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CHAPTER NO. V

Incidence of Sickness

Benefit :- A case-study of textile workers in Solapur.

Solapur is one of the biggest textile industrial towns in Western Maharashtra. More than 80,000 workers are engaged in composite, handlooms, & de-centralised sector of power looms in Solapur. Amongst many problems, textile industry in Solapur is facing the problem of the absenteeism of the workers.

"The absenteeism can be defined as, Absence is the failure of the worker to report for work when he is scheduled to work. A worker is to be considered as scheduled to work when employer has work available. But he is aware of it"

Formula :-

$$\text{Absenteeism Rate} = \frac{\text{No. of mandays lost due to absense}}{\text{No. of mandays scheduled work}} \times 100$$

It has been recorded by the Labour Bureau, SIMLA & the Annual survey of Industries, that the textile industry in India is having the highest rate of absenteeism. Moreover, among the different textile centres such as Bombay, Kanpur, Ahmedabad etc, the industrial town of Solapur is having the highest rate of absenteeism since last more than 20 years given in Table No. 5.1. is given below :

Percentage of Absenteeism in  
Cotton Mills Industries in India

COTTON MILLS

TABLE NO.5.1

| Year | Bombay | Solapur | Ahmedabad | Karnataka | Kanpur |
|------|--------|---------|-----------|-----------|--------|
| 1971 | 19.3   | 22.1    | 13.6      | 17.8      | 16.4   |
| 1972 | 17.3   | 20.5    | 13.6      | 15.9      | 14.2   |
| 1973 | 18.4   | 19.1    | 13.9      | 18.8      | 14.1   |
| 1974 | 19.3   | 23.0    | 1.82      | 23.1      | 11.8   |
| 1975 | 20.1   | 27.2    | 13.0      | 18.0      | 12.0   |
| 1976 | 20.1   | 26.5    | 13.8      | 19.5      | 15.2   |
| 1977 | 21.5   | 27.4    | 13.8      | 21.9      | 9.9    |
| 1978 | 21.6   | 30.0    | 13.0      | 19.2      | 11.6   |
| 1979 | 25.3   | 35.6    | 13.7      | 18.7      | 24.8   |
| 1980 | 22.0   | 36.6    | 14.9      | 22.7      | ----   |

(Various Issues of Pocket Book of Labour Statistics)

Thus the industrial town of Solapur is suffering from the problem of chronic absenteeism of the textile workers.

The causes of absenteeism as recorded in the service books of the workers include casual leave, authorised leave, unauthorised leave, strikes & Hartal, accidents, lockouts, sickleave & others. Among these causes the sickleave & the unauthorised leave, contribute to the high rate of absenteeism. More particularly it was observed that absenteeism rate of the textile workers of Solapur was 36.6 for the year 1980.

In this chapter an attempt is made here to analyse the incidence of sickness benefit with particular reference to the ESI Scheme being implemented for the textile workers. This case-study will also help us to know the seriousness of the sickness & its effect on the absence behaviour of the textile workers.

It is hypothesised here that the textile workers take undue advantage of the benefits of ESI Scheme. The workers are entitled to get cash benefits for the reasons such as Sickness Benefit (S.B) Extended Benefits (E.S.B.), Maternity Benefit (M.B.), Temporary Disablement Benefit (T.D.B.), Dependents Benefit (D.B.), Enhanced Sickness Benefit (Enh.S.B.), confinement charge. Most of the workers provide the medical certificates by the authorised doctors on the basis of which they enjoy the benefit of sickleave.

The ESI Scheme in Solapur is being implemented through five local office it covers nearly 37,000 workers as insured employees up to March 1986 & it is given the last chapter.

We have randomly Selected 58 chronic cases of the textile workers in one of the local offices (Station Road Office). These workers are both permanent & Badli workers, in the composite Mills i.e. L.V.Mills in Solapur. There are 12,200 workers as insured employees in this Station Road Office up to March 1986. The following table will show the incidence of Sickness Benefits for the last three finance years.

TABLE NO. 5.2

| Year | Type of Benefit | No. of Payments | No. of days | Average No. of days per annum/ per employer. |
|------|-----------------|-----------------|-------------|--|
| 1983 | S.B.            | 52002           | 2,68,711    | 19.47  |
|      | T.D.B.          | 3932            | 31,413      | 2.27   |
| 1984 | S.B.            | 34919           | 1,88,142    | 16.59  |
|      | T.D.B.          | 2046            | 17,509      | 1.54   |
| 1985 | S.B.            | 36143           | 1,78,183    | 14.25  |
|      | T.D.B.          | 2247            | 18,877      | 1.51   |

It is clear from the above table that every worker got more than 19 days of sickleave per year in 1983. Which was more than 16 days & more than 14 days in the year 1984 & 1985 respectively under the Sickness Benefit.

The causes of sick leave can be classified as major illness such as T.B. Jaundice Alcer & minor illnesses such as cough, headache, cold & fever, pain in stomach, dysentary, general weakness, pain in chest etc.

The following Table No. 5.3 will explain the incidence of sickness benefit enjoyed by 38 per manant workers & 20 Badali workers of our sample.

TABLE NO. 5.3

Incidence of Sickness Benefits of the sample workers.

| Year | Days of Sickness | Average No. of days per worker | Total amount paid (Rs.) | Average amount paid per worker (Rs.) |
|------|------------------|--------------------------------|-------------------------|--------------------------------------|
| 1983 | 885              | 15.25                          | 11905.25                | 205.26                               |
| 1984 | 1338             | 23.06                          | 19452.50                | 335.38                               |
| 1985 | 904              | 15.58                          | 13388.00                | 230.82                               |

It is clear from the above table that every worker under study could get a average number of days of sickness leave between 15 to 23 per year in the name of sickness. While considering the nature of illness it is surpering to note that the causes for illness were very simple & the cash benefits enjoyed by the workers is at a greater extent to the tune of Rs. 335.38 in the year 1984 & Rs. 230.82 in 1985. This itself proves the ficticious nature of sickleave. This is mainly because the under practices of the panel doctors & dishonesty of the workers.

An Openion was sought regarding the quality of the medicines provided by the ESI dispensaries & treatment given by the panel doctors. Majority of the sample workers have expressed their opinions that the quality of the medicines was not good. Some of the medicines were found to be out dated. Many doctors donot check the patients properly some of the patients have the serious complaints of strong reaction of the medicies provided by the ESI doctors. As a result of this we have observed that many patient took sick leave for the sake of cash benefits only & they visit private doctors for their serious & real illness. Thus it can be said that at the implementation level the social security scheme of ESI has laid the element of risk & uncertainty in the minds of the workers regarding their real illness. This scheme is mainly used for getting cash benefits only. Ofcourse the

fault doesnot lie the scheme it self but it is lack of professional, eithics of the ESI doctors & dishonesty of the workers. Thanks to the latest amendment of ESI Act of 1984. Which has raised the eligibility of the workers for this benefit from Rs. 900 to 1600 per month & it has also cancelled the old set system for calculating the benefit period this has definatly prevented the mal practices of the Scheme. But the success of the whole scheme depends upon the co-ordinated efforts of the ESI doctors & the working community.