

## **MEDICAL SECURITY SCHEMES FOR THE TEXTILE WORKERS IN TIRUNELVELI DISTRICT**

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### **Abstract**

*Social security is the protection which society provides for its members against the economic and social distress that otherwise would be caused by substantial reduction or ceasing of earnings resulting from sickness, maternity, employment injury, unemployment, invalidity, old age, and death; the provision of medical care; and the provision of subsidies for families and children. This paper is an attempt to highlight the health insurance schemes and its effectiveness among those who are working in the Textile shops in Tirunelveli District. The population of the present study is the total number of employees working in five selected textile shops at Tirunelveli four namely Chennai silks, Pothys, RMKVs, Sona Readymade and Araa silks totaling 657 respondents. For the purpose of the study, the schemes like Medical Care Provision, Provision of Sickness Benefit, Provision of Maternity Family Benefit and Employee State Insurance (ESIP) Provision were taken. The study is further analysed with the help of frequency distribution, t test and validity and reliability at five percent level of significance. The study reveals that the schemes are beneficial to all in general and to the female workers in particular as far as the study area is concerned.*

**Keywords:** *Maternity Benefits, Medical Care, Textile Workers, Sickness Benefit*

### **Introduction**

Social Security is a basic need of all people regardless of the sector of employment in which they work and live. It is an important form of social protection that is required to certain class of people in the society all along their life. Generally, Social Security refers to protection extended by the society and state to its members to enable them to overcome various contingencies of life so as to lead a dignified life. Workers play an important role in the industrial production of the country. Hence, organizations have to secure the cooperation of workers in order to increase the production and to earn higher profits. The cooperation of workers is possible only when they are fully satisfied with their employer and the working conditions on the job. In the past, industrialists and the employers believed that their only duty towards their workers was to pay them satisfactory wages and salaries. In course of time, they realised that workers require something more important. In addition to providing monetary benefits, human treatment given to workers plays a very important role in seeking their sectors. The sectors having realised the importance of welfare and social security measures introduced several welfare schemes for its workers and the families. For instance, the company provides statutory

welfare facilities like drinking water, conservancy, medical appliances, canteen, rest shelters, crèches and the like. It also provides various non-statutory welfare facilities such as medical, education, recreation, housing/quarters and so on. Further, it provides social security measures like provident fund, gratuity, pension, dependent employment etc. In short, due to the welfare and social security measures provided by the company, its workers have been working with involvement and commitment.

### **Health Insurance Schemes**

Social security is the protection which society provides for its members against the economic and social distress that otherwise would be caused by substantial reduction or ceasing of earnings resulting from sickness, maternity, employment injury, unemployment, invalidity, old age, and death; the provision of medical care; and the provision of subsidies for families and children. The strategies for providing social security include the preventive, mitigating, and coping aspects. In India a large majority of workforce is devoid of any formal social security protection. There is a dearth of formal social security protection i.e. either a contribution based social insurance scheme or tax/cess based social security benefits. This is

a major challenge to the existing social security systems that have evolved in the last century. Security and institutional support are required by all persons in order to face difficulties and to mitigate hardships in the event of losses due to sickness, injury, loss of income and inability to work. Labour protection for the working people in India is available under various laws enacted by the Parliament as well as the State Legislatures. The Preamble of the Constitution of India guarantees its citizens justice- social, economic and political; liberty of thought, expression, belief, faith and worship; equality of status and opportunities and fraternity, dignity of individual and dignity of nation. The organized sector workers which constitute about 7% of the total workforce of about 400 million in the country are covered under various legislations providing social security to these workers. The major legislations providing social security to these workers are: the Employees' State Insurance Act, 1948 and the Employees Provident Fund & Miscellaneous Provisions Act, 1952 etc. These two legislations provide for medical and health insurance and provident fund & pension to the workers respectively. The workforce in the unorganised sector comprising about 37 crore or 93% of the total workforce do not get adequate labour protection in terms of job security, wages, working conditions, social security and welfare due to various factors such as: casual and seasonal employment; scattered work place; poor working conditions; lack of employer-employment relationship; irregular and often long working hours; limited access to credit; lack of legal protection, social security and government support. In this context, this paper is an attempt to highlight the health insurance schemes and its effectiveness among the workers who are working in the Textile shops in Tirunelveli District. The population of the present study is the total number of employees working in five selected textile shops at Tirunelveli four namely Chennai silks, Pothys, RMKVs, Sona Readymade and Araa silks totaling 657 respondents.

### Level of Medical Care Provision in the Units as Per the View of Workers

The level of existence of MCP at the unit as per the view of workers is measured by the mean scores of all variables in it. It is denoted by SCOP. In the present study, the SCOP is confined to less than 2.00; 2.00 to 3.00; 3.01 to 4.00 and above 4.00. The distribution of respondents (workers) as per the SCOP is given in Table 1.

**Table 1: Score on Medical Care Provision (SCOP) among the Respondents**

SCOP	Number of respondents		Total
	Male	Female	
Less than 2.00	30	11	41
2.00-3.00	104	106	110
3.01-4.00	129	132	261
Above 4.00	69	76	145
Total	332	325	657

**Source:** Primary Survey

The important SCOP among the respondents are 3.01 to 4.00 and above 4.00 which constitute 39.73 and 82.07 per cent to the total. Among the male, these two SCOP are 3.01 to 4.00 and 2.00 to 3.00 which constitute 38.86 and 31.33 per cent to its total respectively. Among the female, these two SCOP are also 3.01 to 4.00 and 2.00 to 3.00 which constitute 40.62 and 32.62 per cent to its total respectively. The analysis reveals that the level of existence of MCP at their units is higher as per the view of women respondents compared to male respondents.

### Implementation of Medical Care Provision (MCP)

The level of medical care provision in the textile shops is included as one of the important social security measures in the present study. It is measured with the help of eight variables. The respondents are asked to rate these variables at five point scale according to the level of existence at their unit. The mean scores of each variable in MLP among the male and female workers have been computed separately. The 't' test has been administered to product the significant difference among the male and female workers regarding their view on the existence of MCP. The results are illustrated in Table 2.

**Table 2: Score on the Variables in Medical Care Provision (MCP)**

No.	Variables in MCP	Mean scores among		't' statistics
		Male	Female	
1.	Provision of medical leave	3.2089	3.6044	-2.2966*
2.	Provision for medical treatment	3.1143	3.5942	-2.3844*
3.	Provision of medical insurance	3.0949	3.5014	-2.5842*
4.	Provision of medical reimbursement	3.0224	3.5343	-2.6119*
5.	Provision of medical facilities	3.1809	3.6084	-2.5243*
6.	Conducting of medical camp	3.1409	3.55604	-2.2969*
7.	Price medical checkup	3.1011	3.5319	-2.3908*
8.	Provision for medical allowances	3.0942	3.5903	-2.5819*

**Source:** Primary Survey \*Significant at five percent level.

The highly viewed variables in MCP by the male workers are provisions are provision of medical leave and medical facilities since its mean scores are 3.7089 and 3.1509 respectively. As per the view of female workers, these variables are provision of medical leave and medical facilities since its mean scores are 3.6044 and 3.6034 respectively. Regarding the view on variables in MCP, the significant difference among the male and female workers have been noticed in their view on all eight variables in MCP since its 't' statistics are significant at five per cent level.

### Variables in Medical Care Provision and its Reliability

The score of all eight variables in MCP have been included for confirmatory factor analysis in order to examine the reliability and validity of variables in it. The CFA results in standardized factor loading of variables in MCP, its statistical significance, composite reliability and average variance extracted. The overall reliability of variables in MCP has been estimated with the help of cronbach alpha. The results are shown in Table 3.

**Table 3: Reliability and Validity of Variables in MCP**

Variables in MCP	Standardized factor loading	't' statistics	Composite reliability	Average variance extracted
Conducting of medical camp	0.8944	3.9048*	0.7704	54.54
Provision for medical reimbursement	0.8517	3.3994*		
Free medical checkup	0.8229	3.1447*		
Provision for medical insurance	0.7904	2.9908*		
Provision of medical care	0.7542	2.6789*		
Provision of medical allowances	0.7108	2.5082*		
Provision of medical facilities	0.6887	2.4117*		
Provision of medical treatment	0.6224	2.2944*		

**Source:** Primary Survey; \*Significant at five per cent level.

The included eight variables on MCP explain it to an extent of 79.49 per cent since its cronbach alpha is 0.7949. The standardized factor loading of variables in MCP are greater than 0.60 which reveals the content validity. The significance of 't' statistics of the standardized factor loading of variables in MCP reveal its convergent validity. It is also proved by the composite reliability and average variance extracted since these are greater than its standard minimum of 0.50 and 50.00 per cent respectively.

### Level of Provision of Sickness Benefit (PSB) in the Units

The level of provision of sickness benefit in the textile shops as per the view of workers is measured by the mean scores of the variables in PSB. It is denoted by SPSB. In the present study, the SPSB is confined to less than 2.00; 2.00 to 3.00; 3.01 to 4.00 and above 4.00. The distribution of respondents (workers) based on their SPSB is given in Table 4.

**Table 4: Score on Provision of Sickness Benefit (SPSB) among the Respondents**

SCOP	Number of respondents		Total
	Male	Female	
Less than 2.00	30	10	40
2.00-3.00	102	103	205
3.01-4.00	128	131	259
Above 4.00	72	81	153
Total	332	325	657

**Source:** Primary Survey

The important SPSB among the respondents are 3.01 to 4.00 and 2.00 to 3.00 which constitute 39.42 and 31.20 per cent to the total. Among the male respondents, the first two SPSB are 3.01 to 4.00 and 2.00 to 3.00 which constitute 38.55 and 30.72 per cent to its total respectively. Among the female respondents, these two are 3.01 to 4.00 and 2.00 to 3.00 which constitute 40.31 and 31.69 per cent to its total respectively. The analysis reveals that the view on the implementation of PSB is higher among the female workers compared to male workers.

### Provision of Sickness Benefit (PSB) in the Textile Shops

The provision of sickness benefits is included as one of the important components of social security measures in the units. The level of implementation of PSS in the units is measured with the help of seven variables. The respondents are asked to rate these variables at five point scale. The mean scores of the variables in PSB as per the view of male and female workers have been computed separately along with its 't' statistics. The results are given in Table 5.

**Table 5: Score on the Variables in Provision of Sickness Benefit (PSB)**

	Male	Female	
Provision of sickness allowances	3.1193	3.6646	-2.5049*
Provision of sickness leave	3.0942	3.6908	-2.6997*
Provision for mental health	3.1241	3.5864	-2.3842*
Provision of inter personal relationship	3.1669	3.6694	-2.4884*
Provision of awareness programmes	3.2088	3.6706	-2.3961*
Provision of special funds	3.2144	3.6029	-2.4946*
Provision of remedies for sickness	3.1946	3.6243	-2.3994*

**Source:** Primary Survey; \*Significant at five per cent level.

The highly implemented variable in PSB as per the view of male workers is provision of special foods and provision of awareness programmes since its mean scores are 3.2144 and 3.2088 respectively. As per the view of

female workers, these two variables are provision of sickness leave and provision of awareness programmes since its mean scores are 3.6908 and 3.6706 respectively. Regarding the view on variables in PSB, the significant difference among the male and female workers have been noticed in their view on all seven variables in PSB since its 't' statistics are significant at five per cent level.

#### Variables in PSB and its Reliability

Before summarising the score of variables in PSB, it is imperative to examine the reliability and validity of variables in PSB with the help of confirmatory factor analysis. The score of all seven variables in PSB have been included for the analysis. The CFA results in content and convergent validity. The internal consistency of variables in PSB has been estimated with the help of cronbach alpha. The results are shown in Table 6.

**Table 6: Reliability and Validity of Variables in PSB**

Variables in PSB	Standardized factor loading	't' statistics	Composite reliability	Average variance extracted
Provision of special foods	0.9048	4.0884*	0.7901	56.43
Provision of remedies for sickness	0.8664	3.5417*		
Provision of inter personal relationship	0.8049	3.1089*		
Provision of sickness allowances	0.7948	2.9088*		
Provision of awareness programmes	0.7603	2.7344*		
Provision of medical health	0.6842	2.6117*		
Provision of sickness leave	0.6241	2.4083*		

**Source:** Primary Survey; \*Significant at five per cent level.

The standardized factor loading of variables in PSB is varying from 0.6241 to 0.9048 which reveals the content validity. The significance of 't' statistics of the standardized factor loading of the variables in PSB reveal its convergent validity. It is also supported by the composite reliability and average variance extracted since these are greater than its standard minimum of 0.50 and 50.00 per cent respectively. The included seven variables in PSB explain it to an extent of 81.49 per cent since its cronbach alpha is 0.8149.

#### Level of Provision of Maternity Benefit at the Textile Shops

The level of provision of maternity benefits at the textile shops as per the respondents has been computed by the mean score of all variables in PMP. It is denoted by SPMP is classified into less than 2.00; 2.00 to 3.00; 3.01 to 4.00 and above 4.00. The distribution of respondents based on their SPMB is given in Table 7.

**Table 7: Score on Provision of Maternity Benefit (SPMB)**

SPMB	Number of respondents		Total
	Male	Female	
Less than 2.00	34	18	52
2.00-3.00	105	102	207
3.01-4.00	124	134	258
Above 4.00	69	71	140
Total	332	325	657

**Source:** Primary Survey

The first two dominant SPMB among the respondents are 3.01 to 4.00 and 2.00 to 3.00 which constitute 39.26 and 31.51 per cent to the total. Among the male respondents, these two SPMB are 3.01 to 4.00 and 2.00 to 3.00 which constitute 37.35 and 31.63 per cent to its total respectively. Among the female respondents, these two are 3.01 to 4.00 2.00 to 3.00 which constitute 41.23 and 31.38 per cent to its total respectively. The analysis reveals that the view on the level of existence of provision of maternity benefit among the female respondents is higher the compared to the male respondents.

## Provision of Maternity Benefits (PMB) in the Textile Shops

The provision of maternity benefits in the textile shops is included as one the important social security measures in the present study. it is measured with the help of six variables. The respondents are asked to rate these variables in PMB at five point scale. The mean scores of variables in PMB among the male and female respondents have been computed separately along with its 't' statistics. The results are shown in Table 8.

**Table 8: Score on the Variables in Provision of Maternity Family Benefit (PMB)**

Variables in PMB	Mean scores among		't' statistics
	Male	Female	
Provision of maternity leave	2.8862	3.4331	-2.6608*
Provision of monetary help for maternity	2.9917	3.4089	-2.5144*
Provision of medical treatment	2.9094	3.3084	-2.4962*
Taking care on children's health	2.9903	3.3991	-2.3886*
Provision of children's allowances	2.8117	3.2542	-1.7341
Provision of reemployment	2.9117	3.3088	-2.2452*

Source: Primary Survey; \*Significant at five per cent level.

**Table 9: Reliability and Validity of Variables in PMB**

Variables in PMB	Standardized factor loading	't' statistics	Composite reliability	Average variance extracted
Provision of medical treatment	0.8910	3.9144*	0.7703	53.96
Provision of monetary help for maternity	0.8017	3.0493*		
Taking care on children's health	0.7842	2.8684*		
Provision of reemployment	0.7093	2.4209*		
Provision of maternity leave	0.6844	2.3897*		
Provision of children's allowances	0.6239	2.1786*		

Source: Primary Survey; \*Significant at five per cent level.

The standardized factor loading of variables in PMB is varying from 0.6239 and 0.8904 which reveals the content validity. The significance of 't' statistics of the standardized factor loading of variables in PMB reveal its convergent validity. It is also supported by the composite reliability and average variance extracted since these are greater than its standard minimum of 0.50 and 50.00 per cent respectively. The included six variables in PMB explain it to an extent of 79.19 per cent since its cronbach alpha is 0.7919.

## Employee State Insurance (ESIP) Provision at the Textile Shops

The level of ESIP provision at the textile shops is included as one of the social security measures in the present study. It is measured with the help of six variables. The respondents are asked to rate these variables at five point scale. The mean score of each variable in ESIP

The highly viewed variables in PMB by the male respondents are provision of monetary help for maternity and taking care on children's health since its mean scores are 2.9917 and 2.9903 respectively. Among the female respondents, these two are provision of maternity leave and monetary help for maternity since its mean scores 3.4331 and 3.4089 respectively. Regarding the view on variables in PMB, the significant difference among the male and female workers have been noticed in their view on five out of six variables in PMB since its 't' statistics are significant at five per cent level.

## Variables in PMB and its Reliability

The score of all six variables in PMB have been included for confirmatory factor analysis in order to examine the reliability and validity of variables in PMB. It results in content and convergent validity. The overall reliability of variables in PMB has been estimated with the help of cronbach alpha. The results are illustrated in Table 9.

among the male and female respondents have been computed separately along with its 't' statistics. The results are given in Table 10.

**Table 10: ESIP Provision (ESIP)**

Variables in ESIP	Mean score among		't' statistics
	Male	Female	
Sickness benefit	3.1441	3.0142	0.2696
Maternity benefit	3.0224	2.9696	0.1443
Disablement benefit	3.2997	3.0117	0.4594
Dependents benefit	3.2884	2.9768	0.4227
Funeral benefit	3.0445	2.8841	0.3418
Medical benefit	3.4117	3.5088	-0.2706

Source: Primary Survey

The highly viewed variables in ESIP by the male respondents are medical benefit and disablement benefit since its mean score are 3.4117 and 3.2997 respectively. Among the female respondents, these two are medical benefit and sickness benefit since its mean score are

3.5088 and 3.0142 respectively. Regarding the view on variables in ESIP, the significant difference among the male and female respondents have not been noticed in

their view on all variables in ESIP since the respective 't' statistics are not significant at five per cent level.

**Table 11: Reliability and Validity of Variables in MCP**

Variables in MCP	Standardized factor loading	't' statistics	Composite reliability	Average variance extracted
Conducting of medical camp	0.8944	3.9048*	0.7704	54.54
Provision for medical reimbursement	0.8517	3.3994*		
Free medical checkup	0.8229	3.1447*		
Provision for medical insurance	0.7904	2.9908*		
Provision of medical care	0.7542	2.6789*		
Provision of medical allowances	0.7108	2.5082*		
Provision of medical facilities	0.6887	2.4117*		
Provision of medical treatment	0.6224	2.2944*		

**Source:** Primary Survey; \*Significant at five per cent level.

The included eight variables on MCP explain it to an extent of 79.49 per cent since its cronbach alpha is 0.7949. The standardized factor loading of variables in MCP are greater than 0.60 which reveals the content validity. The significance of 't' statistics of the standardized factor loading of variables in MCP reveal its convergent validity. It is also proved by the composite reliability and average variance extracted since these are greater than its standard minimum of 0.50 and 50.00 per cent respectively.

### Conclusion

A major area of government activity in most countries is the provision of medical care. Barring government intervention, medical care will be provided within a free market, with residents purchasing medical care services from doctors and hospital care from privately owned and run hospitals. It is inevitable that with modern scientific developments the cost of these services will become high enough so that the poorest segment of society will not be able to afford them, especially in peoples' later years when the postponement of death becomes an overriding concern. Since major sickness and the resulting heavy medical care requirements is a random process, major medical expenses will occur randomly over the course of life with frequent long periods in which no major expenditures need be made. When life-threatening issues appear, the required expenditures will in many cases, be unaffordable or equal to the entire accumulated capital assets of the person's family leaving that family with insufficient medical care and in poverty thereafter. An appropriate market response is the development of medical-care insurance which will spread the costs more evenly over a lifetime. Randomly arising lapses into poverty accompanied by inability to purchase necessary medical care can then be avoided by purchasing insurance. The study which has been conducted among the workers working in Textile in Tirunelveli district reveals

the fact that the medical benefits are mostly beneficial for the female members when compared with the male members. If the schemes are implemented properly with full vigor, more will be benefitted and can get rid from their financial and physical turmoil.

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