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**FEMINISATION OF WORK AND HEALTH  
CARE: OCCUPATIONAL HEALTH NEEDS AND  
ACCESS TO THE ESI CORPORATION FOR  
KARNATAKA GARMENT WORKERS**

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# **Feminisation of Work and Health Care: Occupational Health Needs and Access to the ESI Corporation for Karnataka Garment Workers**

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## **Abstract**

*The garment industry in Karnataka is among the largest employers in the formal sector, and has among the largest sectoral memberships of the Employees State Insurance (ESI) Corporation. Many garment workers look to the ESI to avail of outpatient medical benefits, associated benefits of paid leave, and free hospitalised care for major interventions, for themselves and their dependant family members. The medical coverage under the scheme is of significant importance to low wage workers, who could otherwise face severe financial burden. However, the ESI Corporation is also overstretched, catering to a large number of workers and their dependents across Karnataka. The ESI Scheme covered more than 34.96 lakh workers from 96192 factories in Karnataka during the year 2018, catering to the health care needs of an estimated 1.39 crore beneficiaries. This worked out to one dispensary doctor per 76370 beneficiaries for treatment of common ailments; and one hospital bed per 11300 beneficiaries for major health interventions. Further, the ESI coverage was poorer for workers outside Bengaluru city, where the need of workers was greater, given the lack of alternative health resources in the private sector and the grossly insufficient medical care infrastructure in the public sector. This study, covering a sample of 326 garment workers, examines the health issues faced by garment workers; attempts to relate the health issues to occupational and living conditions; and seeks to understand from the perspective of workers how the ESI scheme is addressing the needs of workers.*

## **Background**

*Shakuntala is a widow, with around 40 years experience of working in the garment industry. She has worked 35 years in her present factory. She is designated a tailor, with gross salary of Rs.14000 per month. With 35 years experience, her wage is only 68 percent higher than the current Minimum Wage, which a worker joining as a fresh recruit to the garment industry would get. In effect, the compounded wage increase for Shakuntala for 40 years work experience works out to only around 1.3 percent per annum. Her daily routine included walking to work and back, walking 30 minutes each way. She did not have to do overtime work on most days, and had not worked overtime on any Sunday in the past three months. However, even without overtime work, the work schedule can only be called punishing for a woman close to*

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*sixty years of age. Shakuntala suffered from chronic back pain, and had a skin allergy; both of these ailments she attributed to her work in the garment sector. At her age Shakuntala does not face much workplace harassment, but said that she had in the past faced the routine of high targets and supervisor harassment. The case of Shakuntala, a respondent in the survey of garment workers described later (all names of respondents in the study are assumed names, in order to protect their identities), is not very unique. Women spend many years as garment workers, before being forced to retire because of chronic ill health and age.*

The ready-made garment sector is the largest employer of women workers in the formal sector in the city of Bengaluru and surrounding regions in Karnataka. An estimated 5 lakh workers are employed in garment factories in Karnataka. While the employment is formal, wages are low, determined by the Statutory Minimum Wage. The current Statutory Minimum Wage is only around Rs.8300 per month, which is 20 percent lower than the urban Poverty Line, as determined by the Rangarajan Committee set up by the Planning Commission of India (Planning Commission 2014).

Why do women in large numbers continue to seek employment in the garment sector, despite hard working conditions, high incidence of harassment in the workplace, and low wages? Poverty, lack of social security protection, limited work options and the need to support a family forces many women to seek this work option, where the barriers to entry are very low. Further, while wages are low, the work is in the formal sector, giving workers some social security benefits. Two important social security entitlements are the Provident Fund (PF) and the Employees State Insurance (ESI).

The spontaneous Provident Fund (PF) strike by garment workers in April 2016, triggered by the announcement of arbitrary changes to the PF regime, which brought an estimated 2 lakh plus workers out into the streets, was a clear indication of the importance of PF savings for the workers. The struggle forced the Government at the Centre to take back its proposed amendments to the PF Act which would have limited worker access to their savings. Similarly, health coverage for the worker and her family is an important entitlement recognised by most garment workers.

Health care expenditure has been identified in many studies as the single most important factor driving poor workers to extreme debt (Balarajan et al 2011). At a time when the Indian state actively debates structural changes to its public health programme, with schemes for universal health insurance coverage under public-private partnership as in its flagship Ayushman Bharat scheme, an analysis of the public sector ESI Scheme is extremely important from the perspective of existing beneficiaries. This analysis is also important in the garment industry in Karnataka, for a sector employing primarily women workers, who have to balance between work in the factory and in the domestic sphere. This issue is also relevant in the context of Government proposals for the ESI Scheme being opened to new sectors

of employment, and to more workers in each sector. Will the present ESI facilities be adequate to address the requirements of increasing numbers of potential members? Further, the garment industry has been moving out of Bengaluru, to new industrial areas where access to alternative sources of health coverage from either the private or public sectors is considerably less available. The importance of adequate ESI Scheme availability would be greater in these new industrial expansions to less urbanised areas.

## **Methodology**

This study was undertaken jointly by the Garment and Textile Workers Union (GATWU) and the Centre for Labour Studies (CLS) at the National Law School of India University (CLS-NLSIU). GATWU has, as part of its organising strategy for more than a decade, been engaging with the issue of health impacts of work, and medical care available to garment workers. The need has been long felt by the union for a comprehensive study of the access of workers to the ESI system, and workers' perspectives of the areas where the Scheme needed to be strengthened, both to address her specific requirements, and the health needs of her family.

As part of the comprehensive study, a survey of garment workers was undertaken in Bengaluru, and in the growing garment centres around the city. The survey covered 326 respondents, most of whom were women garment workers staying with their families. It was completed during the months of January to February, 2019. The sampling method was a stratified random sample, covering workers from different garment centres in Bengaluru (Mysore Road, Peenya and Bommasandra); and from outside Bengaluru city, in Ramanagara, Maddur, Mysore, Srirangapatna and Shimoga. Of the total respondents, 266 (82 percent) were presently living and working in Bengaluru, while 60 (18 percent) worked outside the city. The survey focussed primarily on married women with children, as the purpose was to focus on those workers who would have the most health care needs.

**Table 1: Stratification by Demography**

<b>Age</b>	<b>No. of respondents</b>	<b>Marital status</b>	<b>No. of respondents</b>
18-25	17	Single	16
26-35	148	Married	277
36-40	67	Divorced	9
> 40	94	Widowed	24

**Tables 1 and 2 briefly describe the sample by demography and education levels.**

The age and marriage profile of women in Table 1 is not representative of the workforce composition in the garment industry, but a result of deliberate stratification of sample. Therefore it would not be possible to generalise from the

result for the younger garment workers. However, even discounting for the bias in the sample, the presence of 94 randomly selected respondents above the age of 40 years in the total sample of 326 respondents (29 percent) indicates that women stay with the sector for many years, even after marriage and having children. They stay despite the strenuous and stressful work. The case of Shakuntala, the nearly sixty year old garment worker referred to at the beginning of the report, is not unique. The sample demographic profile therefore would refute the frequent assertions from industry sources that employment in the sector is temporary, and workers generally leave employment after marriage. This argument is often used to justify low wages in the sector.

**Table2: Stratification by education**

<b>Education</b>	<b>No. of respondents</b>
Illiterate	60
Class 1-5	32
Class 6-9	94
Class 10	101
Beyond Class 10	39

From Table 2, we see 39 respondents (12 percent) in the survey were educated beyond tenth class at school. The education level is skewed according to the age profile of respondents in the sample, with the younger respondents having higher average education level. Thus, among respondents below the age of 35 years, the proportion of workers educated beyond Class 10 increased to 17 percent from the sample average of 12 percent. There might be a growing number of women with more years of education joining this sector.

201 workers in the sample were tailors, 76 were helpers, and there were 32 'checkers'. This proportion broadly corresponds to the skill composition in the industry.

The study sample included only 32 workers who said they were native to Bengaluru; there were eleven workers from Andhra Pradesh and thirteen from Tamil Nadu; there were also five workers from Orissa, and one each from Uttar Pradesh and Bihar. Most workers had migrated to the place of work from neighbouring districts within the state. We would caution that as access to out of state migrant workers is more difficult than access to in-state workers, the proportion of out of state migrants in the sample might under-represent the industry proportion.

A structured interview schedule (in Kannada language) was used to collect data from respondents. A study group of ten women (college students and union activists) were selected to conduct the interviews. The group was divided into five

teams, with each team consisting of a union activist and a college student. The purpose of the teaming was to provide an unbiased interviewing, where the knowledge and biases of the union activist could get tempered by the outsider perspective of the college student. At the same time, the experienced union activists could bring their knowledge to the questioning, and help make the discussion two-way by being able to answer queries from the respondents. The study group participated at all stages of the survey process, from design of the interview schedule to pilot study and actual administration of the survey.

The pilot survey covered 20 respondents, and based on the experience, the questions were modified. On the average each interview schedule took around 45 minutes to administer. The small number of respondents from Orissa, Uttar Pradesh and Bihar were interviewed in Hindi. Most of the interviews took place in the homes/ localities of the respondents, after initial contacts were made at the factory gates. While GATWU facilitated access to workers, care was taken to ensure that the majority of respondents were not union members. Two mid-survey discussions were conducted with the study group. Some of the respondents were selected for more focussed interviews on specific parameters of work stress and health conditions, as well as experience with the ESI system. Case studies based on the interviews are included in the study report.

### **The Garment Worker and Her Work**

In Bengaluru the trend is increasingly towards the garment worker being literate, with at least ten years of formal school education. In the absence of other formal employment opportunities, the sector offers women workers regulated employment, with the option of easy entry and exit. The spread of garment factories in three geographical locations across the city also means that workers are often able to access work opportunities near their residences. This is particularly important for women, given the lack of safe public transport facilities. While garment factories do not have the same geographical spread in regions outside Bengaluru city, the sector still remains an attractive employment for women by providing a regulated wage, and relatively regulated work environment. Improved education pattern among the new workers could promote the possibility of organising workers around their rights.

Most garment workers remain in the industry for a significant number of years. Within the sample the average number of years spent by workers in the industry was just under 9 years. The sample average is skewed upward as the study deliberately included a larger proportion of married women with families. However, it is still significant that 241 women (74 percent of the sample) had worked five years or more in the industry. More significantly, 170 workers (more than 50 percent of the sample) remained with the same factory for more than five years. The average number of years spent by the worker in her present employment was almost 6 years. This appears to contradict the widely held view of garment manufacturing being an industry with a high labour turnover. GATWU

representatives explained that industry compliance with labour laws, including the Gratuity Act was much higher as a result of various union and NGO efforts over the past decade to focus attention on labour violations. As a result workers were aware that they stood to gain substantially by completing five years work in one employment. A corollary is that larger numbers of garment worker would be vulnerable to health impacts of long term exposure to industrial work. The higher education among younger workers might help in promoting greater awareness on issues of safety and health at the workplace, in particular the long term impacts of work in the sector. There would be greater possibility for union and NGO intervention on occupational health related education among garment workers, both within the factory with management support, and outside factory premises

We discussed how garment work was favoured by many women because it was possible to access work close to home. In the sample 151 workers (46 percent) walked to work. 80 workers could use factory arranged transport, while 77 used private modes of transport. . Table 3 gives details of the mode of travel for the garment to reach the factory.

**Table3: Mode of Travel to the Factory**

<b>Mode of transport</b>	<b>No. of respondents</b>
Walk	151
Factory bus	80
Public transport	14
Private transport	77

Both factory arranged buses, and private transport (including auto-rickshaws which were a common mode of transport outside Bengaluru for garment workers) were normally overcrowded, and could potentially be quite unsafe. There have in the past been several cases of accidents involving overcrowded vehicles and rash driving. The case of Shanktula below brings out the problem of inadequate transport facility for factory workers.

*Manjula aged about 40 works in a garment factory in Srirangapatna. The distance from her village to the company is around 18 km. Around 30 workers from the village are employed in the factory. The company does not provide any transport facility. Manjula along with 13 other workers regularly used an auto rickshaw to travel to the factory and back. In May 2018, as the overcrowded auto rickshaw was returning on the main road from the factory it crashed into a tractor. Manjula fractured both her legs in the accident. She was admitted to the JSS Hospital in Mysore. An officer from the company HR Department visited her at the hospital and handed over the ESI forms. Despite submitting the ESI documents to the hospital, the authorities forced*

*the family to make immediate payment of Rs.10000, and further payments of around Rs.1.5 lakhs in installments. The company did not pay any compensation even though Manjula was injured while returning from work, and in a facility which was the regular mode of transport for Manjula and 13 other company workers, and could therefore be deemed to be a dedicated company vehicle. Manjula is still recuperating from the accident at home. She has to go personally in a taxi to the ESI dispensary, paying Rs.1000 for the trip each month to apply for paid ESI leave.*

Interestingly only 14 workers (4 percent of the sample) used public transport to work. It has been a long standing demand from garment workers that Bengaluru city should afford them low cost and accessible transport facility at regular factory times.

The survey used travel time as a metric to determine the effort spent on travel to work. More than half the respondents (170 workers) said they spent less than 15 minutes each way to work. The longest journey period was an hour each way, spent by one worker who walked, and another worker who used a public bus option. The choice of work place and residence were heavily influenced by the closeness to the factory, or by the access to low cost, reliable travel facility.

Among workers who walked, only 63 workers said they walked more than 15 minutes each way. Only 15 walked more than 30 minutes each way. However, walking through the city is not free from its perils. Garment factories and residences close to them are typically located in crowded and polluted areas. To walk in this environment filled with dust and smoke can itself represent a health hazard. In the evenings, particularly during winter months, the city gets dark early. A garment worker walking home after overtime work for an hour has to navigate roads without any illumination, braving the dangers of both unruly traffic and the unwanted attention of lumpen men and stray dogs. Many young women therefore take the precaution of walking home in groups.

*Four respondents from the same locality, who walked around half hour each way, said that traffic, in particular two wheelers caused considerable problem. This was especially when they were going to work, as they often set out late from home after having completed cooking, cleaning and other domestic chores, and literally had to run to work. They had to navigate dusty and badly maintained roads, where the pollution and uneven walking surface made the walk extremely stressful. Women waited for each other and returned home in groups, especially when they had to stay late because of overtime work. None of them reported harassment from men or menace from stray dogs. The women said that the daily commute was a stress that contributed to leg pain.*

Surprisingly, the majority of respondents in the survey did not report working overtime hours. Overtime work, including forced and unpaid overtime, was seen as rampant in the sector in the past. The study appears to suggest that the issue might not be very significant. Table 4 details incidence of overtime work.



**Table4: Overtime Work Per Week**

<b>Overtime Hours Per Week</b>	<b>No. of Respondents</b>	<b>Worked on Sunday in last 3 months</b>	<b>No. of Respondents</b>
No OT	160	No Sundays	165
OT 1-6 hrs	14	1 Sunday	35
OT 7-12 hrs	17	2 Sundays	33
OT > 12 hrs	43	3 Sundays	15
		4 Sundays or more	16

Nearly half the sample did not report overtime work as a regular feature of the work day. Around half the respondents said they had not worked on any Sunday in the past three months. The proportion of those not doing overtime work is much higher if we discount the number of those who did not respond to the questions. The proportion of workers not doing overtime work from among 234 who responded to the question was 68 percent; while for Sunday overtime work the proportion from among 264 respondents was 62.5 percent.

Forty three respondents (13 percent of sample) reported working regularly more than 12 hours overtime per week, or on average two hours extra each day. 74 respondents among those doing overtime work said they were not paid the mandated double overtime wages. Sixteen respondents had worked on more than four Sundays in the last three months. We are faced with the issue of safety while returning home for workers who are forced to do overtime work. This is besides the stress of extending the working day within the factory.

Thirty three women (10.4 percent of women in the sample) were single - either divorced or widowed. They were single wage earners taking care of their families primarily on their wage as a garment worker. The physical and emotional stress on the women could additionally impact their health status. Some earlier surveys by GATWU found the proportion of single women headed families to be in the range of 10-15 percent of garment worker respondents around Bengaluru (Centre for Workers Management 2015). This is a significant factor that needs to be considered while addressing various issues linked to women and work, including provision of crèche facilities, public transport, and even determination of the Statutory Minimum Wage.

## **Work Intensity**

The working day for most garment workers started at the crack of dawn. 284 workers in the sample (87 percent) woke up by six in the morning; 272 respondents (83 percent) went to sleep by ten at night or later. The average number of hours spent away from home, calculated from the time of leaving home to the time of returning was 10.8 hours; the average length of the waking day on a working day was 16.4 hours. Much of the time would be spent working. Many women said that time spent chatting after work, and walking home from work was probably the only leisure time they had through the working week.

171 respondents, or more than half the sample, said they had no help with domestic work at home. For these women the workday did not either start or end with the 8-hour regular work shift. When some of these workers also had to do overtime work, this meant a very long working day. The working day adding factory work with overtime and work at home could in these circumstances become nearly 16 hours long – or twice the length of the mandated normal working day. For most women, Sunday was the only day to recuperate physically and emotionally, and probably snatch some relaxed moments with the family. When Sunday also becomes a working day with overtime work at the factory, during times when seasonal work pressures increase, the stress and drudgery can become difficult to bear.

Work intensity at the shop floor is linked to production standards, enforced by supervisors, often using harsh and insulting, including explicitly sexist language. In the study, while 190 respondents said they were able to complete the targeted work within the 8-hour shift, 86 (more than 25 percent of the sample) could not normally complete the work within the shift time. Twenty nine of these respondents said they were forced to do work overtime without payment to complete the target production; 91 respondents said they had to regularly cut short their lunch break to meet production targets. 272 respondents said that they did not have regular tea breaks; only 40 respondents said the factory allowed regular tea breaks. It is interesting that 190 respondents said they were able to finish their target production in time. The absence of a tea break had been normalised by them. Mandated tea breaks were not perceived as part of their legal right.

Many workers complained of the posture at work contributing to injury. Tailors had to sit crouched over their work continuously through most of the 8-hour shift. Other categories of employees, including helpers and checkers stood or moved around through the shift. Only five respondents reported they could alternate between sitting and standing during work. The limited posture variations allowed, along with poor ergonomics in work station design, would also compound the hardship faced by the worker.

The workers were asked about safety equipment provided at the workplace. 299 workers said they were provided with masks, 196 said they were given gloves.

However, many said the masks and gloves were of poor quality and they did not wear them. 155 workers, or less than half the sample, said that the machines in their factories were provided with machine guards to prevent accidents. With high work intensity the danger of attention wavering and accidents happening was always a possibility. Further, long term health impacts of not wearing masks in the factory have not been studied. The effect of long and continuous work, and poor work posture, with even short breaks denied, on the health of workers has also not been the focus of any serious occupational health research.

Respondents also said that supervisors forced workers to wear the protective gear only when there was an audit inspection or visit by brand representatives. Workplace safety for most factories is mere window dressing, with poor quality equipment forcing workers to risk not wearing them on most days, in order to maintain the required high pace of work.

## Health Impacts

The report discussed how the typical garment worker continues employment in the sector for many years. The average period of employment in the industry among respondents was nearly nine years. 241 respondents had spent more than five years in the industry; 115 of them had been in the industry for ten years or more.

Questions were asked about the specific chronic ailments workers experienced. The responses were correlated with age of workers, and also with the number of years' experience workers had in the sector.

**Table5: Age of Worker and Ailments**

<b>Ailment</b> (proportion respondents saying "yes")	<b>Age group</b>				
	<b>18-25 years</b>	<b>26-35 years</b>	<b>36-40 years</b>	<b>Above 40 years</b>	<b>All sample</b>
Back pain	47%	59%	58%	64%	60%
Eye problem	10%	19%	29%	20%	21%
Knee pain	12%	24%	36%	50%	33%
Head ache	24%	39%	35%	34%	36%
Leg pain	29%	41%	62%	66%	52%
Asthma	0%	3%	4%	6%	4%
Periods issues	12%	16%	16%	14%	15%
Allergies	0%	6%	13%	15%	10%
All sample	5%	45%	21%	29%	100%

Table5 details common chronic ailments among garment workers, and relates their incidence to the age of respondents. A large proportion of workers across age

groups complained of back pain, knee pain, head ache and leg pain. Interesting, the largest proportion of workers reporting ailments were in the 26-35 years age group. We might speculate that these workers joined industry when work norms had become more stringent, and were faced with greater work pressure than the more senior workers in the sample. Another possibility is that older workers might have been more likely to take breaks from employment in the garment sector.

**Table 6: Industry Experience and Ailments**

<b>Ailment</b>  (proportion respondents saying "yes")	<b>Industry experience</b>		
	<b>Less than or equal to 5 years</b>	<b>5 to 10 years</b>	<b>Greater than 10 years</b>
Back pain	50%	63%	69%
Eye problem	13%	21%	22%
Knee pain	22%	35%	48%
Head ache	34%	32%	41%
Leg pain	43%	52%	66%
Asthma	1%	6%	5%
Periods issues	17%	13%	15%
Allergies	5%	9%	16%
All respondents	36%	35%	29%

Table 6 seeks to categorise ailments against years of work experience in the industry among respondents. Here again, counter-intuitively, the proportion of respondents with ailments did not increase with work experience, declining slightly for women with more than ten years industry experience. This is consistent with the explanations provided in the previous paragraph for reported incidence of ailments being less among older workers. We might add that older workers might also have less pressure of work at home, with children having grown up to an age where they can take care of themselves, and even older siblings also helping with house works.

One significant issue is that the incidence of back pain, knee pain and leg pain is alarmingly high even among younger workers with less number of years of experience. Poor posture at work, together with long working hours and high speed repetitive activity would result in chronic injuries, becoming more severe with years of work. The survey data suggests that even for relatively young and new workers, the effect of work was already visible as constant aches and pains in the body.

Tables 5 and 6 did not conclusive show whether the severity of ailments was linked to age of workers or their length of work in the industry. There is after all a direct correlation between age and years of work experience. Is it possible to separate

work related impacts from the impact of ageing on the workers? Table 7 seeks to isolate more directly the impact of garment factory work on chronic ailments.

**Table7: Ailment linked to age and industry experience**

<b>Ailment</b>	<b>Industry experience &lt;=5 yrs</b>	<b>Industry experience &gt;5 years</b>
Age<=35 yrs		
Back pain	21%	66%
Knee pain	22%	64%
Leg pain	34%	48%
Head ache	34%	41%
Age>35 yrs		
Back pain	34%	65%
Knee pain	21%	46%
Leg pain	61%	65%
Head ache	34%	34%

We see clearly that industry experience has a large contributory role on chronic ailments. These are more significant in the case of back and knee pain. For both these chronic conditions, there was not any significant difference in incidence between the older (above 35 years) and younger workers. The evidence would suggest that chronic back and knee pain are directly occupation related health issues needing urgent attention in the garment industry. Significantly, around a third of the respondents reported constant head ache, and the proportion of did not vary significantly with either age or work experience. The emotional stress of work and work pressure is probably an important reason for their head aches, and a constant for many workers across their working stint in the industry.

**Table8: Ailments related to posture at work**

<b>Ailment</b>	<b>Work Posture</b>	
	<b>Sitting</b>	<b>Standing</b>
(proportion respondents saying "yes")		
Back pain	66%	48%
Knee pain	34%	29%
Leg pain	50%	57%
Respondent numbers	70%	30%

Table 8 separately gives the ailments reported by respondents who sat at work, and those who stood. The proportion of workers reporting back pain and knee pain was higher among workers forced to sit through the day, with those reporting back pain being significantly higher. The health condition could be linked for tailors to working constantly in a sitting position, with poor ergonomics, and chasing progressively higher production targets. There is a case for demanding better ergonomic design of chairs and worktables. Among workers standing through the day, there was a significantly higher reporting of leg pain. These workers would find some relief if there were benches along the production shop floor, where they might be able to take short breaks.

101 respondents said there was a full time doctor attached to the factory, or a doctor who visited the factory daily. 145 respondents said there was a part time doctor who came on some fixed days in the week. 172 respondents said there was one nurse attached to the factory. 78 said there were two nurses; and 18 reported more than two nurses with the factory. Only fifty six respondents said there was no doctor attached to the factory; 34 said there were no nurses on factory premises. Most of the factories had crèche facility. Only 27 respondents said there was no crèche in their factory.

The Factory's Act mandates that every factory employing more than five hundred workers should have a doctor full time on its roles. However, many Indian factories do not even have a doctor on call to attend to health emergencies. The survey had nearly a fifth of the respondents saying there was no doctor on call with the factory. The situation with regard to health care and crèche facilities was, according to GATWU, much worse even five years ago. The tragic death of the young son of a worker in the factory of one large garment exporter, and the international campaign supported by GATWU that resulted in the company paying a compensation of Rs.8 lakhs to the worker helped focus attention on lacuna in complying with the law on mandated factory health services in the industry. Many of the larger garment export companies subsequently ensured that there was at least a doctor available on call, in addition to access to ambulance, nursing personnel and first aid provisions. Most of these services are limited to emergency responses. However, there is no attention paid by most companies on the long term occupational health issues faced by their workers, either in terms of regular health check-ups or health surveys of company workers.

### **Employees State Insurance (ESI) Scheme and the Garment Sector**

Most companies in the readymade garment sector comply with the mandated rules regarding insurance of workers under the Employees State Insurance (ESI) Scheme. Most garment workers are also members of the ESI scheme. The importance of the scheme as a social security measure to women workers is also because of the maternity benefits, along with the benefit of health care to other family members.

Only 20 respondents (6 percent) said they were not aware of the provisions of ESI. The questions on awareness included whether the respondent knew where the ESI dispensary and referral hospital were; and what were the main benefits from the ESI. 241 respondents said their husbands were included in their ESI membership; 248 respondents had their children included; and 103 workers had included one or more dependent parents.

The study sought to determine the extent to which garment workers used the ESI dispensary, as compared to private clinics and government hospitals, and to link this to distance of the dispensary and timings for consultancy at the dispensary. It also sought to see if the patterns of usage were different within Bengaluru and outside the city. The survey responses suggested the following important findings.

### **Usage of ESI Dispensary for Treatment of General Ailments**

The respondents were asked where they went for treatment of general ailments. Their responses are provided in Table 9. Around a third said they generally went to the ESI dispensary. The proportion of those visiting the ESI dispensary was much higher, at 42 percent, for respondents outside Bengaluru. Significantly, within Bengaluru, more than half the respondents indicated they did not use the ESI dispensary at all for general ailments. The dispensary was used by them only for the purpose of availing medical leave. One respondent described how she went to the ESI dispensary when she was suffering from high fever, to get leave sanctioned for eight days, but got medical care from a nearby clinic, as she was in no position to take the stress of travelling to the dispensary and waiting for her turn to meet the doctor.

**Table 9: Treatment for General Ailments**

<b>Treatment place</b>	<b>All respondents</b>	<b>Outside Bengaluru</b>
ESI dispensary	96	30
Dispensary & private clinic	46	9
Private clinic	141	26

We see that the need for ESI dispensary facility is much greater outside Bengaluru city, with less availability of registered medical practitioners in the private sector. This is very important for garment workers, given the industry is increasingly moving outside the city while setting up new factories. Shahi Exports has set up a new factory, Unit 41 in Sagara Taluk of Shimoga District, employing around 1500 workers, with plans to expand the employment to 2000 workers. Since there is no ESI dispensary in the taluk, workers from Shahi Exports-have to get a referral letter from the management to go to private clinics for treatment. The nearest ESI

dispensary in Shimoga district is around 60 kms away. A worker at Shahi Exports wanting to avail of sick leave mandated by the ESI would therefore have to travel 60 kms each way, merely to get a leave letter from the ESI dispensary.

### **Distance of ESI Clinic and Respondent Usage of Different Health Care Facilities**

Table 10 analyses the pattern of usage by respondents in Bengaluru and outside the city, of various health care facilities, based on distance of the ESI dispensary. We note that respondents within the city have much closer access to ESI dispensaries. Only 30 respondents out of 266 within Bengaluru (around 11 percent) said the ESI dispensary was more than 10 kms away; as compared to 44 out of 60 (73 percent) for respondents from outside the city.

**Table10: Distance of ESI Dispensary and Use of Health Care Facility**

<b>Within Bengaluru</b>	<b>Distance to ESI dispensary</b>				<b>All sample</b>
	0-2 kms	2-5 kms	5-10 kms	>10 kms	
ESI dispensary	37%	37%	28%	30%	34%
Private	41%	50%	44%	50%	47%
Both	18%	13%	23%	7%	16%
Respondents	48	128	60	30	266
<b>Outside Bengaluru</b>	<b>Distance to ESI dispensary</b>				<b>All sample</b>
	0-2 kms	2-5 kms	5-10 kms	>10 kms	
ESI dispensary	0%	25%	42%	49%	45%
Private	0%	50%	25%	37%	40%
Both	0%	25%	33%	13%	14%
Respondents	0	4	12	44	60

As might be expected, within Bengaluru city, with increasing distance of the ESI dispensary, respondent usage of the dispensary went down, with more respondents preferring to use private clinics. However, for respondents outside Bengaluru, the usage of ESI clinics increased with greater distance, with the maximum usage among respondents who had to travel more than 10 kms to the ESI dispensary. We would conclude that workers travelling more than 10 kms to ESI dispensaries are from less urban areas, where access to reasonably safe private health care is poor, and the closest option might still be the ESI clinic. This further underscores the greater need felt among workers from outside the city for ESI facilities.



### **ESI Dispensary Timings and Respondent Usage**

Many garment workers reported the timings of ESI dispensaries kept open from 10AM to 5PM as an important factor against their using the facility. The coinciding of the dispensary timings with work meant that they had to take a day or a half day off from work to visit the dispensary. This meant loss of pay, and often harassment from the supervisor. While, 163 respondents (50 percent) said they were given time off from work to visit the ESI dispensary, the respondents also said this practice was not encouraged.

**Table 11: Dispensary Timings and Use of Health Care Facilities**

<b>All Sample</b>			<b>Outside Bengaluru</b>		
<b>Dispensary timing</b>	<b>No. visiting dispensary</b>	<b>Response proportion</b>	<b>Dispensary timing</b>	<b>No. visiting dispensary</b>	<b>Response proportion</b>
7AM-11AM and 4PM-7PM	82	56%	7AM-11AM and 4PM-7PM	14	61%
10AM-5PM	31	35%	10AM-5PM	20	51%

Table 11 gives details of respondents accessing dispensaries with a single (10am to 5PM) timing; and with split (7AM to 11AM and 4PM to 7PM) timings. In Bengaluru the proportion of respondents using the ESI dispensary went up significantly when the dispensary was kept open before and after regular work hours. Interestingly, outside the city, while the pattern was the same, the difference in usage between the single and the split timing was less. This affirms the greater need for more ESI dispensaries outside the city, where availability of good health care alternatives would be less.

### **Maternity benefits**

None of the respondents during the survey listed care during maternity as a health issue. A follow-up set of questions was asked from a randomly selected fifty respondents from the original sample. There were ten workers from out of Bengaluru for this follow-up set of questions, thus retaining the same proportion as in the overall sample. The following were the salient responses: 38 of the respondents said they had their children when they were not employed. They either joined the industry only after their children were born, or left employment for the duration of their pregnancy, to rejoin after their children were born. Only 13 respondents had children while employed in the industry. All 13 respondents went

to the ESI dispensary in their neighbourhood for regular checkups. Nine out of the 13 respondents also used the ESI facilities for delivery of their children. Two out of the nine each had one child in a private facility and one in the ESI facility. Interestingly, only one respondent from those who had children while working (from Ramanagara) was from out of Bengaluru.

## **Other factors**

The usage of ESI dispensary among workers with children was 32 percent, which was not very different from the usage pattern for the sample as a whole. Most workers said that it was difficult for them to use the ESI dispensary for family members, unless the dispensary remained open during non-working hours, as it was difficult to get time off for ailments of family members.

Most respondents said they were able to meet the doctor at the dispensary on visits and the prescribed medicines were available at the dispensary. Only 5 percent of the respondents could not meet the doctor consistently on visits, and 7 percent said they were told to take their prescriptions to private chemists as there was no stock of the required medicines. The overall, rating for the dispensary was neutral, with 31 percent and 48 percent respectively rating their experience with the ESI dispensary as 'good' and 'not bad' respectively; while 21 percent rated their experience as 'bad'. The 'bad' rating would appear high, considering most respondents said they were able to meet doctors for consultation, and to get the prescribed medicines at the dispensary. This poor rating might be related to the unsuitable dispensary timings reported by many respondents.

Several workers said that when the ESI decided to send a worker in an emergency to a referral hospital, it was often difficult to get the signature from the doctor on the referral form. Doctors were not always available at short notice. Some respondents even claimed being asked for a bribe from dispensary staff to get the doctor's attestation on forms.

Migrant workers from North India often faced language problems at the ESI dispensary. They reported being humiliated by the dispensary staff for not knowing the local language. The staff would also refuse to give proper guidance to workers who did not know the ESI procedures.

Respondents also said that "ESI staff should not make us to move around for every small thing. They should consider us as patients and not only as beneficiaries". The example of Shakuntala from Srirangapatna referred earlier, who had to report to the dispensary every month with a fractured leg for the sole purpose of getting her leave sanctioned, brings out what workers often see as bureaucratic rigidity.

## **Hospitalisation**

141 respondents (44 percent of sample) said they were faced with the need for hospital care some time during the last one year, either for themselves or a family member. All 141 respondents also said they had used the ESI facility; they had either gone to an ESI hospital (119 respondents) or to an ESI referral hospital (22 respondents). Only seven respondents also mentioned additional hospitalisation in a private hospital. The insurance is a big boon for major hospitalisation needs of the workers, either for themselves or their family members. The reasons for hospitalisation ranged from 'accident' (6 respondents), to 'heart problem' including heart surgery (13 respondents), to 'surgery' other than related to heart (16 respondents), all of which would have required extremely expensive treatment in private health care. In the context, it is not surprising that a hundred respondents rated the quality of treatment as good, as compared to only twelve who did not give a positive rating.

*Bhagyam aged about 38 has worked in the garment industry for two decades. In 2015, her 17 year old son fractured his right thigh bone in an accident. At the Kempegowda Hospital where he was immediately taken, they ended up paying Rs. 11000 for immediate treatment. The hospital demanded Rs. 1.5 lakhs for surgery. Bhagyam shifted her son to the ESI Hospital. Post-surgery there were complications, and a second surgery was required. In 2017 a third surgery was required to remove the rod. She said her son had almost got full mobility back. Bhagyam's only complaint was that the procedures at the hospital were time consuming. Otherwise she was all praise for the treatment.*

Four respondents from Maddur described the difficulty they faced going to the Bengaluru ESI hospital for major health care treatment. They had to incur considerable cost in travel for the initial and follow-up hospital visits, and for arranging board and lodging near the hospital. The ESI did not reimburse these costs. The workers said they would be considerably helped if the ESI had a hospital in Mandya town.

Many respondents complained about the long waiting period at the hospital for getting various medical tests done. They said long queues were common, with up to a hundred patients waiting their turn on most days. They said adding more counters to deal with patients would considerably lighten the burden of routine hospital visits, when a meeting with the doctor was not required.

## **Documents to Access ESI**

There was considerable difference among respondents on the type of documents they needed to carry with them to the ESI facility. While most (131 respondents) said they needed to carry the ESI book and Form 37, only 55 respondents said they

only took the ESI book along, and 50 said they needed to take along the ESI book, ESI card and Form 37. There is no uniform procedure in this regard. This confusion over documentation is an issue the ESI authorities could easily address.

Form 37 is a certificate with the worker that her employer has paid the ESI dues, and she is eligible to avail of ESI facilities. However, the burden of proving her eligibility is actually with the employer and the ESI dispensary. The employer has to submit to the ESI authorities once every six months (April to September and October to March) a statement in Form 6 giving details of employees for whom all ESI dues have been cleared. All workers covered by the statement are eligible for treatment. However, many ESI facilities do not maintain their own records, and insist that workers bring Form 37 along with the ESI book. This can create problems for a worker who goes to the ESI facility in an emergency. If she has not updated her Form 37, she might be required to then go to the factory, meet the management, and get her Form 37 attested and return for treatment to the ESI facility. This can also become a problem for the worker if the management is hostile to her, and delays the attesting of the Form.

### **Situation of ESI Operations in Karnataka**

As per the Karnataka government estimates for the year 2018, the Employees State Insurance (ESI) Scheme covered more than 34.96 lakh workers from 96192 factories, catering to the health care needs of an estimated 1.39 crore beneficiaries, based on the total number of family members registered per (ESIC 2018).

The following analysis of the working of the ESI Scheme is based on the Annual Report of the work and activities of the E.S.I. Scheme in Karnataka for the year 2016-2017 (Government of Karnataka 2017).

**Table12: Dispensaries in Karnataka and dispensary timings**

<b>City/District</b>	<b>No. of Dispensaries</b>	
	<b>Timings: 9 to 5</b>	<b>Timings: Beyond 9 to 5</b>
Bengaluru city	12	28
Bengaluru rural	6	0
Chitradurga	0	1
Davangere	0	3
Kolar	1	1
Shimoga	0	5
Tumkur	1	1
Ramnagara	2	0
Dakshina Karnataka	1	4
Hassan	1	0

City/District	No. of Dispensaries	
	Timings: 9 to 5	Timings: Beyond 9 to 5
Mandya	3	0
Mysore	2	7
Udupi	1	3
Belgaum	1	6
Dharwad	3	3
Gadag	1	1
Uttar Karnataka	0	1
Bagalkot	0	2
Bellary	0	2
Bijapur	0	1
Gulbarga	0	5
Raichur	0	1
Koppal	0	1
Total	35	76

**Source: Government of Karnataka 2017**

There were 111 full time dispensaries in Karnataka as on March 31, 2017. Of these 40 were in Bengaluru city, and the remaining in the various districts. Significantly there were no full time dispensaries in Bidar, Yadagiri, Haveri and Kodagu districts. The geographical distribution indicates most dispensaries are in and around Bengaluru city (Bengaluru, Bengaluru Rural, Tumkur, Ramnagara, Mandya and Mysore). Significantly, the poorest districts of north Karnataka are the least served by the ESI dispensaries. This would also reflect the spread of industry in the state.

Thirty five out of the total 111 dispensaries (31.5 percent) operated from 9 AM to 5 PM, with the dispensary timings corresponding to normal factory and office hours. The corresponding figures for Bengaluru city were twelve dispensaries (30 percent). Workers in the study reported being able to use dispensaries better if they also operated after normal working hours, that is, before 7AM and after 5PM.

The Annual Report also gave the position of sanctioned strength and actual number of doctors in position in the various dispensaries.

**Table 13: Position of Doctors Availability in ESI dispensaries**

Dispensary Location	Sanctioned Doctors	Actual in Position	Percent in Position
Bengaluru city	151	116	77%
Outside Bengaluru	204	66	32%
Total	355	182	51%

**Source: Government of Karnataka 2017**

It is significant that while overall the position of availability of doctors in the dispensaries was just over 50 percent, the availability was much lower in the dispensaries outside Bengaluru city, with these dispensaries operating with less

than a third sanctioned strength of doctors available. The ability of the ESI dispensaries outside Bengaluru city to serve the members would therefore be severely compromised.

There were seven ESI hospitals and three ESI Annexes in the state. The state also had reserved access to hospital beds and services in other General Hospitals and State Institutions. The total hospital beds available under all the heads was 1229. This appears very less, considering the ESI hospitals need to serve around 1.39 crore beneficiaries. The case of Subhadra referred below brings out the problems with stretching of hospital facilities and doctor time.

*Subhadra aged 45 went to ESI hospital at Rajajinagar with severe stomach pain. The doctor did a check-up and said there was no major problem and sent her home with medication. As the pain did not reduce she went to private hospital where they took a scan and said the uterus needed to be removed. She went back to the ESI hospital where they admitted her for one week for treatment, but discharged her without surgery as they said she was too young. They prescribed some exercises with medication. But the pain kept recurring when she returned to work. Finally she got her uterus removed at the Government hospital. She felt the ESI hospital did not understand the priorities of women who needed to be back at work at the earliest.*

In Subhadra's case, the ESI doctor probably had a valid diagnosis that her ailment did not require surgery, and that removal of the uterus had debilitating side effects in the long run. However, given time pressure, the doctor was not probably able to convey the reasons for the diagnosis and the line of treatment, and advice and counsel her. At least she did not have to spend more money over surgery at a private hospital. There would be other cases where the need for a 'speedy' recovery would drive the worker to private doctors.

The case described below of Sumathi brings out another issue that could also be linked to the overstressing of ESI hospitals and the system. The need to service an extremely large beneficiary group with limited resources can end up with critical equipment and facilities not always being available. Garment workers cannot afford to seek alternatives that would entail expenditure> For the ESI hospital, referring the patient to another hospital might also not be a ready option, especially if treatment is held up for what is seen as a temporary problem. In the situation, vital time could be lost, resulting in suffering, loss of confidence in the system, and even serious ill effects.

*Sumathi, aged 39 years has been working in the Garment industry since 20 year. 5 years earlier she was treated at the ESI hospital for kidney stones. "I was given good treatment and have recovered completely". In 2018 November Sumathi's husband had a road accident at Hosakote and fractured his right leg. He was admitted to a private hospital, where they said he needed to be operated on and it would cost a substantial amount. She got him transferred to the ESI hospital in the city. The ESI doctors also said he needed surgery, but for ten days no surgery was done as the equipment was not functioning properly. He returned home after 15 days, but had to be readmitted to the ESI hospital where he spent 20 days while the doctors changed*

*the rod and screw. He still did not get better and was referred refer to Ramaiah hospital where a third surgery had to be performed. He remains bed ridden with no assurance that he will recover fully. Sumathi said that if the equipment was not available, why could her husband not have been referred to Ramaiah hospital right at the first instance?*

When comparing the ESIC membership with its facilities, the following ratios are striking: Number of ESI members per available dispensary doctor = 19200; number of beneficiaries (including the ESI member and dependants) per available dispensary doctor = 76370 (Government of Karnataka 2017). We do not know the spread of membership of the ESIC across the state. Given the actual number of ESI dispensary doctors in position in the districts outside Bengaluru city was much lower than for Bengaluru, we might reasonably assume that the beneficiary per doctor ratio would be even higher for ESI dispensaries outside Bengaluru than the state average. While the Planning Commission norms in India prescribe at least one doctor per thousand population, the ESI Scheme in Karnataka has only one doctor in position for more than 76000 beneficiaries (Deo 2013). Clearly the Scheme is grossly understaffed to meet all health care needs of its members and their families.

*Prema aged 48 years suffers from high blood pressure and diabetes and is being treated at the ESI hospital. Every quarter she spends two days to get her tests done and then treated. The first day is spent standing in queues for 3 to 4 hours, to get tests done and collect the reports. On the second day she has to go back to consult the doctor and get her prescription. She ends up losing two days salary and her attendance bonus for the month. Her son, father and mother have been treated at the ESI hospital on many instances for heart and other ailments. She said the ESI Scheme was extremely important for people like her, but the working should become faster and more efficient.*

If we consider hospital beds available under the scheme, in 2017 there was one hospital bed available per 2800 workers who were members of the ESI Scheme; this worked out to one bed per 11300 beneficiaries. This is substantially lower than the world average for all countries of 2.7 beds per thousand in 2011 (World Bank undated). We see that both in terms of doctor availability for out-patient treatment, and the in-patient capacity in terms of beds available the ESI Scheme is clearly stretched well beyond capability to service the needs of even its existing members. This is the context in which we need to evaluate the study findings on ESI usage among workers in the garment sector in Karnataka.

The Report on the Financial Estimates and Performance Budgets 2018-19 for the ESI Corporation had the following figures for capital expenditure that warrant further analysis. Under the head of expenditure for 'Hospitals and Dispensaries', the Corporation had an actual expenditure figure of Rs.24874 crores for 2016-17; and actual expenditure of Rs.62967 crores against budget of Rs.165300 crores for 2017-18. At the same time, the actual expenditure for 'Medical Education Projects'

was Rs.46925 crores in 2016-17; and Rs.163909 crores in 2017-18 against budget of Rs.137500 crores (Employees State Insurance Corporation 2017). The capital expenditure on 'Medical Education Projects' in 2017-18 was 2.6 times expenditure on 'Hospitals and Dispensaries'; the ratio was 1.9 in favour of 'Medical Education Projects' in 2016-17. Further, the budget utilisation under the head 'Hospitals and Dispensaries' was only 38 percent in 2017-18, as compared to 120 percent for 'Medical Education Projects'. Evidently the Corporation appears more focussed on setting up medical education institutions, and less focussed on establishing hospitals and dispensary facilities. The GATWU union leadership was clear that the need of garment workers was for more hospitals and dispensaries, and not medical colleges. Medical colleges were for the rich, and children of garment workers did not benefit from them. The ESI money was theirs, and had to be used where it would be to their direct benefit.

## **Conclusions**

The garment industry has added a large number of women as members of the ESI Corporation. Membership of the Corporation is still largely male dominated, as most workers in formal employment are men. The requirement of the Corporation to address needs of women workers poses a challenge it would have to address. This includes addressing particular health needs of women workers related both to their work, and life situations.

The findings summarised in Table 7 indicate a relationship between years of work in the garment sector and ailments related to physical stress of back ache, knee and leg pain. They indicate that these specific ailments are not linked to age alone, but strongly correlated to period of work. This is an area where the ESI Department might be well placed with their extensive hospital records to conduct a study of possible relationship between the ailments and occupational practices. An interdisciplinary study with the support of occupational health specialists and ergonomists could suggest work place practices and work station designs to minimise the health impacts of work. The benefits would accrue to both the industry in terms of less absenteeism, and the ESI through reducing patient footfall.

The uniformly high incidence of head ache, equally spread across differences of age and work experience in the sample, seems to suggest that along with physical stress, many workers also experience emotional stress manifesting as head ache. This is another area the ESI system might not be as well equipped to handle as in the case of physical stress related ailments.

There were specific ailments related to hospital visits of the respondents that seemed to indicate occupational relationship. In the study, there were seven respondents who had visited the hospital in the last year for piles treatment, seventeen for various gynaecological issues, and fourteen for leg, knee, hand and neck pain. The workers would have needed to take time off from work for the



hospital visits, signifying that the ailments would have been quite serious. Respondents are not always willing to discuss what are seen as more personal ailments, as in the case of piles and gynaecological disorders. The actual incidence of these disorders among the study respondents could have been higher. Hospital records correlating ailments with the work done by the patients would give a more accurate picture of the incidence of these ailments. As discussed in the previous paragraph, analysis of reported ailments and linking them to the occupation patterns could lead to outcomes that benefit the industry and improve work practices.

The importance of the ESI dispensary network for garment workers was evident from the responses in Table 9. Overall, 34 percent of the sample from Bengaluru city and 45 percent from outside Bengaluru identified the ESI dispensary as the preferred health care facility. A further 16 percent in Bengaluru and 14 percent from respondents outside Bengaluru said they used both the ESI dispensary and private clinics. Clearly, more than half the respondents found the dispensary as important to address health needs for themselves and their families. We need to compare this response with the situation in terms of coverage by the ESI system in Karnataka. In the earlier section we discussed how the ESI system was extremely stressed, given the very large patient base it catered to. Workers came to the dispensaries despite the waiting time that the low doctor to patient ratio would obviously have entailed. The faith in the public health system, and access to free medicine from the ESI were important enough factors to mitigate the difficulty of accessing services. Conversely, what the study brings out is that the ESI dispensary is vital to the wellbeing of the large number of workers in the sector.

In the context, two aspects need to be given special attention. The first is the distance of the dispensary from the place of residence of the respondent. Table 10 showed that among workers in Bengaluru, one in nine respondents had to travel more than 10 kms to the nearest ESI dispensary; outside Bengaluru three out of every four respondents travelled more than 10 kms to the ESI dispensary. The response from outside Bengaluru would also indicate the poor nature of private health services outside the city. Can the ESI Department find ways to reach its services closer to where garment workers live, especially outside Bengaluru? Mobile dispensaries could be one way of taking the service around, especially in the poorer districts, where the density of coverage of ESI dispensaries was even lower than the state average. The Annual Report of ESI Karnataka reported that presently there were no mobile dispensaries operating in the state.

Dispensary timings were an important determinant in the usage of ESI dispensaries by garment workers. From the Annual Report, around 30 percent of the dispensaries within Bengaluru city and outside remained open only between 9 AM and 5 PM, or regular factory hour. Table 11 showed dispensary usage went up from 35 percent for dispensaries open between 9 AM to 5 PM, to 56 percent when dispensaries remained open beyond these hours. The corresponding ratios were 51 percent and 61 percent for respondents outside Bengaluru. Obviously workers found it easier to access the dispensaries when they remained open beyond 5 PM, and they could go to the dispensaries after work. Could the Department find some

ways to address this need of its members? It could even consider where dispensaries were currently kept open only during regular office hours, that on certain days of the week the dispensaries could stagger timings to keep open after 5 PM. This would greatly help workers in the garment sector, most of whom work regular shifts from 9 AM to 5 PM.

The discussion on maternity care raises several important questions. First, 38 out of the 50 workers asked to respond on maternity care (76 percent) said did not have their children while being employed, and preferred to leave employment during pregnancy, or only joined the industry after having their children. As a result, they lost out on the generous paid maternity leave benefit available under ESI. This could be for several reasons. Women might not at the time have been aware of ESI benefits. Factories might pressure workers who are pregnant to leave employment. The system of patriarchy might encourage women to stop going out to work after marriage, and allow the women to rejoin work only after they had children of a certain age. It is significant in the context that only one woman from out of Bengaluru city reported she had children while being a garment worker. While the ESI Corporation might not be able to change patriarchal norms in society, they might be able to intervene to spread greater awareness of ESI benefits among factory workers. It is significant to note that among women who had children while working, all of them used the ESI dispensary for regular check-ups and nine out of 13 (70 percent) used the ESI facility for child birth. It is likely that where there is awareness of maternity benefits under the ESI scheme, many workers would avail of them.

The low doctor availability of just over half the sanctioned posts across the ESI dispensaries is alarming. This is even more acute for dispensaries outside Bengaluru where doctor availability was only 32 percent as on 31st March 2017. This is an area requiring immediate attention. The study clearly shows that the ESI dispensary is vital to the workers in the garment sector, and efficient operation of the system would greatly improve wellbeing among the workers.

The study raises important questions with regard to Government pronouncements seeking to expand ESI scheme usage among more sections of workers including informal sector workers. Can they system that is already overstressed, with one dispensary doctor per 76000 beneficiaries; and with one hospital bed available per 11300 beneficiaries afford to expand its beneficiary base without substantial investment in infrastructure and addition of doctors and support nursing and other paramedical staff? Otherwise the overcrowding of the system might only end up forcing even the existing patient base out because of unavailability of services, leaving them at the mercy of a predatory private health care system. A system which still is largely seen by the users as satisfactory could collapse under excessive stress. In the context, the present priority given by the Corporation to setting up medical colleges, and seemingly not following up on strengthening the dispensary and hospital base might appear to be a misplaced utilisation of Corporation funds. The funds available with the Corporation are generated from the entitlements of workers, and therefore the priorities of workers who are members of the Corporation have to be given the priority in use of these funds.

Strengthening the ability of the ESIC to reach all workers with adequate health care has to be its first focus. This is an area where representatives of workers on the Corporation Board should also act with more vigilance.

The garment industry has a large component of migrant workers, drawn from within the state, or from just across the state border in Tamil Nadu or Andhra Pradesh/ Telangana. While the industry is now attracting women workers from more distant poorer states like Orissa and Jharkand, this is still a new phenomenon. Health issues among these migrant workers might require special focus in future discussions around health among garment workers. In particular, their emotional issues, given these women migrant workers live very restricted lives in the host city, could require special emphasis. This is an area of engagement that the ESI Corporation might need to address.

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