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Occupational Health, Unpaid Care Work and Livelihood Insecurity among Women Beedi Workers in Telangana: A Gender-Based Analysis

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Abstract: ***Women's participation in informal employment is shaped by occupational conditions and unequal responsibilities for unpaid domestic and care work. Women engaged in home-based beedi rolling combine income-generating activities with household responsibilities, potentially affecting their health, earning capacity and opportunities for occupational mobility. This paper examines these interconnected dimensions using published secondary evidence from the V. V. Giri National Labour Institute (VVGNLI) study of women beedi workers in Telangana. The underlying survey covered 400 women in selected villages of Nizamabad, Kamareddy and Nirmal districts. Published findings indicate that 99.5 per cent participated in unpaid domestic services, with an average reported time of 292 minutes; employment-related activities accounted for an average of 581 minutes. Self-reported complaints included lower back pain (27.5 per cent), body and hand aches (27.0 per cent) and numbness of fingers (18.0 per cent). The paper interprets these findings through a gender-economics and livelihood-security framework. It argues that employment participation alone is an incomplete measure of empowerment: occupational healthcare, recognition of unpaid work, suitable working arrangements and accessible livelihood opportunities are also required. As the analysis uses published aggregate data, it does not establish causal relationships or clinical diagnoses.***

Keywords: Occupational health; unpaid care work; women beedi workers; gender economics; informal employment; time use; livelihood insecurity; Telangana

1. Introduction

Women's participation in paid employment is an important dimension of inclusive development, but employment does not automatically ensure economic independence, decent working conditions or improved well-being. Women in informal occupations often combine income-generating activities with cooking, cleaning, childcare and care for dependent family members. These responsibilities are essential to household welfare, yet they are frequently under-recognised in conventional assessments of employment and productivity.

Home-based beedi rolling illustrates this intersection of productive and reproductive work. Work carried out within or near the household may offer some flexibility in location, but it can also blur the boundaries between paid work and domestic responsibilities. Beedi rolling involves repetitive manual activity and sustained periods of work. The combination of such tasks with household duties raises questions about rest, health, time poverty and access to alternative livelihoods.

This paper examines occupational health, unpaid domestic work and livelihood insecurity among women beedi workers in selected districts of Telangana. It uses the published VVGNLI survey as its empirical foundation and interprets the findings without claiming that the available aggregate data demonstrate causation.

2. Research Problem and Objectives

The central problem is that assessments of women's employment often concentrate on income or participation while giving less attention to occupational health and unpaid care responsibilities. For home-based workers, these dimensions may interact: health-related difficulties can affect work capacity, while domestic responsibilities can limit time for rest, healthcare and skills development.

The objectives are: (i) to examine participation in paid and unpaid activities; (ii) to describe reported time spent on employment-related and domestic activities; (iii) to review selected self-reported occupational health complaints; (iv) to discuss the possible implications for livelihood security; and (v) to identify gender-sensitive policy measures.

3. Review of Literature and Analytical Perspective

Gender and informal-employment research emphasises that women's work is shaped by occupational segregation, unequal access to productive resources and the distribution of unpaid care. The International Labour Organization (ILO, 2018) identifies unpaid care work as a major influence on women's labour-force participation and the quality of employment available to them. The ILO's work on home work also draws attention to the need for decent working conditions and protection for workers whose production takes place in or around the home (ILO, 2021).

Occupational health is relevant to both worker welfare and livelihood continuity. Repetitive manual tasks, unsuitable seating, poor lighting and prolonged work may be important risk factors to assess in home-based production. However, survey-reported symptoms are not equivalent to medical diagnoses. Clinical assessment and detailed exposure information are needed before drawing conclusions about specific occupational diseases.

The analytical perspective adopted here links three dimensions: (a) paid work and its time requirements; (b) unpaid domestic and care work; and (c) health and livelihood capacity. The framework is interpretive. It does not estimate a causal model because the published aggregate figures do not provide linked individual-level observations.

4. Research Methodology

This paper adopts a descriptive secondary-data design. Its principal source is Samantroy, Parande and Das (2025), Vulnerability Mapping and Identification of Alternative Livelihood for Women Beedi Workers in Telangana, published by the V. V. Giri National Labour Institute. The underlying survey covered 400 home-based women beedi workers in selected villages of Nizamabad, Kamareddy and Nirmal districts.

The analysis draws on published information about participation in employment-related activities, unpaid domestic services, caregiving and self-reported health complaints. The present paper did not independently conduct the survey. Percentages and time-use figures are reproduced as reported in the source. In particular, the caregiving time figure should be interpreted according to the original report's denominator and activity definitions; it should not automatically be treated as a sample-wide average.

The study is descriptive and does not test the proposed relationships statistically. The available aggregate data do not establish whether particular working postures or hours caused specific health conditions, nor do they directly quantify the effect of health problems on earnings.

5. Empirical Findings and Discussion

5.1 Participation in paid and unpaid activities

The published findings show that employment-related activities were reported by all respondents, while almost all respondents also participated in unpaid domestic services. The average reported time for employment-related activities was 581 minutes and for unpaid domestic services was 292 minutes. The reported caregiving participation rate was 17.0 per cent, with an average time of 98 minutes as presented in the source.

Table 1: Participation in selected activities

Activity	Participation rate	Average reported time
Employment-related activities	100.0%	581 minutes
Unpaid domestic services	99.5%	292 minutes
Unpaid caregiving services	17.0%	98 minutes

Source: VVGNLI time-use survey findings (January–May 2024), as reported in Samantroy et al. (2025). Note: Interpret the caregiving time figure using the original report's denominator and activity definitions.

5.2 The double burden of paid and unpaid work

The figures indicate that income-generating work coexists with substantial unpaid domestic responsibilities. The average reported employment-related time is approximately 9 hours and 41 minutes, while the average domestic-services time is approximately 4 hours and 52 minutes. These figures should not simply be added to produce a total working day because the source's activity definitions, possible overlaps and reporting conventions need to be considered.

Home-based work may make it possible to coordinate production with household tasks, but this flexibility should not be mistaken for an absence of disadvantage. Fragmented work periods, interruptions and the expectation that women remain responsible for domestic tasks can restrict rest and participation in training or other employment. Unpaid work also supports household welfare and the reproduction of the labour force, even when it is not directly remunerated.

5.3 Self-reported occupational health complaints

The VVGNLI report records a range of health complaints, with musculoskeletal symptoms prominent among the selected responses. Lower back pain, body and hand aches, and numbness of fingers were reported by notable proportions of respondents. The data are self-reported and should not be described as clinically confirmed prevalence. They identify issues for occupational-health assessment rather than establishing diagnoses or causal links.

Table 2: Selected self-reported health problems

Health problem	Percentage reported
Lower back pain	27.5%
Body and hand aches	27.0%
Numbness of fingers	18.0%
Arthritis	6.0%
Dust allergy	4.0%
Spondylosis	3.0%
Wheezing cough or respiratory problems	2.6%

Source: VVGNLI (2025), as reported in Samantroy et al. (2025). Note: These are self- reported complaints, not clinically confirmed diagnoses.

5.4 Livelihood Implications

Health-related difficulties may affect livelihood security through reduced capacity to sustain work, interruptions in production, medical expenditure and dependence on other household members. For workers paid by accepted output, any interruption may potentially reduce earnings. Nevertheless, the source data presented here do not quantify individual work interruptions or estimate the income effect of particular symptoms. These are plausible channels for further investigation, not measured causal effects in this paper.

Unpaid care responsibilities may also constrain occupational mobility. Training can require travel, fixed schedules and time away from household duties. Women may be unable to participate even when programmes are formally available. Locally accessible training, flexible schedules and childcare support can therefore be important complements to skills development.

6. Policy Implications

First, occupational-health services should be accessible to home-based workers through local screening, referral and

follow-up. Second, preventive information on posture, seating, lighting, hand and back strain, and regular rest breaks should be developed with workers and health professionals. Such measures should complement, not replace, appropriate labour protections.

Third, livelihood programmes should recognise unpaid care constraints. Community-based childcare, locally delivered training and flexible schedules may improve access. Fourth, training should be connected to actual market demand, employment placements and sustainable income opportunities. Fifth, policy monitoring should measure not only participation but also post-training employment, net earnings, income stability and worker well-being.

Finally, labour and development policies should recognise the contribution of unpaid domestic work. Time-use evidence can inform programme design and help avoid assuming that women have unlimited time available for additional training or paid work.

7. Limitations and Future Research:

The study relies on published findings from selected villages in three districts and cannot automatically be generalised to all women beedi workers in Telangana. Health information is self-reported, and the aggregate data do not establish causality. Time-use figures must be read using the original survey definitions and denominators.

Future research should collect individual-level information linking working hours, domestic and care responsibilities, clinical assessments, medical expenditure, production, earnings and work interruptions. Longitudinal data would help assess how changes in health and care responsibilities relate to income and occupational mobility. Participatory research could also document workers' own priorities regarding workplace improvements and alternative livelihoods.

8. Conclusion

The evidence reviewed in this paper demonstrates why the economic position of women beedi workers should be assessed through paid work, unpaid domestic responsibilities and occupational health together. The VVGNLI findings show high participation in domestic services alongside substantial employment-related time, as well as self-reported musculoskeletal complaints. These patterns raise important questions about time poverty, health and livelihood security, although the available aggregate evidence does not establish causal effects.

Economic empowerment requires more than access to an income-generating activity. It also requires safe working conditions, accessible healthcare, recognition of unpaid labour and realistic opportunities for occupational mobility. Integrating these dimensions into labour and livelihood policy is essential for gender-equitable and inclusive development in Telangana.

References

[1] International Labour Organization (ILO). (2018). Care Work and Care Jobs for the Future of Decent Work. Geneva: ILO.
[2] International Labour Organization (ILO). (2021). Working from Home: From Invisibility to Decent Work. Geneva: ILO.
[3] Dr. D. Ranjith (2022), "Position of Land Holdings of the Sample Households of Beedi Workers in Telangana State; An Inter District Analysis", PARIPEX - Indian Journal of Research, Vol. 11, Issue-08, August 2022.
[4] Samantroy, E., Parande, P., & Das, A. (2025). Vulnerability Mapping and Identification of Alternative Livelihood for Women Beedi Workers in Telangana. NLI Research Studies Series No. 167/2024. Noida: V. V. Giri National Labour Institute, Ministry of Labour and Employment, Government of India.