

A Study On Health Status Of Contract Labours In Mining Companies Of Ballari District

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ABSTRACT :Contract Labours one of the essential source of Nowadays in public and privet sector as well as Mining companies also, Health problem one of the major issues impact on contract labours, This paper briefly discusses the current status of Mining Contract Workers health-related issues, including Air pollution noise pollution, skin dis- orders, as well as research and other activities aimed at protecting miners from occupational illnesses and disease Mining workers health status is very poor because Mining job heavy rick work, mining dust ,Contract workers faced physically .Mentally and environmental pollution .The present sample of 40 respondent of Mining Contract labour for the study. There search utilized both primary and secondary data. Primary data was collected the Interview schedule while secondary data was collected from in books, reports, journals, newspapers, Articles and company "s website and publications. The data collected was analyzed using the spread sheets Windows 2007 and Statistical Package for Social Sciences (SPSS). The data was presented in tables, figures, charts, pie charts and graphs. This Study covers only selected Mining Companies of Ballari district.

KEY WORDS: Health Status, Contract Labours, Mining Companis.

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I. INTRODUCTION

Contract labour generally refers to “Workers employed by or through an intermediary on work of any establishment”. Such labour can be distinguished from the direct workers in terms of employee-employer relationship and the method of wage payment. The contract labour does not have any direct relationship with the principal employer. It has a distinct way of working unlike in any other classes of labour like permanent, temporary, casual etc. The contract labour system is based on triangular relationship between the user enterprises, the contractors including the sub-contractors as middle man, and the worker. The workers are recruited by an outside agency or person and are supplied to an establishment or engaged on its work. Unlike direct labour, they neither feature on the muster roll of principal employer/ establishment nor are paid directly

Health also one of the major thing as per human working conditions were concerned healthy people make health Nation .Mining job known to have high risk of injury and disease.

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The bibliographic citation for this definition is: Preamble to the Constitution of WHO as adopted by the International Health Conference, New York, and 19 June - 22 July 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of WHO, no. 2, p. 100) and entered into force on 7 April 1948. The definition has not been amended since 1948.

Health Schemes for Contract labour

The Contract Labour (Regulation and Abolition) Act, 1970 This Act provides that the following amenities shall be made available by contractors for their employees:

1. Canteen, if employing 100 or more workers.
2. Rest rooms or other suitable alternative accommodation where contract labour is required to halt at night in connection with work of the establishment.
3. Washing facilities.
4. First-aid box equipped with the prescribed contents.

The Mines Act, 1951

It provides for the following:

1. Shelters for taking food and rest if 50 or more workers are employed.
2. First-aid boxes and first-aid rooms if more than 150 workers are employed.
3. A canteen, if 250 or more workers are employed.
4. A crèche, if 50 or more women workers are employed.
5. Pit-head baths equipped with showers, sanitary latrines.
6. Welfare officer if 500 or more workers are employed.

Dock Worker's (Safety, health and welfare) scheme 1961

A comprehensive dock-workers' (safety, health and welfare) scheme 1961 has been formed under the Dock Workers' (Regulation of Employment) Act, 1948. The various welfare measures proposed under the act includes provisions pertaining to: Estelar

1. Urinals and latrines.
2. Washing and bathing facilities.
3. Rest shelters and call stands.
4. Drinking water and canteen facilities.
5. First-aid facilities.

Besides these facilities, certain extra mural labour welfare facilities are also made available to workers, such as provision of:

1. Education facilities including adult education.
2. Sports and recreation.
3. Medical facilities.
4. Fair price shops and co-operative societies.

These and other welfare facilities are largely financed by Dock Worker's Fund.

The welfare board manages various aspects of welfare activities.

II. STATEMENT OF THE PROBLEM

Contract labours are very difficult nature of work in Mining companies at Ballari District, there are faced so many problems physically, Mentally, Economically then overall health status of contract labour,

III. REVIEW OF LITERATURE

Donoghue (2004) Occupational health hazards in mining: an overview, in this article outlines the physical, chemical, biological, ergonomic and psychosocial occupational health hazards of mining and associated metallurgical processes. Mining remains an important industrial sector in many parts of the world and although substantial progress has been made in the control of occupational health hazards, there remains room for further risk reduction. This applies particularly to traumatic injury hazards, ergonomic hazards and noise. Vigilance is also required to ensure exposures to coal dust and crystalline silica remain effectively controlled.

Paramita Ray, Contract Laboursystem in India: Issues and Perspectives in this study explored Contract Labour is a significant and growing form of employment in various types of industries. The exploitation of contract labour is now biggest issue in the era of globalization and liberalization. The aim of this Paper is to focus on the overview of the contract labour system in India, Evolution, the analysis of the present law and various loopholes under the Act. This Paper also analyses the history of the contract labour Act and how the existing law evolved in India by referring various committee's recommendations. This paper also explains judicial interpretation on some important issues of contract labour Prohibition and Abolition Act, 1970.

Douglas Scott, Larry Grayson, Selected Health Issues in Mining, This study clarified to Data on health-related illnesses and disease in the mining industry are scarce, and information on rates and costs is not readily available. Substantial amounts of research are being directed to addressing these issues, including work at the National Institute for Occupational Safety and Health's (NIOSH) mining health and safety laboratories in Spokane and Pitts-burgh. This paper briefly discusses the current status of some miner health-related issues, including those involving coal dust, silica dust, diesel particulate mat-ter, asbestos, noise, lead, welding fumes, and skin dis- orders, as well as research and other activities aimed at protecting miners from occupational illnesses and disease.

Judit Simon, Noemi Kiss, Agata and Łaszewska, World Health Organization, This report synthesizes the findings on policies and interventions to improve the access to and quality of health-care provision for labour migrants in the WHO European Region. Based on a systematic literature review in MEDLINE, EMBASE, ASSIA, Econ Lit, SSCI and a grey literature search of studies published in English between 2005 and 2015, 33 relevant studies were identified. Sixteen studies focused on specific policies or interventions for labour migrants and included information on whether they were successful, 17 studies plus two additional studies included best practice recommendations for future policy-making. The findings point at barriers other than legal ones, which prevent full health-care utilization and highlight, inter alia, the role of documentation status, high socioeconomic

status, health insurance, labour unions and safe working conditions. Other important factors include the necessity of an intersectional approach among different government divisions and cross-border cooperation as potential contributors to reducing inequalities for labour migrants.

Vanessa Gash, Antje Mertens, and Laura Romeu Gordo, (2006) *Are Fixed-Term Jobs Bad for Your Health? A Comparison of Western Germany and Spain*, This paper we use panel data to analyse the health effects of fixed-term contract status on men and women in western Germany and Spain. This paper asks whether the changes in the employment relationship due to employment law liberalisation have altered the positive health effects associated with employment (Goldsmith et al. 1996; Jahoda 1982). Using contract type information on switching between unemployment and employment we analyse whether transitions to different contracts have different health effects. We find that unemployed workers show positive health effects at job acquisition, and also find the positive effect to be smaller for workers who obtain a fixed-term job. We also establish surprising differences by gender and country, with women less likely to report positive health effects at job acquisition. For western Germany, this was found to be a function of the dual burden of paid and unpaid care within the home.

Alfred F. Wagenaar, Michiel A. J. and others, 2011, *Can labour contract differences in health and work-related attitudes be explained by quality of working life and job insecurity?* The Researchers Analyzed here that due to a lower quality of working life and higher job insecurity, the health and work-related attitudes of temporary workers may be less positive compared to permanent workers. Therefore, we aimed to (1) examine differences between contract groups (i.e. permanent contract, temporary contract with prospect of permanent work, fixed-term contract, temporary agency contract and on-call contract) in the quality of working life, job insecurity, health and work-related attitudes and (2) investigate whether these latter contract group differences in health and work-related attitudes can be explained by differences in the quality of working life and/or job insecurity.

Amrita Ghatak, 2010, *Health, Labour Supply and Wages: A Critical Review of Literature*, in This article addresses the research question, how does general physical health status influence the labour supply behavior and labour productivity? It deals with the issues that are dealt by the economists to explain the mechanism through which health as a form of human capital is related to labour productivity and labour supply decision. This article discusses the definition and measurements of health, theories that try to explain the health-productivity linkage, followed by a description of empirical studies that address the issue, both at the macro and micro levels. The review identifies the knowledge gaps important for further research in this area.

IV. OBJECTIVE OF THE STUDY

- To analyze the Health Status of Mining Contract Labours
- To Specify Working Environment and Safety measures of Mining Contract Labours
- To know the problems faced by Contract labour for implementation of Health measures.
- To Clarify the Awareness about First aid box to Contract Labours
- To Understand the Medical benefits of Contract Labours

Hypothesis of the Study

- Mining Contract Labour Utilize to Very low medical Benefits
- Ballari Mining Companies effect from Air Pollution
- Mining Workers Faced so many physical problems
- Mining workers are adopted drug and alcohol more than Seventy percent

V. LIMITATION OF THE STUDY

The Present Study carried out in working on Contract labours in selected Mining companies of Bellary District, this study is regarding only health status on contract labours.

VI. RESEARCH METHODOLOGY

The present study is primary empirical in nature, A part from primary data, the secondary data is also used for the present study. Secondary information has been collected from the records concerned of officer of the sample unit, apart from this; the information is also collected from the daily news papers, journals, Article, internet etc.

Sample Size

In the present research researcher has been collected information from the 40 respondents. To select these responds researcher has been adopted the Purposive Sampling method.

Data Collection

In this study the researcher used primary and secondary data. Primary data was collected the Interview schedule while secondary data was collected from in books, reports, journals, newspapers, Articles and company 's website and publications etc.

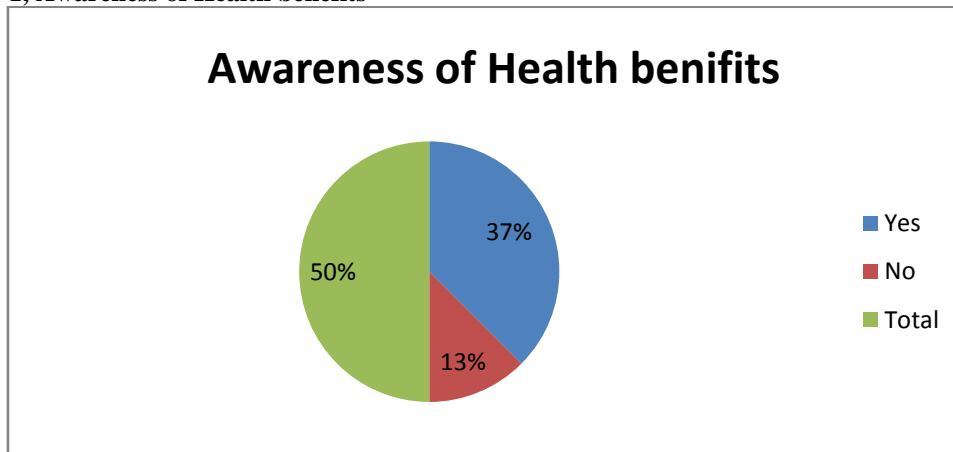
Tables

Table: 1 Awareness of Health benefits

Opinion	Respondent of number	Percentage
Yes	30	80
No	10	20
Total	40	100

{Source- primary data}

Chart No: 1, Awareness of Health benefits



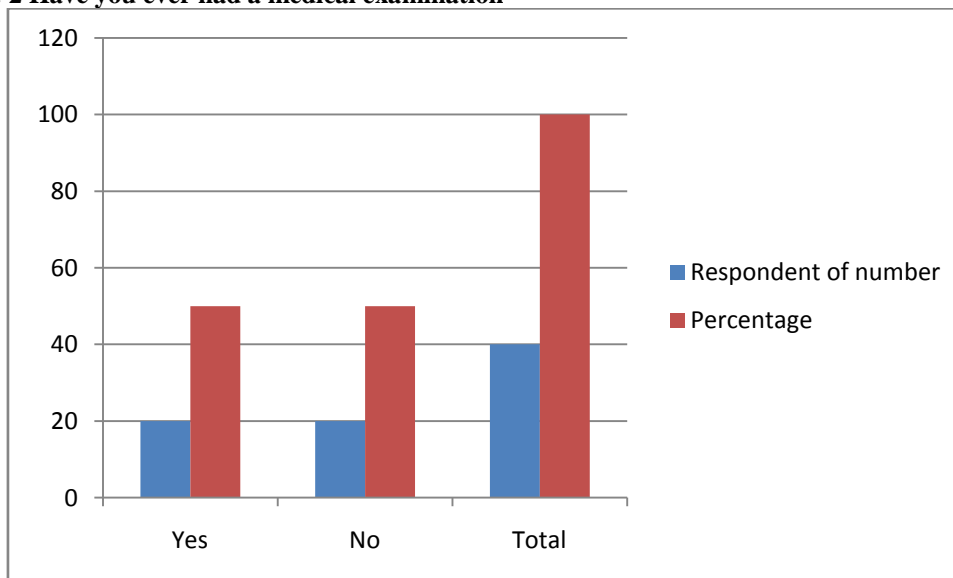
The analysis of the above table shows that 80% of respondents are Awareness about the health benefits opinion is yes 20%. of respondent are No awareness health benefits in this respondent.

Table: 2 Have you ever had a medical examination

Opinion	Respondent of number	Percentage
Yes	20	50
No	20	50
Total	40	100

{Source- primary data}

Chart No: 2 Have you ever had a medical examination



The analysis of the above table shows that 50% of respondents are ever had a medical examination opinion is yes as well as 50% of respondent are ever had a medical examination in this respondent.

VII.FINDINGS

Providing health and safety measures to Mining contract labours, there are many contract labours didn't give the importance of health and psychological issues and solution, very low knowledge about environmental issues, health benefits, worker participation in management, Every year most or should conduct the health checkup to contract labour. Then implement the awareness program about importance of health and applicable the good health tips.

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