

HEALTH INVESTMENT AND PRODUCTIVITY: AN EXPERIMENTAL RESEARCH ON BEEDI WORKER'S OF AJMER CITY

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Abstract:

It is said that "health is wealth". The Beedi industry provides employment opportunities on the one hand and on the other hand it is a tobacco related product adversely affects health. Investment in health increases due to tobacco related diseases. Due to the sickness of the Beedi worker's, they have an impact on income and production, as well their ability to save. In this study, we conducted an experimental research of 29 Beedi worker of Ajmer city on which 110 member of the family are dependent. For this purpose we collected the data of income received after sick of Beedi worker and collected income data after getting healthier. After that, we find out the impact of health on productivity through statistical method.

Keyword: Beedi, ajmer, health, tobacco, income, productivity.

1. INTRODUCTION:

It is believed that 40 lakh people in whole India are involved in the Beedi industry. Beedi industry is playing vital role in Indian economic because this industry is mainly depend on working women at home. Beedi worker are mostly illiterate although they are contributing in economic development.

In this research paper we will learn about the impact of the health of Beedi workers on their productivity and income. Ajmer is one of the major city of Rajasthan, India. Ajmer is heart of rajsthan. Ajmer city is surrounded by the aravali hills. According to the 2011 census, Ajmer has a population around 552,360 in its urban agglomeration. In this research paper we studied 29 households of Beedi worker of Ajmer city. Approximately 15000 people are involving in this Beedi industry. Beedi worker of Ajmer city are earning very little income from Beedi industry. Approximately individual is earn around 3000 to 4000 per month. It is not enough for their living. The living standard of Beedi worker does not meet HDI standard. The Beedi making is done by a particular cast. Beedi worker give their 9 to 11 hour daily to make Beedi. Beedi is a tobacco made product and these worker know about the tobacco borne diseases but they do not take any kind precaution even after that. It has an impact on their income and productivity. Concentration, working condition, mortality, birthrate, working timing, sanitation facilities is all components of health, they are affected by health. If health is good then the working condition, birthrate, timing on work place will all increase. Thereby increasing production and income of individual's. To maintain their health, a large part of the income they spend on health issues. Because of this they cannot even save. It's proved that the contribution of tobacco to premature death and disease is well documented. However, little attention has been paid to the link between tobacco and poverty. Tobacco tends to be consumed by those who are poorer. In turn, it contributes to poverty through loss of income, loss of productivity, disease and death. Together, tobacco and poverty form a vicious circle from which it is often difficult to escape.¹

Mainly house wife are participating in this business, and they are earning bread and butter for their family. And they are earning little amount from this business. They are spending so much money in proportionally on education, health, sanitation etc for it the households are not able to save their money. Because Beedi is a tobacco related product, this has adverse health effects.

Through this research paper, it has been tried to know how the effect of Beedi workers is on the production of health. It has been studied in accordance with the income received in the case of sick worker and the income received by the healthy person has been studied. For this we have collect primary data from "Beedi" worker of Ajmer district.

¹ World Health Organization. (2004). Tobacco and poverty: a vicious circle.

This research paper is based on experimental research. To complete the research work, we took 29 sick Beedi workers and collect their income data and then treated them. When they became healthy and started working, the data of their income were collected.

Some question were asked Beedi worker through questionnaire. In this questionnaire various type of question were asked from Beedi worker such as their monthly income ,their health ,the expenditure on their own health ,sanitation facilities, information about the government scheme being run for them ect. At the same time , Beedi worker`s were also asked the questions about what they have information about tobacco related diseases and how much they spend on it to stay healthy. Which has an impact on their productivity. Beedi workers are not health conscious, hence their expenditure on health are high. According to questionnaire , Beedi worker`s are investing 12% to 16% of income in the heath issue`s. The main purpose of the research was to find what is the effect of poor health of Beedi worker on their income. For this purpose we collect general income data of Beedi worker when their health was in good condition and when their health was not in good condition. Due to poor health their productivity as affected and as much as they were previously earning vary significantly. As well as their appropriation to health increases.

2. Objectives :

The Primary Objective of the research is to analyze and measure the effect of health on the productivity of Beedi worker of Ajmer district in Rajsthan.

The Secondary Objectives of the study are as follows:

1. To prove that good health is a symbol of higher production. Other things remain constant.
2. To establish relationship between expenditure on health and Social overhead capital.

3. Hypotheses

Following hypotheses have been formulated in accordance with objectives of the study:

Null Hypothesis

H₀: health is not related to productivity.

Alternate Hypotheses

H₀₁: Good health condition has no significant relationship with income .**H_{a1}:** Good health condition has significant relationship with income

H₀₂: health expenditure is not related to savings of individuals.

H_{a2}: health expenditure is related to savings of individuals.

4. Research methodology:

Sources of Data and Information

Primary data sources will be used to generate evidence to supplement the research design. This is a experimental research. The tools and techniques used for data collection and analysing of the same are described as: Data will be collected by the researcher himself with the structured questionnaire and interview schedule developed for the study. The questionnaire is constructed for the 29 Beedi worker from the Ajmer district of Rajasthan. The targeted respondents are mostly illiterate. They don't have any knowledge about govt. Policies made for them as well as minimum wage rate. Each completed interview schedule will be examined immediately after the closure of an interview for its completion in all respects.

Research Instruments

1. Experimental technique.
2. Questionnaire for Individuals

5. Review of literature

This book presents analysis of endemic deprivation in India and the role of public action in addressing the problem. The analysis is based on a broad view of economic development, focusing on human well-being and 'social opportunity' rather than the standard indicators of economic growth. India's success in reducing deprivation since Independence has been limited. Recent diagnoses of this failure of policy have concentrated on the counterproductive role of government regulation, and on the need for economic incentives to accelerate the economy. Professors Dreze and Sen argue that an assessment of India's failure

to eliminate basic deprivations has to go beyond this limited focus, and to take note of the role played in that failure by inadequate public involvement in the provision of basic education, health care, social security, and related fields. Even the fostering of fast and participatory economic growth requires some basic social change, which is not addressed by liberalization and economic incentives. The authors also discuss the historical antecedents of these political and social neglects, including the distortion of policy priorities arising from inequalities of political power. Following on from this, the book considers the scope for public action to address these earlier biases and achieve a transformation of policy priorities. ... A fine account of India's achievements and failures ... Written throughout in a fine style ... It will be a starting-point of subsequent discussions on social life in India.²

The connections between economic growth (EG) and human development (HD) form two chains. Cross country regressions show a significant relationship in both directions, with public expenditures on health and education, notably female, especially important in the chain from EG to HD; and the investment rate and income distribution significant in the HD to EG chain. This gives rise to virtuous or vicious cycles, with good or bad performance on HD and EG reinforcing each other. Evidence over time has strong sequencing implications: countries initially favouring economic growth lapse into the vicious category, while those with good HD and poor EG sometimes move into the virtuous category. Where choice is necessary human development should be given sequencing priority.³

This paper argues that state intervention and class mobilization in the state of Kerala, India, have produced two forms of social capital. Kerala's high level of social development and successful; redistributive reforms are a direct result of mutually reinforcing interactions between a programmatic labour movement and a democratic state. This synergy between state and labour has also created the institutional forms and political processes required for negotiating the class compromises through which redistribution and growth can be reconciled. These dynamics are explored through a close examination of both the organized factory sector and the unorganized (informal) sector.⁴

This article examines the evolution of class politics and developmental strategies in the state of Kerala in South India. Following Independence, lower-class mobilisation produced an agrarian transition and resulted in the consolidation of a redis-tributive-welfarist state. Since the early 1980s, however, the economic contradictions of labour militancy and redistribution in a sub-national economy have resulted in the decline of the politics of class struggle in favour of the politics of class compromise. Labour militancy and opposition to capital have given way to corporatist arrangements that emphasise accumulations strategies of development. This transition has been made possible by the mediating capacity of an interventionist state and the politically hegemonic position of the working class.⁵ The purpose of this article is to assess the impact of policy interventions through watershed development (WD) on the livelihoods of the rural communities. This is done by assessing the programme in the context of a sustainable rural livelihoods framework, that is, looking at its impact on the five types of capital assets and strategies required for the means of living. The article also examines the vulnerability and stability of these capital assets, as well as analysing which people participate in the programme and enhance their livelihoods through sharing its benefits. In the light of the analysis, it is argued that watershed development holds the potential for enhanced livelihood security even in geo-climatic conditions where the watershed cannot bring direct irrigation benefits on a large scale. In such fragile environments, however, watershed development is a necessary but not a sufficient condition for sustaining rural livelihoods. While the focus of watershed development is primarily on strengthening the ecological base such as water bodies (including traditional tanks), grazing lands and wastelands, it should be complemented with other programmes which focus on landless poor households in order to make it pro-poor. In the context of low rainfall regions where improvement in irrigation facilities is slow, agriculture alone cannot support the communities. Policies and programmes should aim at creating an

Prior to conducting the analysis the assumption of normally distributed difference scores examined. The correlation between two condition was estimated at $r = -.04$, $p < .0001478$, suggesting that the paired t-test appropriate in this case.

² Dreze, J., & Sen, A. (1999). India: Economic development and social opportunity. *OUP Catalogue*.

³ Ranis, G., Stewart, F., & Ramirez, A. (2000). Economic growth and human development. *World development*, 28(2), 197-219.

⁴ Heller, P. (1996). Social capital as a product of class mobilization and state intervention: Industrial workers in Kerala, India. *World Development*, 24(6), 1055-1071.

⁵ Heller, P. (1995). From class struggle to class compromise: redistribution and growth in a South Indian state. *The Journal of Development Studies*, 31(5), 645-672.

Thus the good health condition mean (3037.93) was significantly higher than the poor health condition (2433.448). The hypothesis of equal resilience mean was rejected. From the observation the t statistics, $t = -4.0386$ and $p = .00014$ ie. A very small probability of this result occurring chance, under the null hypothesis has no difference. The null hypothesis (H_0) rejected since $p < 0.05$ (in fact $p = .00014$). Alternative hypothesis (H_a) is accepted. There is significant relationship between health and productivity.

7. Conclusion

There is strong evidence ($t = -4.386$, $p = .00014$) that the good health condition improves productivity and income. According to over experiment research on 29 family of Beedi worker of Ajmer city there are few differences between incomes of respondents due to poor health. Their income level mean according to the research study, difference in the parallel mean of their income were found. When the health of Beedi worker was good then their arithmetic mean of income was rs.3037.93, when their health was poor their arithmetic mean of income was rs. 2433.004. Difference of parallel 604.48 found. The null hypothesis (H_0) rejected since $p < 0.05$ (in fact $p = .00014$). Alternative hypothesis (H_a) is accepted. There is significant relationship between health and productivity. The conclusion is that good health enhances productivity and poor health reduces productivity.

Through data interpretation and the questionnaire, it is clear that appropriation in health increases the concentration of Beedi worker's, the will power to act, the time given in the work and the speed of doing the work etc. Studies prove that the investment in health of the Beedi worker's increase productivity and income.

8. Figures and Table

The table of income data received from individuals:

	Income before disease	Income after disease	Difference
1	3000	2400	600
2	3000	2800	200
3	3000	2500	500
4	3000	2600	400
5	3000	2000	1000
6	3000	2750	250
7	3000	2500	500
8	3000	2800	200
9	3000	2450	550
10	3000	2280	720
11	3000	2760	240
12	3000	2600	400
13	3000	2500	500
14	5000	2460	2540
15	3000	2590	410
16	3000	2780	220
17	3000	2300	700
18	3000	2500	500
19	3000	2600	400
20	4000	2700	1300
21	3000	2700	300
22	3000	2500	500
23	3200	2200	1000
24	3300	2150	1150
25		2500	-2200

	300		
26	3000	1800	1200
27	3300	1650	1650
28	3000	2000	1000
29	3000	2200	800

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