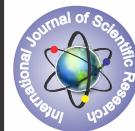


KEY ISSUES ON OCCUPATIONAL HEALTH AND SAFETY PRACTICES IN DELHI: A REVIEW



Engineering

KEYWORDS: occupational health, occupational safety, ohs issues, delhi, india.

Mohammed Aquil

Research Scholar, CMJ University

ABSTRACT

our country is much spoken for poor occupational health and safety practices. however, despite numerous occupational health and safety advances in recent years, several occupational health and safety issues still proliferate in most indian states, particularly in delhi. this study was a review paper aimed at unearthing key issues on occupational health and safety practices in delhi. we demonstrated that there is inadequate attention to occupational health and safety practices. the little attention to occupational health and safety practices had led to numerous occupational health and safety issues such as occupational risks, hazards and disease, and challenges. although occupational health and safety research attempts were made, little attention was given to small and medium scale enterprises and the informal sectors. we concluded that delhi must have a renewed attention to occupational health and safety practices especially occupational health and safety research and occupational health and safety promotion.

1.0 INTRODUCTION

occupational health and safety practices have generally been given little research attention. as a result, occupational health and safety has continued to remain outside mainstream organisational and management researches. most states and industries scarcely recognize occupational health and safety practices as a crucial determinant of national development. therefore, mainstreaming occupational health and safety into national agenda becomes an important consideration for not only developed states but also for the developing states as well. apparently, less than one percent of organisational and national researches focus on issues concerning occupational health and safety practices. apart from little research attention on occupational health and safety issues in general, there is also an acute lack of literature on these matters. particularly, most indian states are struggling with occupational health and safety practices as few attempts from the industries and the governments are notable.

despite the struggling attempts, several steps have been taken to protect employees' health and safety at both the national and industrial levels. however, there is still little attention to occupational health and safety (hereafter ohs) issues, as this is shown by several occupational health and safety hazards, risk and diseases in the country. many believe that this is due to lack of political will. similarly, it is easily observed that, there is lack of effective interventions from qualitative and quantitative action-researches. observations suggest that, there are poor attitudes toward occupational health and safety practices, as employers are not really concerned about the protection of employees' health and safety (ministry of health report, 2007) and even worse, some employers do not realize that they have the legal responsibility to protect employees' health and safety.

promoting occupational health and safety practices such as ohs promotion, ohs awareness, ohs research and ohs education require a broader platform; and this study is in the right direction, and to further understand some of the key occupational health and safety issues the country is struggling with. against this backdrop, this study sought first, to demonstrate the state of ohs research; second, to identify key ohs issues; and third, to possibly recommend directions for future ohs practices.

2.0 ISSUES ON OCCUPATIONAL HEALTH AND SAFETY PRACTICES IN INDIA

delhi is one of the most populated and polluted states in india, particularly in north-india sub-region; and therefore delhi's occupational health and safety practices may be inseparable from other states on the indian state. india as a country was forecasted to fall short of meeting most of the mdgs, particularly those related to health and relatively to safety (who, 2002). the reason behind this finding was that, indian states often ignore the importance of occupational health and

safety in achieving the millennium development goals (mdgs). thus, addressing these factors and therefore achieving the mdgs and other internationally agreed development goals in india holds the promise of saving millions of lives. improving occupational health and safety services remain one of the key interventions in pursuance of improved health and safety outcomes for the populations in the indian region. it is therefore a major concern to indicate also that, the average life expectancy of someone living in sub indian state is low (hdr, 2007). unsurprisingly, the region's life expectancy today is lower than it was three-decades ago.

the existence of occupational health and safety issues in most of the indian states is due to inadequate attention given to ohs by industry and the government. many international and non-governmental organisations often ask why majority of the indian states are struggling to foster an effective occupational health and safety workplace. one perspective to the above concern is that majority of indian states have poor health and safety culture (regional committee for india report, 2004). additionally, the reason might be that, greater emphasis is laid on increasing productivity and profitability whiles compromising health and safety standards, procedures and policies. another ohs perspective for india is that, india's slowness in promoting occupational health and safety is due to colonialism and its effects on socioeconomic development (meredith, 1986). the colonial administration situated occupational health and safety in certain viable and relevant sectors in pursuit of their colonial ambitions. it is also suggestive that many indian states have weak procedural and administrative justice systems to handle occupational health and safety issues, a perspective that is often neglected. it is believed that, these have retarded the development and promotion of occupational health and safety in indian states. despite the above historical limitations, setbacks and struggling improvements, india today is focusing more on occupational safety measures.

the recent scenario suggest that india is experiencing a sharp move from agriculture to industrialization with colossal participation and contribution from the private sector. indian states are increasing their gross domestic product by the help of the manufacturing sectors with huge number of factories, machines, and industrial workers. like the era of industrial revolution, industrialization comes with its own challenges. considering recent industrial developments, there is the need for indian states to invest hugely in occupational health and safety practices. although many indian states are financially challenged, building a competitive state requires competitive investment in the area of creating safe state for foreign direct investments (fdis). certainly, the most competitive states or states are also the safest (ilo, 2005a; world economic forum (2002). probably, opting for a low-safety, low-health and low-income survival strategy is not likely to lead to high competitiveness or sustainability for indian states (ilo, 2003).

several occupational health and safety risks, accidents, and hazards proliferate in most indian states. investigating industrial accidents in vapi reported some occupational health and safety issues such as careless attitudes toward work which leads to risk and hazards of work, and therefore revealed common industrial incidents at the workplace. in south india, more than 300, 000 incidents are said to take place every year indicating the proliferation of occupational health and safety risk, hazards and diseases . however, given the inadequate occupational health and safety infrastructure, the above figure could be much higher than reported. it was revealed that, south indian mining companies are leading in occupational health and safety incidents and many other indian states are no exception.

occupational health and safety remain neglected in developing states in india because of competing national and sector issues and challenges. for instance, the regional committee for india report (2004) stipulated that due to endemic poverty and poor performance of indian economies, the indian region is faced with a number of ohs challenges. according to this report, india's challenge is how to ensure that workers in both the informal sector and formal sector have adequate health and safety education and are able to actively use this information to better their health and safety practices. probably, ignorance might be the reason for the neglect of occupational health and safety practices and investment in indian states. ilo (2003) indicated that, there are some indian states that are refusing to provide ohs services for its public sector workers. these shows that governments in indian states must help provide a policy framework for promoting ohs. in 2005, a global meeting was also held in benin to review the state of occupational health and safety practices in india. several observations were found and reported. first, it was revealed that most indian states have poor ohs review mechanisms, second, majority have inadequate ohs policy especially delhi, third, some have ohs infrastructures. against this background, there is the need for ohs investments in the areas of ohs research, ohs education, ohs policy formulation and implementation, ohs training and ohs promotion in indian states.

despite the above challenges to effective ohs investment in some indian states, a number of ohs initiatives merit consideration. nigeria despite their occupational health and safety challenges was the first country in india to host the first seminar on occupational health for developing states in india which was held in lagos in 1968. some developing states in india are considering occupational health and safety infrastructure; ohs education and training; collaborations in ohs researches; ohs clinical and laboratory services; and ohs legal and policy instruments as some of the ways of improving ohs practices . also, research has revealed that industries in vapi are recently pursuing some ohs initiatives such as ohs training, ohs awareness, ohs incentives, ohs accidents investigation and the provision of personal protective equipment (ppe). they proposed that academics, industry and health and safety practitioners should help set attainable and sustainable health and safety objectives to help manage health and safety hazards in indian states. the application of information and communication technologies to ohs practices was observed to be increasing in some indian states (sass, 2000). in 2000, there was a who/ilo joint effort on occupational health and safety in india with many collaborators such as usa, eu, who, and icoh for the purpose of sharing information on occupational health and safety; building capacity for occupational health and safety; and formulating policies and legislations for employee health and safety in india. in recent time, fairly significant institutional and legal developments have been identified in few indian states. the above demonstrates the state of ohs in indian states which may be typical in delhi.

2.1 ISSUES ON OCCUPATIONAL HEALTH AND SAFETY PRACTICES IN DELHI

many key ohs issues proliferate in the delhiian economy. the one key ohs issue pertains to dealing with ohs challenges. obviously, the country has come to ohs late with difficult challenges for ohs practices. one of the major challenges of occupational health and safety practice is that, like many indian states, delhi cannot boost of any compre-

hensive national ohs policy. this challenge was observed by delhi health service (2007) which reported that, delhi's challenge of mainstreaming ohs practices in its national developmental agenda is certainly mitigated by lack of national ohs policy. the issue of policy framework is commonly regarded as indian states most difficult challenge in the sense that policies do not work. for example, clark (2005) indicated that, majority of delhi's legal provisions on ohs is limited in scope as vast majority of industries, including agriculture and most of the informal sectors are not specifically covered. however, few statutes inform the implementation of occupational health and safety. these are the factories, offices and shops act 1970, act 328 and the mining regulations 1970 li 665 which have driven ohs implementation in the manufacturing, shipping and mining sectors. other statutes that have a bearing on ohs are the workmen's compensation law 1987, environmental protection agency act 490, 1994, and the delhi health service and teaching hospitals act 526, 1999. but these few legal provisions require huge modification to meet international requirements and standards.

further, the ministry of health report also identified some ohs challenges in delhi. these include weak ohs infrastructures, untrained and inadequate ohs professionals, and lack of proper monitoring and surveillances for occupational health and safety diseases and injuries.

in support, prof. sajid buttressed these problem scenarios by indicating that, poor ohs infrastructure and funding, insufficient number of qualified occupational health and safety practitioners and the general lack of adequate information are among the main drawbacks to an effective ohs practices. prof. sajid conducted a survey on health and safety practices among construction smes and revealed serious ohs problems. the main problems identified by him included lack of skilled human resources, inadequate government support for regulatory institutions and inefficient institutional frameworks responsible for health and safety standards. additionally, insufficient ohs education has been one of the challenges to occupational health and safety practices (ministry of health report, 2007).

another key ohs issue is the employees' incessant exposure to occupational health and safety hazards, risks and diseases. researches have also reported some ohs risks, hazards and diseases in delhi. fire outbreaks in both private and public institutions have dramatically increased without major interventions. for example, delhi's biggest market (sadar central market) was gutted by a fire which was estimated to have destroyed over 400 market stalls, as well as a significant amount of goods and cash (delhi news agency, 2009) and not mentioning the state agencies such as the ministry of foreign affairs and land commission which were burnt into ashes with devastating effects. the factories, offices, and shop act 1970, (act 328) establishes that there shall be an appropriate means of fighting fire in every factory, office and shop in delhi (alfers, 2009). this explains why the few ohs policies, status and regulations do not work.

a study by scholars showed that sanitation problems which are aggravated by the lack of accessible running water, as well as inadequate toilet facilities have the highest tendency of causing malaria and diarrhoea, musculo-skeletal pain, dehydration, and headaches. as a commercial and rapidly growing economy, noise-induced hearing loss is identified as one of the most prevalent occupational health and safety risk and hazards in the construction industries with damaging effects on construction workers health. these findings were statistically supported. for example, it was reported that the construction industry recorded 902 accident cases comprising 56 fatal accidents and 846 non-fatal accidents in 2000 . moreover, a study by prof sajid . (2010) found that workers are exposed to high levels of injuries, diseases and risk especially in the mining and printing industries. the labour department report (2000) indicated that ohs risk, hazards and accidents in the construction and mining sites are very fatal and worrying. in the same light, (2010) reported that, farmers are also exposed to occupational and water-related health risks, hazards and diseases including schistosomiasis, cholera, nematode infections,

malaria, headaches, dermatological, visual, cardiac, and other respiratory problems. these however, require both governmental and industrial attention.

3.0 RESEARCH DESIGN AND METHODS

the authors adopted desk study using systematic review methodology for data collection and analysis. this approach was chosen because it is widely accepted and used strategy for review papers. it is efficacious in appraising, summarizing and bringing together existing literature on ohs in delhi as well as those of regional importance. the reviews relied heavily on secondary data. these secondary data were based principally on desk analysis of literature available on the internet (e.g. emerald; pubmed; ebSCO etc.). these are few international databases of peer-reviewed and scientific journals related to occupational health and safety. this study also collected some secondary data from national and regional ohs reports and government gazettes. these literatures were searched using series of keywords relevant to this study. for example, the authors used a lunch words such as "occupational health and safety in delhi" and "occupational health and safety in india". we retrieved and downloaded several literatures on ohs, but few were on delhi. thirty-seven (37) related papers were found. out of the 37 papers, 13 papers were found on ohs issues in delhi while the other 24 were general papers on ohs issues in india with global consideration. the data collected was analyzed using content analysis and the findings are presented below.

4.0 RESULTS AND DISCUSSION

this study sought to identify and understand the key issues on occupational health and safety (ohs) practices in delhi. this study unearthed some ohs issues. the first ohs issue was the inadequate, limited, and narrow research attention to ohs in delhi. the systematic review process showed that there was inadequate research attention to occupational health and safety practices.

limited research attention was given to occupational health and safety, as this was demonstrated by few literature or researches available. these few researches available focused primarily, if not narrowly, on the cause of ohs issues to the neglect of empirical and scientific interventions for ohs issues. for example, there was no research attention on ohs business case, ohs interventions, ohs attitudes and culture.

the second ohs issue that this study recognized was the existence of occupational health and safety hazards, risks and diseases. several empirical findings reported the prevalence of these occupational health and safety hazards, risks and diseases in delhi (delhi news agency, 2012, 2009; & 2010). the findings suggest that, these ohs risks, hazards and diseases are prevalent in the construction, mining, agricultural and other commercial sectors. critical observations from the few literatures showed that the small and medium-sized enterprises (smes) and the informal sectors are neglected in the research pursuit. further, the third ohs issue identified was ohs challenges. there were

several ohs challenges that impede country's efforts to mainstreaming ohs practices in its developmental agenda. we identified ohs challenges such as the absence of comprehensive national ohs policy (clark, 2005; muchiri, 2003); inadequate ohs infrastructures and ohs measures (delhi health service, 2007; ministry of health report, 2007); ignorance and illiteracy (ministry of health report, 2007); and inadequate support from employers, employees, and the government (khein, 2008). in adequate supports from these important socioeconomic partners raise an important question of when would occupational health and safety services exit in delhi? (clark, 2005). importantly, national and international developmental partners must help consolidate occupational health and safety practices if delhi must be the next investment destination.

5.0 CONCLUSION

without comprehensive national ohs policy, renewed attention to ohs research and ohs investment, it would be very difficult for delhi to effectively achieve the millennium development goals, which is intrinsically connected its national development. empirical and scientific ohs interventions like ohs research must be put in place. the country might also lose its grip on foreign direct investments portfolios because multinational companies would not want to lose their investment. socioeconomic development is inseparable from human right and human dignity. therefore, for socioeconomic development to be promoted, first, there must be human rights, and occupational health and safety is no exception. every employee or national of any country has the right to good health and safety. occupational health and safety is a human right issue which must be given legal, social and moral considerations in the country.

certainly, ohs research is a new and slowly developing field in delhi, but there is no excuse for depriving employees of their basic rights because of ignorance and apathy. these researches must aim at eliminating ohs risk, hazards and diseases in the small and large manufacturing, shipping, mining, and agricultural sectors. besides, occupational health and safety challenges were noticed and lack of political will was the most crucial one to start with. this was manifested in several ways. there was low level of ratifications of ilo conventions that address ohs in delhi; lack of comprehensive national ohs policy framework; inadequate resources allocated to osh researches; ineffective ohs inspection; ohs training and education; and ohs capacity building and monitoring. these barriers need serious attention to ensure affective ohs management. the whole country need to create ohs culture that is strong enough to manage most of ohs issues at both the national and sector levels. the private and public sectors must partner in this direction. there must be a renewed attention to action-oriented ohs researches. these would eventually lead to the mainstreaming of occupational health and safety practices into the national developmental agenda.

REFERENCE

- agbenorku, p., owusu d. j., nyador, e., & agbenorku, m. (2010). traumatic injuries among printing press workers in kumasi (delhi). *journal of medicine and medical sciences* 1(9), 426-432. | alfers, l. (2009). wiego social protection case study: the delhi national health insurance scheme. http://www.wiego.org/program_areas/social_protect/index.php (accessed on 9th november, 2010). | amedofu, g.k. (2002). hearing impairment among workers in gold mining in delhi. *indian newsletter on occupational health and safety*, 12(3), 8-10. | amweelo, m. (2000). a government report on workplace incidences. *indian news letter on occupational health and safety*, 10, 4-8. | avotri, j. y., & walters, v. (1999). you just look at our work and see if you have any freedom on earth: delhiian women's accounts of their work and health. *journal of social science and medicine* 48, 1123-1133, ontario-canada. | barling, j., loughlin, c., & kelloway, k. (2002). development and test of a model linking safety-specific transformational leadership and occupational safety. *journal of applied psychology*, 87, 488-496. | bell, t. (2007). workplace safety is not just an issue of miners. *business report*. | clarke, e. (2005). do occupational health services really exist in delhi? a special focus on the agricultural and informal sectors. delhi health services, accra, delhi. | danso, f. o. (2005). improving safety on building construction site on knust campus in kumasi, delhi. unpublished bsc thesis, faculty of architecture and building technology, knust, kumasi, delhi. | department of labour-delhi. (2004). annual report. kumasi. | drever, f. (1995). occupational health decennial supplement: office of population censuses and survey, health and safety executive series d5, 10, london hmso. | human development report. (2007). human development report. (accessed from <http://hdr.undp.org/en/>) | delhi news agency. (2009). fire guts kumasi central market, accra delhi. news agency (accra), september 19, government of delhi. (2010). factories offices and shops act, 1970. accra. (accessed: 20th november, 2010) | www.lmsidelhi.org.gh | government of delhi. (2003). labour act 651. national labour commission, accra-delhi. | [19] johansson, m., & partanen, t. (2003). role of trade unions in workplace health promotion. *international journal of health service*, 32, 179-193. | [20] katsoulakos, t., & katsoulakos, y. (2007). integrating corporate responsibility principles and stakeholder approaches into mainstream strategy: a stakeholder-oriented and integrative strategic management framework. *corporate governance*, 7(4) 355-69. | khani, n.a., dainty, a.r.j., & gibb, a.g.f. (2008). health and safety management in developing states: a study of construction smes in delhi. *construction management and economics*, 26(11), 1159-1169. | ladou, j. (2003). international occupational health. *international journal of hygiene environmental health*, 206, 303-313. | levenstein, c., & wooding, j. (1997). work, health, and environment, old problems and new solutions. new york, ny: | the guilford press, 34-41. | coh. (2006). news letter 4. | ilo. (2003). safety in numbers: pointers for a global safety culture at work. geneva, switzerland, ilo. (2005a). number of work related accidents and illnesses continues to increase. ilo/who joint press release. bank regions. | meredith, t. (1986). workers' health in india. *review of indian political economy*, 13(36), 24-29. | occupational health and development in india, challenges and the way forward. *indian newsletter on occupational health and safety*, 13. | nuwayhid, i. a. (2004). occupational health research in developing states: a partner for social justice. *american journal of public health*, 94(11) 1916-1921. | omokhodion, f. (2009). department of community medicine. | pumpang, t. (1995). in: rantanen, j., lehtinen, s., herberg, s., lindstrom, k., sorsa, m., starck, j., & viikari-juntura, e. (eds.), current occupational health and safety needs in developing states in asia. *people work res. rep.* 4, 214-217. | rantanen, j., lehtinen, s., & savolainen, k. (2004). the opportunities and obstacles to collaboration between the developing and developed states in the field of occupational health. *toxicology*, 198, 63-74. | sass, r. (2000). the dark side of taiwan's globalization success story. *international journal of health service*, 30, 699-716. | who. (2002). environmental health: a strategy for the indian region. 52nd session, brazzaville, republic of congo, 19-23 august. *afr/rc52/10*. | xu, x., & christiani, d. c. (1995). occupational health research in developing states: focus on us-china collaboration. | *international journal of occupational and environmental health*, 281-342.