

A Study to Assess Health Profile, Morbidities and Health Insurance Coverage amongst Class IV Contractual Employees of DMIMS

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ABSTRACT

Background: Contractual labour can be regarded as a multifaceted construct posing as a significantly detrimental public health concern due to its association with raised occupational health risk both at a national as well as international level. It is prevalent worldwide primarily due to the modern capitalist business practices owing to the economic and technological advances of the twentieth century. Although it employs the less favored members of the society, it also abuses them due to their lack of awareness and understanding of areas of law. Despite the fact that labour laws exist to protect workers, their exploitation continues. Insufficient salaries, prolonged work hours, low reimbursement, poor sanitary conditions, a lack of healthcare facilities, as well as health insurance and expensive healthcare costs, are all factors that contribute to the negative consequences of precarious employment. Due to this contractual Class 4 contract laborers/workers are considered as a vulnerable working population.

Objectives: This study is planned with a motive to assess the health profile, morbidities and health insurance coverage among the class 4 contractual employees and put forth recommendations to reduce or eliminate the adverse effects that precarious employment has on individuals as well as the society.

Methods: This study will be a cross sectional/ observational study, which will be carried out at DMIMS (DU). The class 4 contractual employees will be enrolled as the subjects. Sample size used will be 350. The subjects will undergo screening and medical examination at AVBRH, Sawangi (Meghe). Data will be collected and evaluated. Potential conflicts that may arise will be resolved through discussion.

Result: Proper evaluation of accumulated information along with application of relevant statistical tests will contemplate the study results.

Key words: Class 4 contract labour, Precarious employment, Health profile, Health insurance

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INTRODUCTION

In 1965 the central government indexed the working population of India into 4 distinct categories: group A, group B, group C, and group D. Previously, this classification roughly corresponded to the rank, position, and degree of responsibility associated with the posts. However, these positions are now categorized strictly according to their in hand salaries & scales of payment.

The Ministry of Public Grievances and Personnel and Pensions, issued a revision in mid-2009, & revised the classification for jobs under the union as [1]:

This system of categorization of jobs have been adopted by all organizations of our nation, public & private alike.

Senior management roles in ministries/departments and field organisations fall under Group A, which have significant administrative and executive duties. Group A's middle and junior levels, as well as Group B's, make up middle management. In ministries and field organisations, Group C' posts execute supervisory and operational functions as well as provide clerical services. Posts in Group D are for performing routine tasks [2].

The Group D/ Class IV jobs widely and commonly include "Contract Labour" which is considered as an acute mode of unorganised man force wherein, laborers are employed by the contractor on contract basis. Here,

Table 1: Revised the classification for jobs under the union.

S. No	Description of posts	Classification of posts
1A	A central civil post in cabinet secretary's scale (Rs. 90000 fixed), apex scale (Rs. 80000 fixed) and higher administrative grade plus scale (Rs. 75500-80000)	Group A/Class I
1B	Central civil post carrying the following grade pays: Rs. 12000, Rs. 10000, Rs. 8900, in the scale of pay of Rs. 37400-Rs. 67000 in pay band -4 and Rs. 7600, Rs. 6600 and Rs. 5400 in the scale of pay of pay Rs. 15600-39100 in pay band-3	
2	A central civil post carrying the following pay grades: Rs. 5400, Rs. 4800, Rs. 4600 and Rs. 4200 in the scale of pay of Rs. 9800-34800 in pay band-2	Group B/ Class II
3	A central civil post carrying the following grade pays of: Rs. 2800, Rs. 2400, Rs. 2000, Rs. 1900 and Rs. 1800 in the pay of Rs. 5200-20200 in pay band-1	Group C/ Class II
4	A central civil post carrying the following grade pays of: Rs. 1300, Rs. 1400, Rs. 1600, Rs. 1650 in the scale of pay of Rs. 4440-7440 in IS scale.	Group D/ Class IV

the contractors recruit people irrespective of their awareness about the proprietor; who work within the premises of the same but aren't deemed to be their workers. They are referred to as daily wagers and the wages are paid to them after they finish their tenure. The prime employer and contractor maintain the records of the details of contract labour recruited the nature of the tasks performed by them and their wages [3].

Class IV/ Group D workers are the at the bottom of the work post ladder. Daftaris, Peons, Cleaners, Gardeners, Malis, Chowkidaars, Chaprasis, Dispatch riders etc form this group. The terminology has recently been revised and Class IV workers are now Multi-tasking-skilled [MTS] workers.

Other Responsibilities for which the MTS labourers can be hired for include, sanitation work (as in sweeping, cleaning, disposal of waste, etc.), security services, aid in catering, loading and unloading operations, contributing in maintenance of hospitals, educational and training institutions, guest houses, clubs etc., courier services (if they aren't essential to the establishment), civil, construction works, gardening of lawns, agriculture, house-keeping and working in laundromats, in transportation as drivers or conductors; overall, any job constituting as a core-activity of an establishment, but isn't continuous in nature [3]. The repercussions of contractual employment may be contemplated from the aspects of the labour markets, the workers and the employing organization [4].

In India, companies' expectations for greater flexibility in employing, deploying, and dispensing people grew in the post-liberalization period. They also expressed a desire for a labour market governance system that is driven by market forces. Employers switched from directly employing temporary workers to employing workers through intermediaries and businesses, this was seen as a notable trend in the labour flexibility approach. As a result, a triangular relationship evolved between the employer's intermediaries and the workers [5]. This significant alteration in the way businesses run has been observed in the last three decades of the twentieth century owing to globalisation, liberalisation and the world-wide prevalence of profit driven capitalist economics. It is the conglomeration of these and many more factors which have played a crucial role in remodeling the relations between the employers and

the workers, enabling the employers to appoint workers in the market in a manner that has managed to ensure sustainability of economic viability, which in the long run may jeopardize the health of the workers [6].

These changes occurring in the labour markets have resulted in a gradual increase in development of contractual labour health problems in workers, leading to their exploitation. Contract Labour, is now being referred to as a social aspect of health and occupational situation that may affect the health of workers, families and communities. It is synonymous to an array of terms including precarious employment, atypical employment, nonstandard work arrangements, casual work, flexible employment, underemployment (where the personnel have not acquired that full employment level) working poor (where the hired people are beneath the poverty line), informal work, temporary work, fixed term employment, on call employment, and temporary agency employment [7].

These labour conditions are being looked at as a multifaceted construct including aspects such as job insecurity, job instability, collective negotiation of relationships between workers and users, low income and socio-economic deprivation, restrictions and inability to exercise work rights and lack of social protection. Apart from these aspects, Precarious employment has been associated with health inequities comprising of both mental and physical illnesses, afflictions pertaining to specific occupations, detrimental lifestyle behaviours and lack of social privileges, having serious and complicated public health consequences both internationally and for the nation [8]. However, these problems are unevenly distributed and in fact are intersectional in nature existing in the society in the form of anthropometric factors of race, gender, age, sex, education, income, class, citizenship, immigration status, disability, etc thus putting certain categories of individuals at higher probability of unfair employment increasing the risk of health-related issues. They include a wide range of occupational injuries, cardiovascular disorders, musculoskeletal disorders, kidney injuries, liver diseases, infectious diseases, respiratory diseases and allergies, cancers, eye injury, irregular menstruation, poor self-related health, mental disorders and suicidal tendencies, metabolic syndromes, harmful health behaviours, increase incidence of substance abuse, etc.

thus overall increasing the mortality and morbidity among the labourers [9].

Besides the above-mentioned factors, the already poor workers become even more so as a result of the high healthcare costs and the financial burden of healthcare expenditure. This is a major issue in a country like India where 3.5 % of the population falls below poverty line and 5% households suffer catastrophic health expenditure due to unaffordable health costs particularly after hospitalization or specialized treatment [10]. Owing to the commercialization, globalization and liberalization in India, healthcare and health insurance costs have become almost unaffordable. This is indicative that in spite of the economic and technological advances, there isn't a significant improvement in the quality of life of the people pertaining to healthcare giving rise to serious health inequality between the rich and poor [11].

While contract labour is considered frugal by organizations, concerns have been raised about whether it is actually in their interest to employ them as additional cost are incurred on hiring and training replacements and also due to the legal risks associated with it. Studies also indicate that contractual employees remain detached from ongoing relationships associated with the organization where they work due to lack of access to training, career development, employment benefits and organizational identification thus, resulting in low staff morale, employment commitment and job satisfaction. This is indicative that contractual employment is neither productive nor in the interest of employees or beneficial to the organization [12]. Numerous studies are available on related aspects of different employees [13-17].

Rationale

The posts in the Central government in India are categorized into 4 groups based on the pays of which the Group D or Class IV workers are the most susceptible to exploitation as they often belong to the lower socio-economic strata and are often illiterate. This group includes peons, gardeners, guards, sweepers, multitasking staff, cooks, semi-skilled workers, etc which are most commonly hired on a contractual basis. Contract Labour is being referred to as social factors that determine health and occupational complications that can affect health of the workers and the society as a whole.

Exploitation of the employees by the employers due to the lack of Organisation in this class of labour is of concern. Another topic of grave concern is the exorbitant health care cost due to capitalist economics which makes it difficult for the already poor precarious workers to afford health insurance or utilize health care resources due general lack of awareness and the limited access thus, creating healthcare inequity, in turn posing as a huge threat to public health.

The main agenda behind this study is to assess the health profile morbidities and the health coverage among the contractual employees, to gain a deeper understanding

on the disadvantages to employment precariousness, to educate, spread awareness and empower, in order identify, evaluate, and synthesize existing research on effective initiatives that have the potential to eliminate, reduce, or alleviate precarious working conditions and their effects on health, safety and well-being of workers and their families.

Aim

Assess the Health Profile, morbidities and Health Insurance coverage amongst Class 4 Contractual Employees of DMIMS.

Objectives

Assess the Knowledge, Attitude and Practices regarding the Health Profile, morbidities and Health Insurance of Class 4 contractual labourers of DMIMS, Wardha, Maharashtra.

To assess the Health Profile and identify the morbidities associated with the Class 4 contractual laborers of DMIMS, Wardha, Maharashtra.

To assess Health Insurance Coverage of Class 4 contractual laborers of DMIMS, Wardha, Maharashtra.

To make the laborers aware about the importance of Health profile, morbidities and Health insurance.

METHODOLOGY

Research design

Present study will be a cross-sectional study.

Study setting

Present study will be conducted at Acharya Vinoba Bhave rural hospital & JN Medical College, DMIMS (DU), Sawangi, Wardha, Maharashtra. All the Class IV workers employed by these establishments will be recruited for the study.

Study participants

The participant of the study will include the Class 4 contractual employees of ABVRH & JNMC, DMIMS (DU), Sawangi (Meghe), Wardha.

Inclusion criteria

Any Class IV worker, employed by the institute is eligible a part of the study.

Exclusion criteria

Non-consenting/Unwilling Class IV employees.

Sampling procedure & sample size

We are aiming for complete enumeration of the subset and thus predicted sample size according to records is 350.

Data collection, sources & measurement

One-on-one interviews will be conducted with all participants. After duly obtaining informed consent, sociodemographic information was collected first

followed by personal habits like addiction history, history of pre-existing comorbidities or health condition history using a pre-designed questionnaire.

To assess health, we will measure BMI, collect blood samples for basic laboratory examinations.

Statistical methods

Data collected will be filed in Ms – Excel.

We plan to analyse the data using Epi Info statistical software. Applicable descriptive statistics will be used to express results in percentages ratios rates and proportions. We plan to use regression analysis to find association between risk factors.

DISCUSSION

Benach, et al. describe precarious employment as a social determinant of health which affects the health of workers, families and communities. They also mention about the adverse effects that perilous service has on physical health, mental health as well as job related satisfaction. The study aims at guiding research programs that help develop and evaluate policies and programmes directed towards ending employment precariousness and its health-related impacts [9].

Burgess et al. paint a picture about precarious workers and their association with low quality work, lack of employment commitments and poor outcomes, suggesting that it has a negative impact on organizational outcomes and performance associated with these outcomes that conflict the generally accepted human resource management goals [5].

Gunn et al. talk about the health inequalities associated with employment precariousness, about the wide range of health problems caused due to employment precariousness, potential fractions of society affected and how they are affected. And also talks about the effective strategies that need to be considered to fight against precarious employment and to promote healthy workplace environment [10]. Singla, et al. discuss how the poor get poor as a result of the high health care costs and the lack of health insurance facilities provided by the government, linking the socio-economic inequity with the health inequity associated with precarious employment [11].

EXPECTED RESULTS

Systematic analysis of the collected information will assist in collaborating results about Health & Morbidity profile of class 4 workers of our institute. These results can help in finding the lacunae in health care of these workers.

CONCLUSION

The culmination of the study will bring out its conclusion.

ETHICS COMMITTEE APPROVAL

The study protocol will be submitted to the Institutional Ethics Committee of DMIMS (DU) for approval.

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