Many health hazards which are caused by unsuitable work conditions are not treated as hazards. When a worker complains of aches and pains, the problems are rarely diagnosed with reference to the work he/she does. Often such complaints are treated as normal or minor, and are considered to be the effects of poverty, malnutrition or unhealthy living conditions. The management treats these complaints as problems in the mind of the workers rather than problems of the workplace. The Repetitive Strain Injuries (RSI) complaints of the workers are often treated in this manner.

RSIs are greatly underestimated in their magnitude and importance as an occupational health problem. This is partly the reason why very little research has been done on the subject, as a result of which the field of RSI is relatively unknown. There is a paucity of knowledge on how to identify and treat RSI. It is also not known how discomfort at work leads to injury, how much discomfort is normal, and what are the limits to the threshold of pain a worker is expected to live with.

It is not even clear what disorders are covered by the term RSI. Experts of different countries give different names to different types of strain injuries. For example, in Japan and Sweden, strain injuries of the neck and shoulders are referred to as occupational cervico-brachial disorders. Some other countries refer to strain injuries as static muscle and joint load. In the US, strain injuries are referred to as overuse injuries of the lower arms, hands and wrists in general, and carpal tunnel syndrome and tenosynovitis in particular. The different names and the different diagnostic patterns confuse the matter, as a result of which the disease as well as the factors associated to it are ignored.

It is ironical to note that most of the safety analysis and training programmes till date have ignored RSI as a disease. There is widespread ignorance among workers, safety representatives and management about the prevalence of strain injuries. To establish the prevalence of RSI, one should not fall into the trap of differential diagnostic terminology. Rather, statistics on all types of strain injuries need to be collected. One way of doing this is to prepare statistical reports based on the complaints of the workers. This has to be done at each shop-floor and workplace level. It is necessary to establish the proof so that RSI are recognized by the health and safety regulation laws and workers can claim for the removal of the hazard as well as for compensation.

It needs to be borne in mind that there should be certain priorities set for research, based on the problems faced by the workers. It should also be geared around the prevention of the injury, rather than just documenting the hazards. Workers' complaints of aches and pains need to be looked at in terms of their work condition. In case of work hazards, the workers' experiences can be valuable epidemiological data. The research work should be carried out by those who are in constant touch with the workers and the conditions of the workplace, rather than established medical/scientific bodies who are alienated from the workers.

In Australia, despite the government's propaganda to imply that RSI do not exist, the unions are putting pressure on the Government to accept its existence. In October 1984, the National Occupational Health and Safety Commission established an RSI Committee, whose members include representatives from government departments as well as from various Unions. One of the main tasks of this committee is to collect information on RSI. Several Unions and workers' health organisations are holding public seminars and making recommendations for the prevention (Continued on page 3)
Repetitive Strain Injuries

"Work faster, production will go up; you will get extra incentive." Every worker hears this the moment she/he starts working. This pronouncement is more emphatic when applied to the sectors of work where the workers are paid on a piece-rate basis. In both the organised and unorganised sectors of work in India, be it mechanised or labour intensive, there is no Code to deal with job and task design, frequency of task breaks, work rates or procedures for fixing deadlines with respect to capacity production. Workers are continuously pressured to work faster, and they do not complain about the health problems associated with their work load due to insecurity about future employment.

The fatigue and discomfort workers face while constantly bending, extending their arms, fingers, wrists, and legs respectively and by exerting force on these parts of the body while in various awkward postures lead to many forms of physical injury and disability which is generally called Repetitive Strain Injuries (RSI).

Terminology

RSI implies muscular-skeletal injury associated with movements of muscles. However, the term is used in a variety of ways by different experts. Some refer to it as overuse injury because a few of the strain injuries are caused by a static muscle load rather than by repetitive muscle movement. Some also refer to RSI as the set of injuries associated with a particular muscle group called tendons. Without referring to technicalities, RSI can be defined as the damage to muscle, joints and tendons caused by rapid, repetitive and/or forceful movements of the body, or heavy pressure on some part of the muscle joints while working.

Causes of the Disease

Initially the aches and pains the workers suffer are not recognized. But these are in fact the first signs of RSI. Workers who mostly use their hands and arms can develop injuries in their hands, wrists, elbows and shoulders. Workers in the electronics industry, or in bread rolling work who use only one or two parts of their bodies, such as their hands and shoulders, in repetitive movements, develop pain in the wrists, fingers and shoulders. People who use machines with a foot paddle (garment industry), can develop RSI in their legs and hips. Workers who have to constantly bend or lift weight can develop injuries to their muscles and joints, particularly on the back. The injuries can develop slowly over the years or it can happen suddenly, as a result of sudden increase in the work rate.

The strain injuries can be broadly divided into three types depending on the areas affected. The most commonly known RSI is Tendinitis. This is an inflammation of tendon sheaths usually in the wrist. The other terms are Carpal Tunnel Syndrome which is a compression of the nerve that connects part of the hand and thumb and two fingers as it passes through the palm of the hand. The third category can be termed as multiple strain injury affecting all the tendons, muscles, joints, etc.

Many of the injuries are caused due to bad job design. A study con-

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<th>JOBS</th>
<th>AREAS AFFECTED</th>
<th>TYPES OF DISABILITY</th>
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<tr>
<td>Repetitive wrist movement</td>
<td>Tendons</td>
<td>Tendinitis</td>
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<tr>
<td>Twisting of fingers, bent wrist</td>
<td>Nerve running through wrist</td>
<td>Carpal Tunnel Syndrome</td>
</tr>
<tr>
<td>Repetitive elbow and shoulder leg and foot movement, constant bending, pressure on joints and spine</td>
<td>Blood vessels, muscles, spine and joints</td>
<td>Tennis elbow, backache and injury, multiple strain injury</td>
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ducted by the National Institute of Occupational Health (NIOSH), Ahmedabad, showed that 65 per cent of the beedi workers complained of backache, while 38 per cent experienced pain in the hands and legs, while 25 per cent reported problems in the neck. Most of these problems are due to wrong work posture and improper or non-existent job design. Similar results are also seen in another study conducted by SEWA, Ahmedabad among the garment workers. A study conducted by the National Institute of Design (NID), Ahmedabad, among garment workers confirmed the above findings and established that the unsuitability of the height of the machines as well as the position of the worker contribute to the postural problems and result in pain and swelling of the limbs. 

It is generally accepted that RSI has three causes — repetition, static loading and force. Repetition (repeated small strains) occurs while using a hammer, beedi rolling, foot pedaling, etc.; static loading occurs while carrying bricks and stones in awkward positions, such as the shift staircases commonly seen on construction sites, raising the arms above the head, or while frequently stretching to reach for something; and force occurs when there are sudden, forceful movements of joints, for instance while wringing cloths, pushing heavy loads, etc. However, besides these, there are many other factors which contribute towards RSI. For example, the use of badly designed tools with the wrong type grip or handle, and the use of vibrating tools, etc., also contribute to RSI. Two studies in Australia show that the organization of work that causes stress and demands high work pressures also contributes towards RSI.

Symptoms

In the initial stages, the symptoms of RSI are pain, swelling and tenderness of the injured parts. These go away completely once the injured part is given complete rest. When the worker continues working in the same work design, then it gives rise to acute chronic pain, aching, swelling, crepitation (grating) and scarring of the tendon muscles. If the injury is extremely severe, the arm may be blue, cold and swollen and the injury may become permanent.

Prevaling Attitudes

Workers in a variety of occupations perform tasks requiring repetition, static loading or force. RSI is generally common, but there is a lack of awareness on the causes of the issue. Till recently, RSI was treated as an Australian disease. Nowhere else in the world was there so much concern or medical evidence on the prevalence of RSI. This does not mean that there were no cases of RSI anywhere else except Australia. A working women’s advocacy organization has been investigating the health hazards of VDT workers and found a high prevalence of tendinitis and Carpel Tunnel Syndrome, two of the most common RSI categories. These statistics reveal that RSI is prevalent in the industries and companies that introduced office automation. However, there has been no standard yet developed to monitor and diagnose the ailment among the office automation workers.

Even at present, researchers do not recognize the injury. Dr. Yolande Lucire, a Sydney-based psychiatrist, strongly stated that overuse injury (RSI) are all in the mind. Her view compelled the participants of a conference where she was presenting a paper, to organize a rally to oppose this point of view. The protest organizers said that “certain conditions are constantly associated with RSI.” The National Institute for Occupational Safety and Health (NIOSH), USA, found, in a study conducted by Dr. Steven Saucer, that 75 per cent of the VDU operators experienced back and neck/shoulder discomfort at least occasionally. Such alarming figures are emerging from various parts of the world. Discomfort in the neck, shoulders, arms, hands, wrists, elbow and back is a common experience of workers all over the world. But there are no statistics on these complaints as these are not considered as symptoms of injury. Doctors still treat people who have this injury as though they have rheumatism or arthritis.

Prevention

Prevention requires careful examination of the workplace equipment, the method of work, the use of tools, the design of tasks and the place of work. Physically stressful movements and bad posture can be easily reduced. A set of steps need to be followed in order to prevent the occurrence of RSI.

- See the doctor (and mention the problems of the workplace) as soon as early symptoms (muscle pain, weakness) are evident.
- Oppose the incentive system of work that makes fatigue an issue. Even if you have to be within your capacity, you cannot do that.
- Educate the supervisors and management about the problems of the workplace.
- Do not continuously do a job which you cannot do.

Continued from page 4

of the injury. A code of practice to monitor the workplace strain injury is also being evolved. The Unions are trying to incorporate this code of practice through Occupational Health and Safety legislations at the state and federal level.

Perhaps unions and organizations involved in prevention of work hazards in India need to learn from the Australian experience. Ignoring hazards like RSI will result in treating the injuries sustained by the workers as aches and pains of poverty, and will never lead to treating RSI as a preventable, treatable disease. Preventive programmes in workplaces aimed at reducing the incidence of RSI are unlikely to be fully successful if workers are not actually involved.

To facilitate their participation, workers need legal support and rights to intervene and suggest changes in workplace design. Workers also need information, resources and technical support which can be provided by National-level institutions working on health and safety issues.
The Government of India had appointed the National Commission on Self Employed Women on January 5, 1987. The Government felt that it was necessary to conduct a comprehensive examination and study of self-employed women workers, as it is in this sector that the lack of access to credit, marketing, health and social security, are most discernible. The Commission studied various aspects of the life of women labourers in the country, with specific reference to the unorganised sector. After one and a half years of extensive visits, discussions, meetings, research and analysis, the Commission, led by Mrs. Ela Bhatt, submitted its report on July 5, 1988.

The findings of the Commission are presented in summary form in a 250-page main report. The details of the findings are presented in the reports of the four task forces, viz., Impact of Macro Policies, Legislative Protections, Communications and Health. In view of the prevailing conditions of working women in the unorganised sector, the Commission has put forth a set of practical recommendations.

The report of the Task Force on Health was prepared by a team of eight members, headed by Mrs. Anahita S. Dastur. Ms. Sujata Goel of the Centre for Development of Social Science Research has also provided research support to the report. This Task Force conducted the study through several methods such as reviewing existing literature, commissioning specific research projects, visiting work sites, organising workshops with women’s groups and grassroot organisations working with women in the unorganised sector. The Task Force looked into the health problems of women in the unorganised sector under four broad heads viz.:

1. Women engaged in heavy manual work — agriculture, mining, construction, head loading, fuel and fodder gathering;
2. Women engaged in home-based work — housework, bead rolling, agarbati, making chakkar, veil, block printing, weaving;
3. Women engaged in work in the service sector and vending — domestic work, laundry work, rag picking, prostitution, vending of different wares;
4. Women involved in the processing industry and other industries — fish processing, cashew, coconut, pencils, fireworks.

With respect to the above areas, the following areas were examined: health status; occupational health; accessibility to and availability of health services; maternity, nutrition, income; women’s awareness and knowledge; mental health; and impact of technology.

Under the section of occupational health, a series of health hazards related to women’s work in the informal sector are highlighted, viz., problems related to the posture at work, problems due to being in contact with hazardous material, problems related to their work environment — lack of latrines, water, ventilation, space; problems related to their work actions — tying, stitching, etc.; problems due to lifting weights; problems due to their long hours of work; problems due to repetition of the movements; problems related to technology; and problems related to mental health. The report highlights the occupational hazards, giving concrete evidence from the different areas of work. At the end, the report provides a series of recommendations, pleading for the need to recognize the work of women in the informal sector and their rights as women and as workers.

Contact: Secretary, The Department of Women and Child Development, Ministry of Human Resource Development, Shastri Bhavan, New Delhi.

The long-awaited report of the Industrial Toxicology Research Centre (ITRC), Lucknow, on various effects of the methyl isocyanate leak from the Union Carbide plant in Bhopal has finally been published in the March 1988 issue of the Indian Journal of Experimental Biology. The study as expected found that respiratory tract irritation followed by eye irritation was the most common and "most important clinical feature" among the MIC-affected patients. The other observation of the team was an "increase in the number of white blood cells (leukocytes) — a pathological condition in inflammation" and increased level of blood urea.

The researchers found "a direct relationship between the average number of complaints per person and distance from the factory to their residence". The complaints of respiration and vision were followed by those related to the gastrointestinal system. Complaints related to the cardiovascular system, skin, urinary system, genital system and nervous systems were 54 per cent higher among females. The research reports that the "self-defence system of the individual cell — called cell-mediated immunity — was affected by the toxic gas."

The Bureau of Indian Standards has brought out a Code of Practice for the control of air pollution in cement plants. The Code provides the latest available information on air pollutants, source control techniques, measurement and monitoring of emissions. (Source: BIS Handbook 1988.)
The Industrial Injuries Advisory Council, London, recommended that Occupational Lung Cancer be added to the list of prescribed industrial diseases for three groups of workers: (i) those whose occupations involve exposure to bis chloromethyl ether (BCME) produced during the manufacture of chloromethyl methyl ether (CMME); (ii) those whose occupations involve the use, handling of, or exposure to the dust of zinc chromate, calcium chromate, or strontium chromate; and (iii) tin miners.

The National Institute of Occupational Health (NIOH), Solna, Sweden has established its 1986 research priorities. The areas are: musculoskeletal injuries, introduction and application of new technology and its implication for human beings, occupational lung diseases, methods for identifying and evaluating carcinogenic potentials of different substances that could have adverse reproductive effects, control technology and skin diseases. The Institute was formerly the Research Department of the National Board of Occupational Safety and Health.

For details contact: National Institute of Occupational Health, Information Department, S-17184, Solna, Sweden.

A study conducted by Dr. Harry Shannon of McMaster University, Canada, established that workers in the manufacture of glass fibre insulation have an increased risk of lung cancer. Dr. Shannon carried out the study among the workers of a Canadian-based fiberglass plant.

Union Carbide hired Consultant supports the previous assertions by Carbide that the Bhopal disaster occurred because of sabotage by a disgruntled employee. The report does not provide a motive for sabotage, nor does it name the worker. The report theorised that a worker entered the tank's storage area during a shift change the night of December 2, 1984, and attached a rubber hose to the chemical tank containing methyl isocyanate, with the intention of ruining the tank's content. (What a way to evade the responsibilities!)

Prohibitory orders under Section 22 of the Delhi Mines Act have been issued in four Delhi stone quarries where the conditions were found dangerous. Ten prosecutions have also been instituted against the management of quarries for various contraventions.

The Australian Journalists' Association has conducted a survey among newspaper members throughout the country on work environment and general health and safety. The data showed that 72.6 percent of respondents, so far, suffer from stiff neck or shoulders. These complaints are thought to be contributing factors to Repetitive Strain Injuries (RSI). About 35.5 percent complained of pain down the arm, 21.1 percent of loss of strength in the hands or arms, 13.9 percent complained of numbness, and 12.9 percent of loss of feeling in the wrists and fingers. All these are serious indications of RSI. The survey also shows that these problems affect men and women members equally. A high percentage from the group of sub-editors complained of the above problems.

A small group of women in North London have formed a support group to help RSI sufferers. The group plans to issue a newsletter as a nationwide link for sufferers and to develop information packs. In U.K., tennosynovitis is recognized as an industrial disease, but other forms of RSI are not. The group is planning to lobby for the recognition of all forms of RSI. The group can be contacted at: Hillingdon Association of Voluntary Services, Christ Church, Redford Way, Uxbridge, Middlesex UB 8 1SZ, U.K.

PRIA organised two training workshops among worker activists on Occupational Health. The first workshop was organised in collaboration with a Madurai-based NGO, Institute for Self-Management, from April 23-25, 1988. Sixty worker activists from Tamil Nadu involved with agricultural workers, handloom and powerloom workers, quarry and construction workers, beedi workers etc., participated. About 30 women activists working among women in the informal sector were present in the workshop. At the end of the workshop some activists showed considerable interest to investigate and document occupational health hazards among agricultural workers and beedi workers, since very little is known about the health hazards in these two areas.

The second workshop was organised at Jamshedpur from May 21-22, 1988 with the support of the Regional Study Centre, Jamshedpur. Forty-two worker activists working in copper mines, iron mines, engineering industries and social activists and students participated. As a follow up to this workshop some activists are planning to conduct a survey on the status of occupational health among copper miners at Chatsik and Musabasti and iron miners at Chaibasa and Naniwarra.

The "First World Conference on Accident and Injury Prevention" will be held at Stockholm (Sweden) during 17-24 September, 1989. The overall theme of the Conference is "Safety — A Universal Concern and a Responsibility for All!"

For information contact: First World Conference on Accident and Injury Prevention, c/o Stockholm Convention Bureau, P.O. Box 6911, S-10239, Stockholm, Sweden. You can also contact Dr. Dinesh Mohan, Centre for Biomedical Engineering, Indian Institute of Technology, New Delhi — 110016, India.

A Satellite Symposium on "Occupational Health in the Unorganised Sector Agriculture and Cottage Industries" is being organised by the National Institute of Occupational Health from 23-24 November, 1988. For more information contact: Dr. D.J. Parkh, Symposium Secretariat, National Institute of Occupational Health, Meghani Nagar, Ahmadabad 380016, Gujarat, India.
Seven incidents of gas leakage were reported in various industries in Madhya Pradesh till January 1988. Gas leakage had occurred twice in the Orient Paper Mill at Amlai, Kiz, Shahdol, during this period. The other industries where gas leakages were reported are Sobhi Chemicals (Dwanganj), Reisen, Jyoti Ice Factory (Bhopal), Vanmada Water Control Station (Indore), UNI-ALKem Fertilizer Factory (Dwanganj), Reisen, and Sinthchem (Indore).

On April 22, 1988, in Punjab, six migrant workers were buried to death and one wounded when a mound of earth fell on them while blasting a tunnel at Thein Dam near Pathankot.

On May 15, 1988, in Bihar, five workers were killed when a transformer of a thermal power station at Patrali caught fire.

On May 7, 1988, in Moscow, 37 people received medical treatment after nitric acid leaked into the air at a pharmaceutical plant in Olain in Soviet Latvia. The origin of the leak was traced after 2 1/2 hours. The victims complained of respiratory problems.

On June 4, 1988, in Dipolog (Philippines), twenty-seven miners were killed when mine tunnels, crudely dug on a remote mountain side, caved in after heavy rains. Lack of equipment hampered the rescue efforts.

On June 26, 1988, about 100 people were injured near Dhaka when an electric short circuit caused a fire at a natural gas pipeline where gas workers were trying to repair a leak.

On June 1, 1988, near Kassel (West Germany), 60 coal miners were trapped after an explosion rocked the Stolzenbach colliery.

On May 31, 1988, a gas explosion killed 49 people in a coal mine in northern China.

On June 2, 1988, in Haldia (West Bengal), three persons were killed when a big fire broke out at the Indian Oil Corporation's refinery.

On May 4, 1988, in Ahmedabad, 19 people including 12 children were killed and 33 injured when an acid tanker overturned in a residential area of Deesa town in north-west Gujarat.

Fifteen thousand tonnes of toxic waste from Philadelphia, USA, has been dumped on the island of Kassa, near the Guinean capital Conakry, by a Norwegian-Guinean joint venture iron products company, Alheco Guinea.

On April 8, 1988, gas leaked from one unit in Naroda, near Ahmedabad. It created panic among the residents of the industrial suburb. However, no major mishap occurred.
An Interaction with Occupational Health Groups

I reached the Highlander Centre, Knoxville, USA, in time for a weekend workshop for people who are engaged in educational work on occupational health and safety with workers in different parts of the country. Most of the participants in this workshop were from COHAT groups (Committee on Occupational Health and Safety) functioning in different parts of the US. These COHAT groups are voluntary organisations, supported by the Federal Government of US. These groups are actively educating workers and lobbying to bring about changes in the national policies. Most of the COHAT groups started as a group of volunteers interested in occupational health and safety issues, and even today many of them rely on volunteers. These volunteers are university students, local citizens, workers, doctors, lawyers etc.

In this weekend workshop, about 40 people came together to share their experiences. They shared their successes and failures, moments of excitement and frustrations, hopes and dreams. Through this sharing, I got an insight into the issues which the Occupational Health and Safety movement in the US is facing.

Occupational Health and Safety vs Tightening Job Market

The dilemma of focusing on Occupational Health and Safety programmes at a time when the job market is being tightened is one which many activists/educators are facing today in the US. In the last 10 years, the growth rate of new manufacturing jobs has been very low. Most of the new jobs are in the service sector, which is a very low paying sector. The old industries are closing down and shifting their plants, either to the southern states of the US, or to third world countries. This shift in the US economy has threatened the entire labour movement which is today facing the challenge of saving the jobs of the workers engaged in a number of manufacturing processes. With the issue of retaining jobs being so urgent; the issue of occupational health and safety is slowly being relegated lower down the priority list.

This is somewhat similar to the situation which we face in our work in India. Here the problem is two fold. One, the organised labour movement is facing the same kind of problem — industries are moving to those so-called backward areas which provide cheap and under-organised labour; and have poor or no implementation of safety laws.

Another problem we face is the high rate of unemployment. There is always a number of unemployed workers which is ready to work on any wages, at any kind of health and safety risk.

Conflicting Interests of Workers vs Communities

Many of the unions in the US fighting occupational health and safety issues are also having problems with the neighbouring communities. These hazardous plants which are polluting the environment are being pressured by the communities which live around them to close down and shift from that area. This genuine demand of the communities pressures the workers, because shifting the plant means losing their jobs. The industries in many cases want to shift because shifting from that place means more profit due to cheap labour available in the backward areas. Hence, workers get trapped between the industry's willingness to shift and the community's demand to shift. The workers of the plant do not want to shift, but would like to repair or bring about change in the production process to minimise the hazards inside and outside the plant. In this situation workers get totally isolated and are not given the necessary support from the communities around the plant.

In such situations the activists have to do a lot of educational work with the communities to join hands with the workers. This is the challenge which most of the labour educators are facing today. In some areas they have successfully been able to bring about some change with the joint force of communities and workers. In other areas, they are still struggling.

A similar situation also exists in highly industrialised cities like Bombay, Calcutta etc. in India.

One thing which I realized is that the extent or size of the problem might be different, but similar problems are being faced here also. Whether it is an issue of job vs safety, or conflict between different groups, it is all here in India as well. This is one of the most important reasons why we should try to establish links with other countries and support and help each other. The Asbestos companies closed down in the West and came to the third world, as did the Pesticides companies. The workers of the developed countries have been saved at the cost of workers dying in the third world. Establishing links of solidarity will help to prevent such things from happening.

Rajesh Pandey, a PKA Colleague reports.
Women's Work, Women's Health: Myth and Realities

This is a book with a new and broad perspective on the problems and complexities of working women. The book analyses the working lives of women in the US. It provides up to date occupational data particularly on risks involving reproduction. It also sets up certain criteria for safety and improved job placement. Many stereotypes about women, their work and health are discussed and many of the myths are challenged by illustrating the realities. Written by Jeanne Mager Stineman.


Hazards in Chemical Units

This is a book on hazards in chemical units located in small and medium sector industrial estates. It is an outcome of a survey conducted in Vapi industrial estate located in Gujarat. Though a large number of chemicals used in the units are carcinogenic, explosive etc. the work progress is continued in an unregulated way. A large number of workers are not provided any information on hazard content of the chemicals and the precautions which should be taken at the event of accident. The study is done by C.G. Pandya of Gandhi Labour Institute, Ahmedabad.


Bhopal: An Interim Appraisal

The Lokayan Bulletin has brought out a special issue on the Bhopal disaster. A number of issues related to the disaster, the response of various institutions, the state of victims, etc. are included. The articles are written by activists/scholars who have demonstrated a continuous commitment to the concerns that the Bhopal disaster has thrown up. Each of them focuses both on the daily processes that lead to the compounding of suffering, and the institutional procedures that make the act of rehabilitation drawn out and cumbersome, seeking to locate the institutional processes of understanding and intervening.

Contact: Lokayan, 13 Alipur Road, Delhi — 110 057.

Health and Safety at Work

This handbook deals with health and safety issues from four basic viewpoints — the social context of prevention of injuries and diseases; hazards, diseases and their control; techniques of monitoring, measurement and control; and organizing on the job. The handbook is prepared in the Australian context, but the chapters on specific hazards, such as noise, screen-based equipment, chemicals, repetitive strain injury and stress are highly useful in general.


Strains and Sprains

This booklet provides guidelines to people working on job designs to prevent wrist disorders back injuries, muscle fatigue and a variety of aches, strains and sprains. It deals only with biomechanical problems related ergonomics.

Available from: UAW Purchase and Supply Department, 8000 E. Jefferson, Detroit, Michigan 482 M., USA.

Occupational Health Issues of Home-Based Piece-rate Workers

This study report is based on three studies of readymade garment workers (Ahmedabad), beedi workers (Indore), and chikan workers (Lucknow). This study is an outcome of a process in which the workers and researchers are collectively involved in systematically documenting the experiences of workplace hazards. The living and work conditions make home-based workers particularly vulnerable to disease and disability. This study highlights the problems of ventilation, illumination, work posture at the work place, and shows how the work conditions lead to a variety of gynecological problems. The study also provides a series of policy recommendations for work place hazard regulations and welfare benefit to the workers of the unorganised sector. The report has been prepared by Mirai Chatterjee of SEWA, and supported by the ILO.


Health and Safety for Women

This book describes the health hazards of women workers. It starts by saying that women do two full time jobs, compared to most men having just one full time job. Apart from the physical hazards, the book provides a special section on reproductive hazards.

Available from: General, Municipal, Boiler makers and Allied Trade Unions, Thurine House, Buxley Ridge, Claygate, Esher, Surrey, KT10 0TL, UK.