



ORIGINAL RESEARCH PAPER

Nursing

HEALTH RELATED QUALITY OF LIFE AMONG WORKERS OF TEXTILE INDUSTRIES IN KERALA.

KEY WORDS: handloom weavers, health related quality of life, textile industry.

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ABSTRACT

A cross sectional study was conducted to investigate the health related quality of life of textile workers in Kerala. A total of 174 handloom weavers from four handloom textile units were selected for the study. SF 20 Questionnaire and a socio personal data sheet were used to collect the data. Data were analyzed using descriptive (frequency, percentage and median) and inferential (Mann Whitney U test / Kruskal Wallis exact test) statistics. Statistical significance was set as $p < 0.05$. The results revealed that the textile workers had good quality of life scores in role functioning (median score = 100), social functioning (median score= 100), and physical functioning (median score = 83) domains, and moderate scores in the mental health (median score =60) and poor in health perception (median score 40) and pain (median score 40) domains of health related quality of life. The factors significantly associated with health related quality of life were age, gender, duration of work, type of work and presence of illness.

INTRODUCTION

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO). Health related quality of life focus on the impact of health on person's ability to live a fulfilling life. World Health Organization defines quality of life as an individual's perception of their position in life in the context of the culture and value system in which they live and in relation to their goals, expectations, standards and concerns¹. Textile industry workers are exposed to variety of health hazards. Varghese A, Salim H. (2015) reported that the handloom industry in Kerala faces many health problems and challenges, and these are affecting the growth and sustainability of this industry². There are numerous health and safety issues associated with the textile industry. According to Babel S, Tiwari M. (2014) the health hazards in the weaving unit consist of falls, injury from machinery, injury from handling materials, fire and ignition, hazards due to noise emission and fibre dust³.

Majority of the workers in this industry is from a very low socioeconomic status and are not aware about the health hazards of this industry. There is a need to critically assess the health related quality of life of these workers to implement corrective measures. This study is intended to measure the health related quality of life of textile industry workers in Kannur district, Kerala, in order to formulate specific measures to improve the health related quality of life among workers of this industry.

Background and Related Literature

In the export sector, India has overtaken many countries and has become the sixth largest exporter in the field of textiles and apparel in the world. This industry employs over 45 million people directly and 100 million indirectly, including a large number of rural women. Among this handloom weaving alone provides direct employment to 35.23 lakh weavers and allied workers. There are approximately more than 2500 textile industrial units in India⁴. The cotton mill industry, one of the important medium and large-scale industries in the state of Kerala mainly depend on the Handloom sector. Juliet, S. and Manjula K.C. (2021), in a study to assess the occupational health problems among workers of textile industries in Kannur district, Kerala reported that many health problems exist among these workers such as; musculoskeletal problems (85.7%), eye problems (62.4%), digestive problems (45.7%) and respiratory problems (35.2%)⁵

Kittipichai W, Arsa R, Jirapongsuwan A, Singhakant C. (2015), conducted a cross-sectional study among workers of textile dyeing factories in Bangkok, Thailand, to investigate the factors influencing the quality of life. The finding showed that the overall quality of life among workers was between good and moderate levels (52.6- 94.0) and the percentage mean

score was 74.77⁶.

Sumardiyo S, Wijayanti R, Hartono H, Probandari A. (2019) conducted a cross-sectional survey among workers of a textile company in Indonesia, to find the correlation between hearing loss and quality of life. The study finding showed a significant positive correlation between hearing loss and the quality of life of the workers. ($r_s = 0.698$; $p = 0.000$). The study also found that hearing loss caused a decrease in quality of life by 23% while the remaining 76% was influenced by other factors such as age ($p = 0.024$). Hence the study concluded that hearing loss and age are the factors that lead to decreased quality of life among the textile workers⁷.

Statement of the Problem

Assessment of health related quality of life among workers of selected textile industries in Kannur district, Kerala.

Objectives

1. Assess the health related quality of life among workers of selected textile industries.
2. Find the association between the health related quality of life and selected socio personal variables.

MATERIALS AND METHODS

A quantitative approach with a cross sectional descriptive design was used for the study. Data were collected from 174 textile industry workers, selected randomly, from four selected handloom industries in Kannur district in Kerala. A socio personal data sheet and SF20 questionnaire were used to collect the data using self-report technique. Statistical tests such as frequency, percentage, median and Mann Whitney U test / Kruskal Wallis exact test were used for the analysis using the statistical package SPSS version 16.

Findings.

Socio-personal Variables of Study Subjects

Out of the 174 textile workers, majority, 151 (86.8%) were females, 75 (43.1%) belonged to the age group of 51-60 years, and 74 (42.5%) had education up to secondary school level (table: 1) Of the 174 samples, 52 (29.9%) workers had 21 and above years of work experience, and 48 (27.6%) of them worked for a duration fewer than 5 years. Regarding the type of work, the majority (80.5%) were engaged in weaving (table: 2).

Table:1. Frequency And Percentage Distribution Of Textile Workers Based On Age, Gender And Educational Status. N=174

| Variables | Total (n=174) | |
|---------------|---------------|---------|
| | F | % |
| Age in years, | 31-40 | 29 16.7 |
| | 41-50 | 70 40.2 |
| | 51-60 | 75 43.1 |

| | | | |
|--------------------|----------------------------|-----|------|
| Gender | Female | 151 | 86.8 |
| | Male | 23 | 13.2 |
| Educational status | No formal education | 3 | 1.7 |
| | Primary education | 61 | 35.1 |
| | Secondary education | 74 | 42.5 |
| | Higher secondary education | 26 | 14.9 |
| | Degree and above | 10 | 5.7 |

Table: 2. Frequency And Percentage Distribution Of Textile Workers Based On Duration And Type Of Work.

N=174

| Variables | | Frequency (F) | Percentage (%) |
|---------------------------|--------------|---------------|----------------|
| Duration of work in years | 0-5 years | 48 | 27.6 |
| | 6-10 years | 20 | 11.5 |
| | 11-15 years | 31 | 17.8 |
| | 16-20 years | 23 | 13.2 |
| | 21 and above | 52 | 29.9 |
| Type of work | Weaving | 140 | 80.5 |
| | Winding | 27 | 15.5 |
| | Dyeing | 1 | .6 |
| | Warping | 3 | 1.7 |
| | Twisting | 1 | .6 |
| | Stitching | 2 | 1.1 |

Health-related Quality of Life of Textile Workers.

Textile workers had good quality of life scores in role functioning (100) and social functioning (100), followed by physical functioning (83) whereas moderate health related quality of life score is reported in the mental health domain (60) and poor score (40) in health perception and pain domains (figure:1)

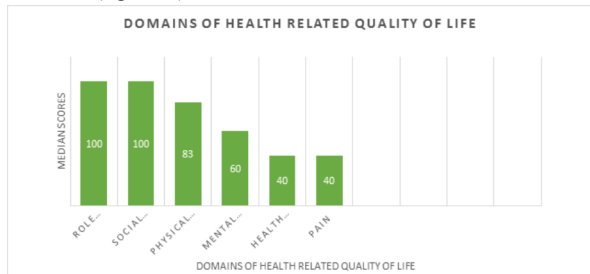


Figure 1: Average Scores Of Domains Of Health-related Quality Of Life (HRQOL) Of Textile Workers.

Association Between Health-related Quality Of Life (HRQOL) And Socio-demographic Variables.

The present study found that socio-demographic variables such as age (p= 0.001), duration of work (p=0.026), and presence of illness (p<0.001) are significantly associated with the physical functioning domain of Health-Related Quality of Life; gender (p=0.002) and presence of illness (p=0.044) are significantly associated with mental health domain ; age (p=0.20) and presence of illness (p=0.001) is significantly associated with health perception; gender (p=0.024), type of work (p=0.016) and presence of illness (p=0.001) with pain and presence of illness is significantly associated with role functioning (p<0.001) and social functioning (p=0.001) domains of Health-Related Quality of Life..

DISCUSSION

The findings of the present study showed that out of the 174 subjects, 151 (86.8%) were females, 75 (43.1%) belonged to the age group of 51-60 years, 74 (42.5%) had education up to secondary school level, and 52 (29.9%) of the workers had more than 21 years of work experience. Regarding the type of work, the majority (80.5%) were engaged in weaving.

The above findings related to socio- demographic variables are comparable to some studies conducted in India and Eastern Nepal. Lakshmi, Jangeti & Deepika, Machavarapu & Paul, M. & Lakshmi, V.Vijaya. (2018) conducted a study in

Telangana state, India, to assess the impact of work station on low back pain among weavers. The study reported that 40% of the workers had above 20 years of work experience⁸. Saramon, S. (2014) reported that most (62.1%) of the workers who participated in the study, to assess the health problems related to exposure to the textile industry were in the age group of 20-39 years, and 30.6% of workers had been working for more than 10 years⁹.

The young population of Kerala does not opt for working in the textile industry due to the low-income margin. Due to the job convenience the textile industry workers are predominantly female whereas the men find better heavy-lifting jobs that also provide better income. Compared to Telangana state, Kerala has a higher literacy rate and due to fewer job opportunities, the educated people of Kerala are forced to join this industry despite the low remuneration offered. Weaving is the major activity in the present study setting hence it requires the greatest number of workers.

The findings of the present study show good quality of life scores in role functioning (100) and social functioning (100), followed by physical functioning (83) whereas moderate health related quality of life score is reported in the mental health domain (60) and poor score in health perception (40) and pain domains (40). The investigator could find consistent results in another study conducted among workers of textile dyeing factories in Bangkok, Thailand, which reported that the overall quality of life was between good and moderate levels with a percentage mean score of 74.77⁶.

CONCLUSION

The poor health-related quality of life score, in health perception and pain domains, in the present study may be due to the high prevalence of occupational health problems. Every worker should be equipped with proper knowledge and skill training for the prevention of occupational health problems. The administrators of these industries should be aware about the importance of preventing occupational health hazards and the researcher recommends the management for taking steps for the implementation of occupational health and safety guidelines in the textile industries.

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