls have bronchitis problems, due to continuous exposure to cotton and lack of healthy environment in the mills and these girls suffer from continuous cough, wheezing and suffocation.**
- Long working hours in the mills, heavy work load, lack of sleep, due to continuous shifts, lack of proper food intake, continuous exposure to cotton, stressful atmosphere in the mill and lack of healthy environment are some of causative factors that largely contribute to the health problems of the adolescent girls working in the mills.

### **3.9 Treatment**

- Only one third (64) replied that they have gone to hospital for some treatment. Out of these 64 girls, 34 have gone to Govt hospitals for treatment, while 30 to the private hospitals.
- Most of the mills have only nurses in their premises, not recognized medical practitioner as per the norms, but the doctor visits the mills once or twice a week. In case of emergencies,

the girls are taken to one of the nearby hospitals for treatment. Most of the girls are being forced to work, in spite of their illness, at best they are given some tablets for pain. For ordinary illnesses or ailments, the girls are not immediately taken to the hospitals by the mills.

### **3.10 Regular medical checkups in the mills**

- When asked the respondents about the **mills conducting medical checkups at the time of joining the mills, 126 girls (84.5%) replied in the negative** and only a small percentage (12.95%) answered ‘yes’ for the question on regular medical checkups being organized by the mills during the contract period (once a year), so also **vaccination and supply of deworming tablets to these adolescent girls** working in the mills. This has really affected their health of the working girls.

### **3.11 Toilets, bathrooms and disposal of sanitary napkins**

- Toilets and bathing facilities in the hostels are a major problem for many girls staying there. Insufficient number of bathrooms and unhygienic conditions of toilets were matters of concern for the inmates. Asked about whether sufficient toilet facilities were available for the workers, at least one third answered in the negative, so also proper arrangements for disposal of sanitary napkins used by the girls.
- Many girls confirm that they have to wait for quite some time in a long queue to go for toilet every morning. Taking into account the age group of those adolescent girls and just after attending puberty, toilet facilities, adequate water supply and proper arrangements for napkin disposal are very important for their personal hygiene and health, especially at the time of menstruation period but that had been neglected by the management.

### **3.12 Meals provided in the mills**

- More than one fourth have replied that the quality of the meals provided there is both substandard and insufficient in quantity. 16 of them reported that many a times, when they come back from night shifts to canteen, no food left for them and as a result, they would go to bed with empty stomach.

### 3.13 Forced overtime and health problems

- Of the total respondents, 88 girls (45.59%) had been forced to work overtime for four to six hours, which means 12-14 hours of work at a stretch (almost two shifts continuously), while one-fourth of the total respondents had to work for four hours extra every day. 43 girls have responded that there was no time limit for overtime and they had to work, as required by the mills to meet their delivery demands. Only one-fifth of them have responded that they had not been forced to work overtime. Working overtime has affected their health to a large extent.
- **When the girls are unable to do any physical work, not even able to stand during menstruation period, the supervisors used to force them or scold them to do overtime.**

### 3.14 Verbal abuse and Sexual Harassment

- **Verbal abuse and sexual harassment by supervisors is quite common. The girls, being very vulnerable and docile, are not able to react to their supervisors, their immediate boss, as the former have to complete their contract period to get the promised amount, and this is confirmed by 44% respondents.**
- **Using filthy language, with offensive remarks and derogatory references, mostly referring to female private parts and speak to them in double meaning with sexist overtones, really humiliates the girls working in the mills and this kind of verbal abuse affected their psyche very much, so say 31% of the respondents.**
- Sexual harassment such as physical touch with sexist remarks or sexual intention, touching breasts, fondling, hitting at the back, touching cheeks and sudden hugging or embracing (unexpectedly), kissing, teasing them, pulling their dresses, forcing the girls to come alone to rooms and kissing them, have been quite common in the mills.
- 18% of the girls responded that the male supervisors used to do some favours of being very lenient to those girls who adjust or yield to the supervisors in this regard, while they are very harsh to other girls, who refuse to yield to their sexual demands. At times they extract or demand more work from these girls.



### **3.15 Psychological problems**

- **88.6% of the respondents strongly felt that they have some sort of psychological problems, after started working in the mills. With regard to normal relation or interaction with their friends and relatives, 48% of the respondents say that they are not able of relate with others normally as before and the stress level is very high.**
- When asked about the emotional disturbances they faced, nearly half of the girls working in the mills are emotionally highly disturbed and not able to lead a normal life. Only 5 girls say that they are quite normal after working in the mills.
- **35.23% of the girls interviewed say that they are feeling lonely always, while another 40% feel occasionally lonely and many of these girls very often speak to themselves. The incidents in the mills and work stress have affected them badly.**

### **Recommendations**

#### **1.On implementation of Labour Laws**

- The Labour Department should take stringent action against the mills that violate the provisions of the labour laws.
- The Labour Department should insist on the mills to give adequate compensation to all Sumangali survivors, who have not received the contract amount (promised contract amount should be paid back to them with bank interest).
- Surprise visits and periodic checkups in the mills should be carried out at regular intervals by the Labour Department (Basic facilities in the mills, working environment and employing child labour need to be checked regularly)

#### **2.On alternate employment opportunities**

- The Govt need to explore alternate employment opportunities for poor parents in rural areas, as lack of livelihood options at local level push many to join the mills.
- The Social Welfare Department should provide other livelihood support to rural youth with available local resources within the district. The District Administration has to organize more vocational trainings to rural youth and arrange credit linkages through Banks so that many rural youth could be self employed.

### **3.The Role of Local Bodies**

- The Panchayats need to keep an watchful eye on unsafe migration of poor adolescent girls from their areas and each Panchayat should have a data base on the young women migrant workers and to monitor the activities of the broker network in their limit.
- The Panchayat Raj Institutions have to take extra efforts to effectively implement development projects under different Govt schemes in the rural areas so that the rural poor get maximum benefit out of the schemes.

### **4.Health and School Education Department**

- The School Education Department should focus more on girl child education, dropouts, and improving infrastructural facilities in Govt. schools.
- The Health Department should regularly organize monthly checkups, medical camps and Reproductive Health Care programs for adolescent girls in rural pockets regularly.

### **5.Collective efforts**

- Collective efforts need to be taken to address the issue, involving Trade Unions, academic institutions, Civil Society Groups, Childline, CWCs, JJ Boards and Social Welfare and Education Departments.
- More legal education programs need to be organized in villages by District Legal Services Authority for parents and potential migrant women workers.
- The District administration should take efforts to create awareness among the rural parents on the negative impact of Sumangali Scheme, and civil society groups need to be involved in the awareness building exercises.
- The State Govt should take genuine efforts to close down TASMALC shops gradually, as alcoholism has been one of the major reasons for many social evils, particularly one of the key push factors that have been instrumental to unsafe migration of adolescent girls.

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