

Occupational Health in India

Occupational health is defined as the highest degree of physical, mental and social well-being of workers in all occupations. It is the branch of healthcare which deals with all aspects of health and safety at the workplace. It lays strong emphasis on the prevention of hazards at a primary level. Occupational health is essentially preventive medicine.

Occupational Health Statistics (India)

National Institute of Miners' Health (NIMH), an autonomous Institute under the Ministry of Mines, Government of India, conducts applied research in occupational health and hygiene and specializes in providing technical support services to mining and mineral-based Industry with special reference to the metalliferous sector and endeavours for safe mines and healthy miners through research and development. As per NIMH, the prevalence of pneumoconiotic opacities in chest radiographs in open cast mine workers in 2005 and 2011 were 5.7% to 12% and 5.3% to 13%, respectively. In 2011, out of 101 workers in a stone mining area suffering from respiratory diseases, 73 suffered from silicosis, of whom 16 had silicosis with progressive massive fibrosis (PMF). A survey conducted in an underground metal mine has shown that almost 75% of mine workers had evidence of noise-induced hearing loss. In a recent survey conducted by NIMH in various mines, out of 117 HEMM (Heavy earth moving machinery), 100% dozers, 95% loaders, 90% dumpers and tippers, 15% excavators and 8% shovellers showed moderate to high health risks to operators due to whole-body vibrations. Of 48 HEMM operators, 85% complained of various musculoskeletal disorders related to back, shoulder, neck and knees. In India, major occupational diseases are pneumoconiosis (including silicosis, bagassosis, anthracosis and byssinosis), asbestosis, other chronic lung diseases, musculoskeletal injuries, noise-induced hearing loss, pesticide poisoning and accidents. Occupations related to construction, mining and agriculture have high levels of related diseases. Occupational health nurses are the largest single group of health professionals involved in delivery of health services at the workplace. They are at the front line in helping to protect and promote the health of working population. The concept of occupational health nursing is new to India. It is non-existent in unorganised sectors. Even the public sector and private employers have not yet realized its importance. There is a need to create awareness about this issue amongst all stakeholders.

A policy review was done initially to determine the status of health, safety and environment at the workplace. Subsequent reviews of the policy and action programme is planned for once in five years. Assistance was taken from the report of the working group on occupational safety and health for the 11th and 12th five-year plans under the Ministry of Labour and Environment, Government of India. As per the data available, the number of working factories for the years 2003 to 2007 has increased by about 46% with the increase in average daily employment from 4.92 million to 8.02 million. The number of injuries also decreased by about 7% i.e. from 16,432 to 15,290; however, the fatalities during the period increased from 525 to 821. It may be noted that the frequency rate of injuries significantly reduced by about 30%

during the above period. The number of reportable accidents in major ports from 2003–2007 decreased from 191 to 158 thus registering a decrease of about 17%. The number of fatal accidents also decreased from 29 to 23, thus registering a decrease of about 20% during the same period. Significant data on five yearly reviews of policy could not be gathered.

National Programme for Control and Treatment of Occupational Diseases

Occupational health was one of the components of the National Health Policy in 1983 and 2002. The Ministry of Health and Family Welfare, Government of India, launched a programme entitled “National Programme for Control and Treatment of Occupational Diseases” in 1998–99. The National Institute of Occupational Health, Ahmedabad, is the nodal agency for the same. The categories of major occupational diseases in India are: occupational injuries, occupational lung diseases, occupational cancers, occupational dermatoses, occupational Infections, occupational toxicology and occupational mental disorders.

A grouping of major occupational disorders in India according to the etiological factors includes – occupational injuries: ergonomics related; chemical occupational factors: dust, gases, acid, alkali, metals etc.; physical occupational factors: noise, heat, radiation etc.; biological occupational factors; behavioural occupational factors; and social occupational factors.

In India in 1998–99, the prevalence of silicosis was 6.2–34% in mica miners, 4.1% in manganese miners, 30.4% in lead and zinc miners, 9.3% in deep and surface coal miners, 27.2% in iron foundry workers, and 54.6% in slate-pencil workers. Prevalence of asbestosis was extended from 3% in asbestos miners to 21% in mill workers. In textile workers, byssinosis was as common as 28–47%. Nutritional status in terms of body mass indices (BMI) of the workers was also significantly low.

Challenges

The lacunae in Occupational Health system in India can be highlighted as follows:

1. A very large proportion of the workforce is in the unorganized sector (more than 90% vs. less than 10% in the organised sector). The occupational health management system, implementation and beneficiaries are limited largely to the organised sector, even today, after years of advancements in every field.
2. Though legislation exists to protect workers, ineffective and incomplete implementation of this legislation is a major constraint.
3. Lack of trained occupational health manpower with deficient institutions, qualification courses, training modules, infrastructure, facilities and budgetary provisions make the implementation of legislation a challenge. There is low priority and spending on public health, which is reflected in the field of occupational health as well.
4. India is a densely populated nation with a high unemployment level; as such, there is ready availability of labour at lower wages. In such situations, health and safety at the workplace is often compromised.
5. A huge extent of undiagnosed and unreported occupational illnesses lead to a lack of accurate information and data on the scope and extent of occupational diseases.

6. There is indifference and apathy of employers, employees, the general public and other stakeholders to occupational health issues.
7. There is a lack of awareness about occupational health issues among all stakeholders.
8. Segregation and alienation of the occupational health discipline from primary health care and general health services is itself a challenge to reach out to the unorganized sector.
9. The concept of occupational health nursing is new to India. It is non-existent in the unorganized sector. Even the public sector and private employers have not yet realized its importance.
10. Poverty is an additional risk factor with low-income youths more likely to work in high-risk occupations such as agriculture, mining and construction.
11. Child labour, though legally committed, leads to poverty-related health problems.
12. The national policy on safety, health and environment at workplaces, which was launched in 2009, is yet to be fully implemented.

