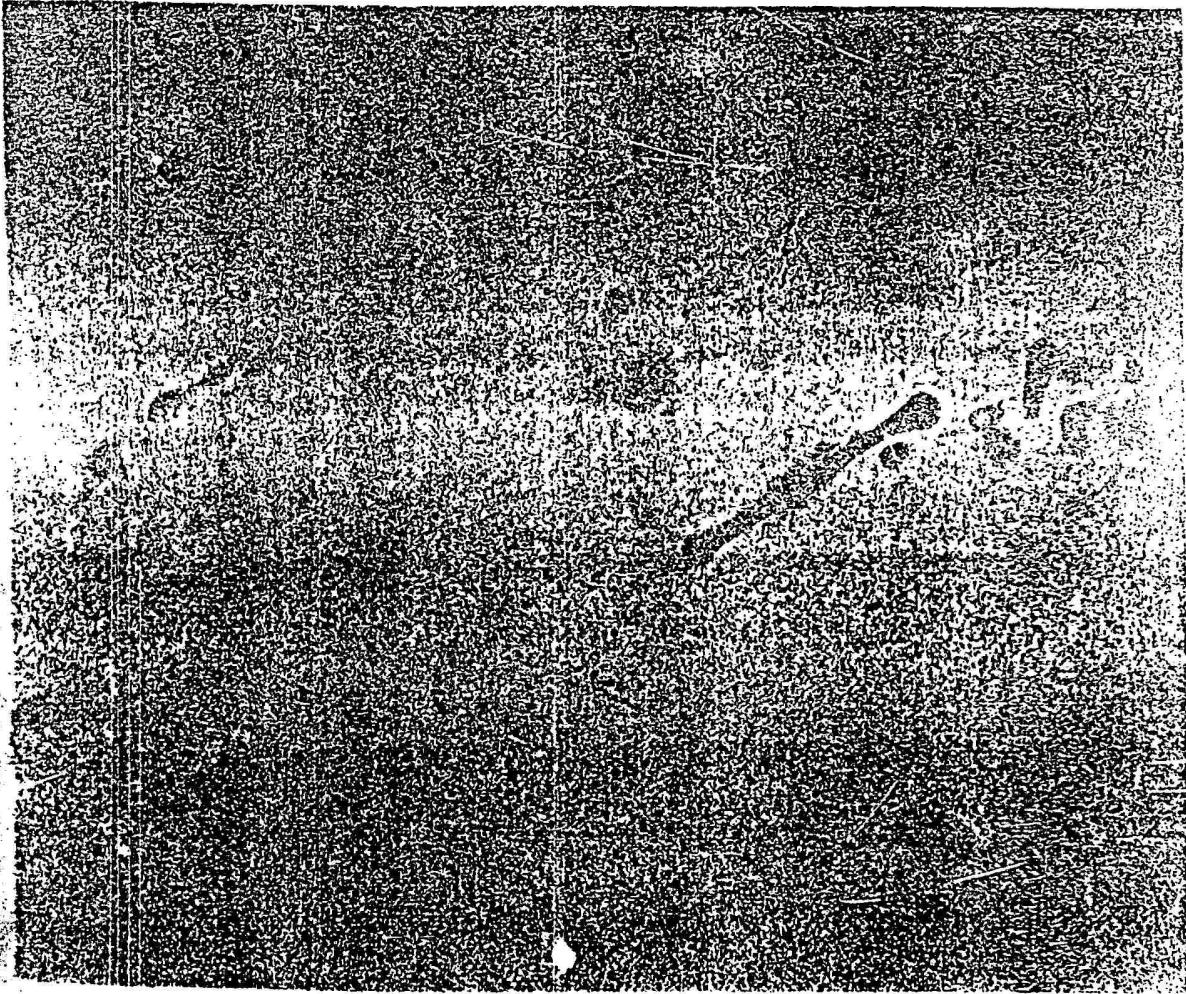




**REPORT ON
THE NATIONAL STUDY ON HEALTH STATUS
OF WORKERS IN THE ASBESTOS INDUSTRY**



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CONCLUSIONS

1. Majority (65.8%) of the workers were less than 40 years age.
2. Majority (42.6%) of the subjects were having exposure of 6-10 years followed by 16-20 years (20.9%), less than 5 years (19.2%), 11-15 years (10.5%) and > 20 years (6.8%) thus constituting major group (61.8%) having less than 10 years exposure. Only 48 (6.8%) had exposure exceeding 20 years.
3. 41% subjects were having the habit of either smoking or alcohol consumption or tobacco chewing. There were 23.6% subjects were smoker, 19.4% were consuming alcohol and 10.7% were in a habit of chewing tobacco.
4. Though there was no significant clinical finding in general a high prevalence of anaemia was found in Unit No. 5(49.1%) and 6(37.5%) units. Hypertension in Unit No. 6(19.6%) & 8(18.6%) and Eosinophilia in Unit No.6(39.3%).
5. Pulmonary function test revealed 34.6% abnormal Pulmonary function in study subjects out of which 24.1% showed restrictive and 10.5% showed obstructive type of defect. Unit wise, unit 1 had maximum cases of restriction (73.7%) followed by unit 2(64.2%), unit 3(24.3%), unit 6(16.1%), unit 5(12.1%), unit 4(9.8%) and unit 8(0.8%). No case of restriction was detected in unit No. 7 which was a comparatively recent factory started production 5 years back. Obstruction was seen mainly in Unit No.7(26.4%) followed by unit 3(24.1%) and unit 1(8.1%) which can be easily correlated with the presence of nuisance dust like fly ash etc. in high concentration. Both Restrictive and Obstructive defect may also be due to smoking and presence of dust such as asbestos and other nuisance dust.

6. Radiologically, though there was no established case suggestive of asbestosis. Pleural thickening, CP angle obliteration & interlobar fissure thickening were observed in 13(1.9%), 11(1.6%) & 2(0.3%) subjects respectively which are the early marker/indicator related to exposure to asbestos dust.
7. Further, Prominent Bronchovascular markings were seen in 15(2.1%) subjects, Cardiomegaly & Old Pulmonary TB each in 11(1.6%) subjects, and calcified spots in 8(1.1%) subjects. Bronchiectasis, consolidation and fibrotic lesion with aspergilloma was observed in one film each. Though there was no established case of asbestosis, 13(1.9%), 2(0.3%), 11(1.6%) cases of pleural thickening, interlobar fissure thickening & CP angle obliteration respectively may be considered as the early indicator of the asbestos disease process. As no established case of asbestosis was detected during the study, attempt was not made to correlate the duration and exposure with asbestos cases.
8. The OHS facilities in the factories were found inadequate viz. the infrastructural facilities, equipments etc., and not as per the requirement prescribed under the statutes.