

Occupational Safety and Health in India: Now and the Future Shyam Pingle (April, 2012)

Seminar by Rushikesh Jogdand (2016A4PS0147G)

Introduction

Occupational safety and health (OSH) for India is a '**development tool**' and an empowering movement.

As a result of globalisation, Indian industry is exposed to the latest trends in OSH. Progressive industries have launched many initiatives to spread awareness on OSH among all stakeholders and to reduce OSH risks at workplace. Large number of companies have a corporate health, safety and environment (HSE) policy and have opted for various certifications in OSH. However, majority of Indian population is engaged in **unorganized sector**.

Literature Review

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Literature Review

1. Occupational Safety and Health in India: Now and the Future, Shyam Pingle (April, 2012)
2. DG FASLI Website [<http://www.dgfasli.nic.in>]
3. IAOH Website [<http://www.iaohindia.com>]
4. The Factories Act, 1948 (India)
5. The Mines Act, 1952
6. DGMS Website [<http://www.dgms.gov.in/>]
7. ESIC Website [<https://www.esic.nic.in/>]

Analysis

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Analysis : Overview

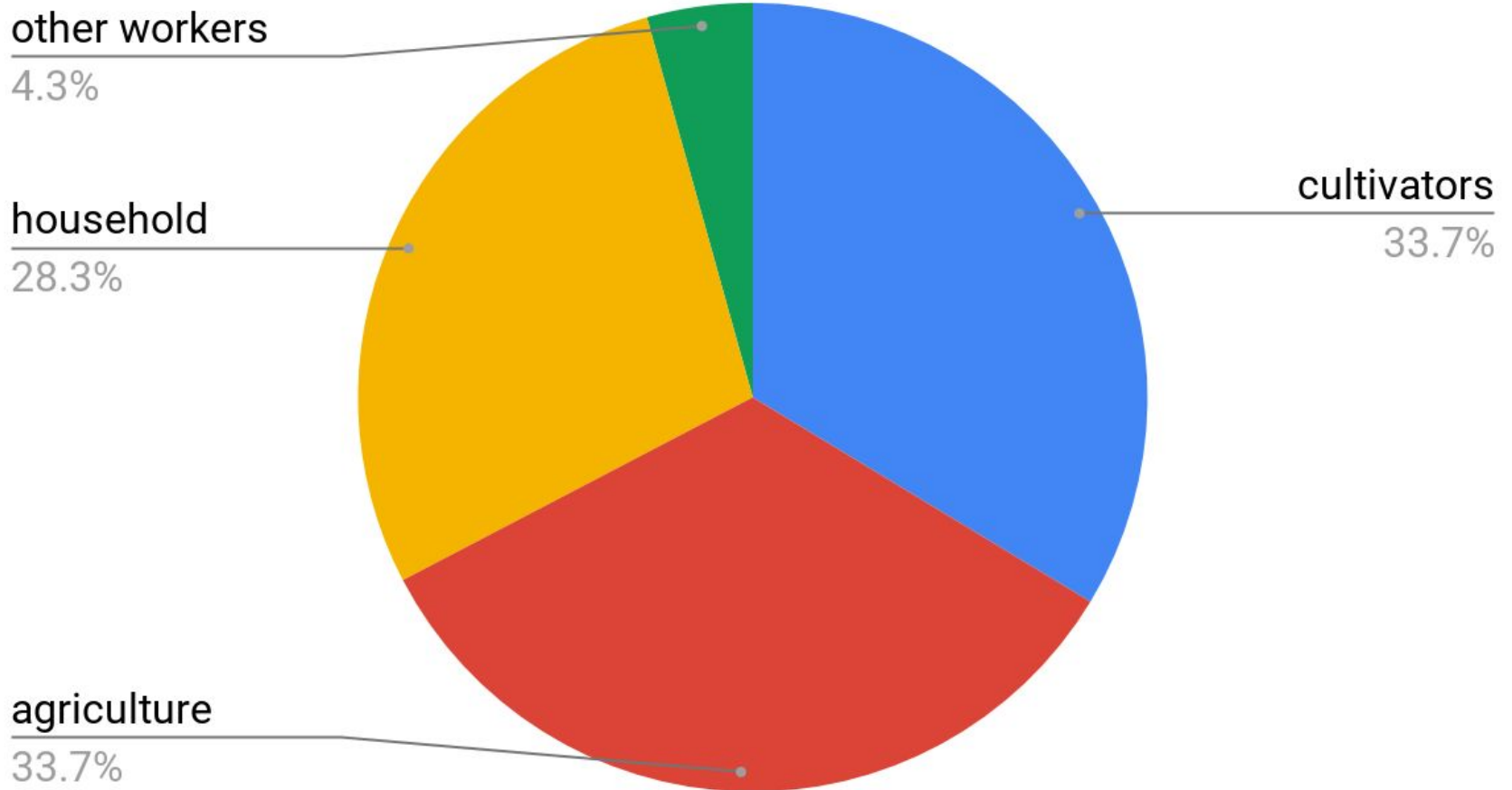
- who is affected (the demographics)
- major occupational diseases and hazards in India
- OSH laws and policies in India
- implementation of laws and policies by government
- industry compliance and initiatives
- OSH professionals and organisations in India
- summary of OSH issues in India
- current and future needs (recommendations)
- emerging challenges and paths

Who is affected?

- out of India's population of more than 1.2 billion^(census 2011), 63.6% form working age group.
- more than 90% work in informal economy — agriculture and services : ~60% self-employed, ~30% without regular jobs
- remaining less than 10% work in organized sector — mainly manufacturing, mining and some services

Where do non-regular workers work?

Informal Industries - Workers' Distribution (census 2011)



Major Occupational Diseases and Hazards in India

1. accidents
2. *pneumoconiosis* – lung disease due to dust, especially *silicosis* caused due to inhalation of crystalline silica dust i.e. fine ash, sand dust
3. musculoskeletal injuries – body pains, arthritis, etc
4. chronic obstructive lung diseases
5. pesticide poisoning
6. *byssinosis* – lung disease because of inhalation of fibre dust
7. *asbestosis* – lung disease resulting from inhalation of asbestos particles
8. noise induced hearing loss
9. workplace stress

Major Occupational Diseases and Hazards in India

Some trends

- Women are subjected to indoor air pollution due to biomass fuels
- Working women are subjected the dual burden of home work and occupation
- Agriculture, mining and construction have high levels of accidents and diseases.

OSH Laws and Policies in India

India has 16 Laws related to working hours, conditions of services and employment. The major legal provisions for the protection of health and safety are contained in two acts: the **Factories Act** (1948, amended 1987) and the **Mines Act** (1952, amended 2016).

India also has social security and health insurance scheme for lower wage workers governed under the **Employees' State Insurance (ESI) Act**, (1948, amended 2016).

OSH Laws and Policies in India : The Factories Act

- pre-employment and periodic medical examination
- mandatory, periodic monitoring of the work environment in those industries defined as hazardous
- maximum permissible limits for a number of chemicals
- to be implemented by the State Factory Inspectorates
- similar provisions for mines act
- applicable only to factories employing 10 or more workers — covers ~13 million workers

OSH Laws and Policies in India : ESI Act

- applicable to non-seasonal factories employing 10 or more persons
- wage limit for coverage under the Act is ₹ 21,000 per month
- employees covered — 31.1 million (2018)
- benefits —
 - medical care
 - sickness - 70% pay compensation
 - maternity benefit
 - dependent benefit
 - rehabilitation, old age medical care

OSH Laws and Policies in India

- other provisions for protection of special groups of workers including those in plantations, docks, building and construction, tobacco, mining and insecticides
- legal provisions and regulation of child labour

Implementation of Laws and Policies by Govt.

OSH is split between two ministries. While, primary health care and medical education fall in the mandate of Health Ministry, the Ministry of Labour has the main responsibility of OSH.

Health is a state subject and Labour is concurrent list subject. OSH is implemented and monitored at state level, through the Directorate of Industrial Safety and Health who employ engineers and medical staff to inspect factories.

Currently there is no government agency or department that deals exclusively with OSH matters. The Director General of the Factory Advisory Services & Labour Institutes (**DGFASLI**) deals with the safety and health of workers employed in **factories and ports**. Directorate General of Mines Safety (**DGMS**) deals with the safety and health of **miners**. Other departments under the Ministry of Labour that deal with OSH issues in different sectors, e.g. the **construction sector**. There is **no agency** that covers safety and health for workers in **unorganised sectors**.

Implementation of Laws and Policies by Govt.

	2009	2009*	2011	2011*
Registered Factories	324,761	120	325209	120
Working Factories	270,294	100	271085	100
Employment	13,100,129	4847	11634070	4291
Safety Officers	2,642	0.97	3587	1.32
Welfare Officers	3,096	1.14	3228	1.19
Factory Medical Officers	6,809	2.51	7464	2.75
Total Injuries	33,093	12.24	29837	11
Fatal Injuries	1,509	0.55	1433	0.53

Statistics of Factories at a Glance (DGFASLI Safety Statistics)

* data linearly scaled for 100 working factories

** represents only 5% of workforce

Industry Compliance and Initiatives

Statutory regulations require all hazardous process industries to have a Central Safety Committee. Both employers and workers participate and the committees are intended to promote cooperation between workers and management. They also participate in training and communication on OSH.

Many progressive companies go beyond the provisions of the law and have set up full-fledged Occupational Health Center (OHC)s; not only at manufacturing locations but also in offices. Besides **emergency medical services**, the OHCs offer **preventive, promotive and curative health services** to its employees. The activities include: **preventive medical services, medical surveillance, workplace surveillance, lifestyle modification efforts, health awareness, stress management, first aid training** etc. Many opt for certification in OHS such as OHSAS 18001: 2007.

OSH Professionals and Organisations in India

There is **separate training** on OSH for safety professionals and occupational health professionals. A **demand for training Safety Officers** already exists as it is a **statutory requirement for factories**, but training on occupational health is still in its infancy. The Central Labour Institute and its associate institutes offer a 3 month certificate course in Industrial Health with an annual intake of around 150.

The Central Labour Institute, National Institute of Occupational Health, National Safety Council of India, Regional Labour Institutes and NGOs such as Indian Association of Occupational Health, also organise periodic **short training courses** on occupational health for industrial physicians, safety professionals and industrial managers. **Short duration postgraduate courses** in occupational health are available (2019).

OSH Organisations : IAOH

Indian Association of Occupational Health

- NGO
- 21 branches across country
- 3,000 OH physicians and OSH professionals members

Involved in

- creating OSH awareness
- proactively influencing national policies through appropriate linkages
- networking with national & international agencies to augment research and training in OSH
- updating knowledge base and skill sets of OH professionals by holding scientific activities
- publishing a professional occupational & environmental health journal (OSHEN)

Summary of OSH Issues in India

1. huge workforce in unorganised sector
2. availability of cheap labour due to huge unemployment
3. meagre public spending on health
4. inadequate implementation of existing legislation
5. large number of unorganised / unreported occupational illness
6. relative shortage of trained and skilled OSH professionals
7. multiplicity of statutory controls
8. apathy of stakeholders
9. infrastructure problems
10. delay in implementation of national policy on OSH

Current and Future Needs

The three most important OSH needs are:

1. legislation to extend OSH coverage to all sectors of working life including the unorganized sector
2. spreading the awareness about OSH among stakeholders
3. development of OSH infrastructure and OSH professionals
4. other issues : integration of occupational health with primary health care

Current and Future Needs : National Policy and Legislation

Government of India approved the National Policy on Safety, Health and Environment at Work Places in February 2009. The policy provides general guidelines and statutory framework for all stakeholders to develop a safety culture and environment in work places. Suitable guidelines need be developed for the **unorganised sector including agriculture and home work**. Principal employers who outsource 'homework' should also have the basic responsibility to provide basic safety and health information to the persons who carry out this work.

There is an urgent need to build credibility, competence and acceptability for enforcement authorities. Extensive **training of factory inspectors** should be undertaken.

A **national registry of occupational diseases and accidents** should be established and maintained.

Current and Future Needs : Creating Awareness

There is strong need to create OSH awareness among all stakeholders such as lawmakers, employers, employees, contractors and the general public.

1. OSH needs to be included in educational curricula at all levels of school, university and technical education.
2. Public awareness about, for example, the health hazards of environmental pollution, and diseases caused by exposure to harmful substances, should be created through mass media.
3. The unorganised sector needs OSH training and effective awareness campaigns.

Current and Future Needs : Creating Awareness

4. There is an urgent need to change the mindset of workers and employers through OSH education. Trade unions can be very effective in the prevention of accidents and work-related diseases through the use of OSH as a collective bargaining issue and by exerting pressure on political leadership.
5. Specific codes of practices on occupational safety and health issues such as noise, chemical handling; ship breaking, etc., should be prepared and published for use by selected industries. Video films, manuals, and booklets should also be prepared and distributed.
6. OSH training programmes should be organized at or near places of work with mandatory participation of employers and their representatives. Involvement of NGOs, professional organizations and employers associations should be sought in these efforts.

Current and Future Needs : Development of Infrastructure and Competence

There is a great shortage of occupational health professionals in India.

1. **Short-term courses** should be designed and conducted on a massive scale for medical doctors in the government and private sector in order to increase awareness and competence in the diagnosis of occupational diseases.
2. **Postgraduate courses** in occupational health and industrial hygiene are needed along with high level academic positions in occupational health at universities.
3. An independent, **national accreditation agency** is needed to establish national standards on OSH.
4. **An audit system** for assessing the effectiveness of OSH in industries, ports and mines would be helpful as would an international exchange of OSH experts.
5. For national level **studies and surveys, government should seek cooperation** from employers' organizations/associations, NGOs and professional organizations such as Confederation of Indian Industries, Indian Association of Occupational Health etc.

Emerging Challenges and Paths

- There are many factors, which are changing the industrial environment in India such as: globalization, outsourcing, transfer of technology, newer type of jobs (IT, Call Centre), change in employment pattern etc.
- Additionally factors like **increasing literacy / education** will also lead to **enhanced awareness** and "Right to Know" demand from workers.
- Another important factor in India is **Judicial Activism**, which has had a positive impact on matters of public interest. Indian judiciary is seen to be very receptive to PIL (public interest litigation) on matters of occupational & environmental health and safety importance and has accelerated positive changes such as pollution control etc. NGOs, media and employee pressure groups are also playing a positive role in this matter.

Conclusion



Conclusion

1. Out of India's >1.2 billion population, 63.6% form working age group. More than 90% work in informal economy, mainly agriculture and service. Remaining less than 10% work in organized sector - mainly manufacturing industry, mining and some services. Some of major occupational risks are accidents, lung diseases, pesticide related diseases and hearing loss due to noise.
2. The Occupational Safety and Health (OSH) scenario in India is complex. Unprecedented growth and progress go hand in hand with challenges such as huge workforce in unorganized sector, availability of cheap labor, meagre public spending on health, inadequate implementation of existing legislation, lack of reliable OSH data, shortage of OSH professionals, multiplicity of statutory controls, apathy of stakeholders and infrastructure problems.
3. The national policy on OSH, adopted by government in 2009, is yet to be implemented. The policy targets only workers in organised sectors. There is no policy for remaining workers in unorganised sectors.

Conclusion

The most important OSH needs are -

1. legislation to extend OSH coverage to all sectors of working life including unorganized sector
2. spreading awareness about OSH among stakeholders
3. development of OSH infrastructure and OSH professionals