

A STUDY OF MEDICAL FACILITIES PROVIDED BY PUNJAB EMPLOYEES SOCIAL SECURITY INSTITUTIONS TO THE LABOURERS IN THE FAISALABAD CITY

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ABSTRACT

Health is very important for improving human efficiency and output. It is extremely essential for those who are involved in laborious jobs in factories producing consumer goods and engaged in large industrial units. Increasing workers protests about lack or limited availability of health services, frequent media reporting and discussion at professional forums have raised concerns about this important social issue in society. Faisalabad is an important industrial city of Pakistan with a major part of its labour force working in various types of industries. Health services to these workers and their dependent family members are important aspects of their lives as well as for raising production at these industries. In view of importance of this social issue, a micro level study was conducted to explore the extent of health services extended by the Punjab Employees Social Security Institution (PESSI) to labourers working in industrial units located in Faisalabad city. Data was collected through field survey from randomly selected four textile industries. A random sample of 200 respondents revealed that employers provide medical facility in case of emergency. The medical facilities provided by PESSI to workers and their dependent family members were inadequate. A reasonable majority also indicated that PESSI gave daily allowance only to secured workers during their hospitalization.

Key words: Factory workers, health services, social security, satisfaction level.

INTRODUCTION

Health and social security measures strongly influence physical working capacity of human beings especially those involved in laborious jobs. Health of workers is quite important for the individual, his/her family and the employers. Evidence suggested that lack of access to quality health care adversely influences the several areas of human performance both at work place and in family life. (Hassa and Brownlie, 2001). Limited and non-availability of health services put human being at risk of infection leading to severe health problem ultimately casting adverse effects on his/her earning as well as on his/her output at job. (Ellen, 2003). Workers suffer at hand of disease, their families lose income and employers have to find an immediate replacement to compensate the output loss and keep the production process in operation. A current evidence reported that lack of access to proper health services and resulting consequences exerted negative influence on workers efficiency and production both in terms of quality and output. (Bourdieu and Benedicte, 2005). Earlier, the health aspects of production could not get proper attention by policy makers in Pakistan but subsequently, the Government accepted the importance of workers health for their family as well as for economy. Dispensaries, health centers and hospitals were established to provide health facilities to workers and their families. In this regard, Social Security Scheme was specially introduced in Pakistan in March, 1967 under the

provisions of Provincial Employees Social Security Ordinance 1965 for workers engaged in production at various industrial units operating in private sector. PESSI extends a comprehensive medical coverage to the secured workers and their dependents. The services include indoor and out-door treatment, diagnostic facilities through sophisticated equipment including prenatal and postnatal cares. The organization collects the social security contributions from employers of notified commercial and industrial establishment at the rate of seven percent of the wages from the workers (from those who earn a wage up to 200 per day or 5000 per month). The funds raised through these collections are used to provide social security services to its members including medical care.

Faisalabad is an industrial city with major chunk of workers engaged in textile industries located in the heart and at the periphery of the city. The city accommodated 2560 industrial units in its eastern part whereas 3273 units are located in the western part of Faisalabad. As regards workers engaged in these industrial units, 58885 and 57287 were employed in east and west Faisalabad, respectively (Anonymous, 2003). During 2003-04, the Labour Welfare Department issued 312337 cards to workers serving in the Eastern part of the city and 43725 to those working in the Western part of the city. The holders of social security cards are entitled to avail medical facilities from the Social Security Hospitals.

The rising concerns about the health of factory workers in media, at professional gathering and

continuous rise in various types of diseases in the city created the need for a study which focus on the extent of health services provided by the social security institutions and satisfaction level of the beneficiaries. The limited empirical evidence on this important social issue further endorse the need to conduct a research study on the availability of health services to workers engaged in industries. The current study was aimed to find out the problems of industrial workers in obtaining medical facilities and steps needed to further improve the situation. The focus of the study included a number of aspects such as attitudes of doctors towards patients, availability of latest equipment, provision of different types of laboratory tests etc. Moreover, the current research effort is also a ground breaking step and will serve as base-line for any further empirical work in this regard.

MATERIALS AND METHODS

At the first stage of sampling, four industrial units namely Nishat Textile, Hudabia Textile Industry, AM Tax, and Five Star Textile were randomly selected among the industrial units where the workers are entitled to avail the social services extended by the Punjab Employees Social Security Institutions. Fifty laborers were randomly selected from each of these industrial units at the second stage of the sampling to draw a total sample size of 200 respondents for the study. A well designed interview schedule was prepared in the light of the study objectives and review of literature. Descriptive and inferential statistics were applied during data analysis.

RESULTS AND DISCUSSION

Socioeconomic Characteristics: Socioeconomic characteristics of the respondents play a vital role in understanding the socioeconomic status of the respondents and these also contribute in explaining and linking health and demographic conditions emerge in the study. These characteristics play a vital role in the formation of human attitude and behaviour. The current age, education, family income and marital status are important socioeconomic variables, which influence human decision-making. Human beings pass through a variety of experience with the passage of time. The increasing age instills maturity and enhances the sense of responsibility. The higher educational attainments broaden human vision, promote rational mode of thinking and assign higher social status. It is equally important in increasing family income and even more important in raising quality children. Family income is closely associated with the education of the workers. The families with higher income possess entirely different

characteristics than those from middle or lower income groups. The results in Table 1 shows that 46 percent of the respondents were in higher age group i.e. 41 years and above, one fourth in middle age category whereas remaining 29 percent were in lower age group. As regards, education of the respondents, 45 percent had education up to eight grades of schooling, and little less than half of this were able to attain intermediate and above level of education. The table also depicts the marital status of the respondents where most of the respondents (84.5%) were married. Half of the remaining were unmarried and others were widow. The income of the respondents revealed that majority of the respondents (54 percent) were earning up to Rs.5000 per month while 28 and 18 percent were in the middle and higher income group of Rs.5001-10000 and more than Rs.10000, respectively.

Table 1 Distribution of the respondents according to their socio-economic status.

Age (in years)	Frequency	Percentage
Upto 30	58	29.0
31-40	50	25.0
41 and above	92	46.0
Total	200	100.0
Education (Years of schooling)		
Less than 9	89	44.5
9 – 10	64	32.0
Above 10	47	23.5
Total	200	100.0
Marital status		
Married	169	84.5
Unmarried	15	7.5
Widow	16	8.0
Total	200	100.0
Respondents income (in Rs.)		
Upto 5,000	108	54.0
5,001-10,000	55	27.5
Above 10,000	37	18.5
Total	200	100.0

Medical Services at the Time of Emergency: Provision of medical aid and subsequent services at the time of emergency is quite important aspect of safety and recovery of health. Timely services can save the life of the worker (s) and raise the morale of the other workers and respectful thinking about the management and owners of the factory. However, the delay in the provision of medical aid not only put the health and life of the worker at risk but also increases the sufferings of the workers' families and promotes resentment among the fellow workers. Table 2 points that a significant majority (85 percent) of the respondents said that their industry were providing medical facility in case they encounter any sort of emergency. There were still 15

percent who reported that their industries were not providing medical facility at the time of emergency. It is quite possible that either in some cases management had displayed a lethargic attitude or they totally ignored the small type of emergencies which created negative feelings among some group of workers and they started complaining about the lack of health services at the time of emergency.

Table 2: Provision of medical facilities in case of emergency

Provided medical facilities in case of emergency	Frequency	Percentage
Yes	170	85.0
No	30	15.0
Total	200	100.0

Provision of Health Services to Dependents: Provision of medical treatment services to the dependent family members protect them from diseases and infections, create healthy and peaceful environment in the family and save them from financial crises. All these positively influence workers efficiency and their interest in work. In the absence of such services, the workers remained preoccupied with the worries about the health of dependents, frequently avail leave on one pretext or other and some times they try to slip from the work site just to manage health problems of their children or wives. Health significantly contributes to productivity by reducing the costs of absenteeism and turnover and by increasing workers' productivity (Ellen 2003). Table 3 shows that a huge majority (93 percent) of the respondents said that their employers provide medical facilities to their dependent family members, while only 7 percent of the respondents replied in negative.

Table 3: Provision of medical facilities to the dependent family members

Medical facilities for the family members	Frequency	Percentage
Yes	185	92.5
No	15	7.5
Total	200	100.0

Coverage of Medical Services: The provision of medical services to the employees and their dependent family members do not serve the purpose if its coverage is limited or provided half-heartedly. Insufficient services not only reduce its effectiveness but also promote an avoiding attitude among the clients. On repeated experience, they consider it insufficient or wastage of time to visit clinic or health centre and start turning towards traditional healers. In these situations, the health

problem turns from bad to worse and sometime become a chronic disease. Table 4 reflects that almost all the respondents reported that medical services extended by their employers through social security institutions are insufficient. Further classification revealed that 44 percent of the respondents ranked the services inadequate, 29 percent fairly inadequate whereas 27 percent were of the opinion that medical services extended to them are considerably inadequate. They said that PESSI obtain financial contribution from them at the rate of seven percent per month from their salaries but ironically, the labourers and their dependents are deprived of proper medical services. The respondents further indicated that they have already protested against the shortage of medicine at social security institution and raised this issue through press for action by the provincial government. (Dawn, 2002). In many Asian countries, social security programs for sickness and mortality are already in place, however the coverage provided by these programs is far from sufficient. (Yeon, 1990).

Table 4: Opinion of the Respondents about adequacy of available medical services

Medical services availed by them adequately	Frequency	Percentage
Considerably adequate	54	27.0
Fairly adequate	58	29.0
Inadequate	88	44.0
Total	200	100.0

Satisfaction of the Respondents about Health Services: The information about satisfaction of clients about any services is quite important to ascertain its effectiveness and check the behaviour of the service providers. Table 4 shows that majority (59 percent) of the respondents were not satisfied with the attitude of doctors in hospital/dispensary, while 41 percent of the respondents were satisfied. The results in the present study are supported by Khan (2007) indicated that president of Social Security Doctors Association accepted that doctors and other medical staff avoid serving in social security hospitals due to lake of proper facilities. However, the results in the current study differed from Yasmin (2001) wherein majority of the respondents were satisfied with the behavior and dealing of the doctors. It is quite possible that over the period of six years provision of medical services at social security institution did not improve whereas the number of clients increased many times. Similarly, the lack of interest on the part of service providers at medical centers adversely influence the extent and level of services.

Table 5: Respondents opinion about the attitude of the doctors in hospital/dispensary

Satisfaction with the attitude of doctors	Frequency	Percentage
Yes	82	41.0
No	118	59.0
Total	200	100.0

Testing of Hypothesis: Higher the income of the respondents, lower will be the satisfaction with medical facilities provided by PESSI.

Apart from univariate analysis, bivariate analysis was also carried out during data analysis stage to examine the association of education, and income of the respondents with the satisfaction level about medical services provided at social security institutions. The results show that with increasing educational attainments of the respondents, the level of satisfaction decreased and dissatisfaction increased by fifty percent (Table 6). Similarly, with the increasing personal income of the respondent workers the satisfaction level decreased and dissatisfaction increased by more than three times (Table 8). This indicates that higher education enables to evaluate the things more critically. Similarly, the higher income provides an opportunity to look for the alternative and compare the costs and benefits of various opportunities. The chi-square statistics was applied to check whether the apparent relationship exhibited by the data really exists. The chi-square values in Table 6 & 7 verified the existence of association between the independent and dependent variables. However, the higher chi-square value for income and satisfaction variable indicated stronger influence of income than education. A further test of Gamma statistics was applied to confirm the association between the predicting and response variables. This subsequent test also confirmed

Table 6: Association between Educational Attainments of the respondents and their satisfaction level about medical facilities provided by PESSI.

Education of the respondents (Years of Schooling)	Satisfaction with medical facilities			Total
	Not at All	To some Extent	To Great Extent	
Less than 9	28	51	10	89
9-10	23	29	12	64
11 & above	28	9	-	47
Total	79	99	22	200
Chi-square value : 17.22		Significance level: 0.002		

the higher influence of income (-0.504) than education (-0.187). The gamma values show a strong negative relationship between the variables. So the hypothesis "higher the income of the respondents, lower will be the

satisfaction with medical facilities provided by PESSI" is accepted. The results are inline with the earlier evidence indicating that high income experience good health as they spend more on food, health and shelter and critically analyze the alternative opportunities before taking decision (Yasmin, 1990; Skin, 1975).

Table 7: Association between income of the respondents and their satisfaction level about medical facilities provided by PESSI

Income of the respondents (Rs./month)	Satisfaction with medical facilities			Total
	Not at All	To some Extent	To Great Extent	
5,000	20	76	12	108
5,001-10,000	35	16	04	55
10,000+	24	7	06	37
Total	79	99	22	200
Chi-square value : 48.90		Significance level: .000***		

Recommendations: There is strong need to improve the extent and level of health services available at Punjab Employees Social Security Institutions in terms of diagnostic services and pre and postnatal care facilities. The in-charge of the dispensary needs to ensure that medicines are available to patient at the health points of PESSI. Similarly, these services should be available to dependent family members of factory workers without discrimination. Latest diagnostic equipment including x-ray machine, CT scan, should be installed at the hospitals of PESSI. The number of doctors need to be increased along with provision of specialist services at these specified centers. There is strong need to care for the requirements of health providers so that they can extend proper health services to their clients with interest and sympathetic attitude. The provision of ambulance service at each industrial unit will save the lives of many at the time of emergency.

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