

Nutrition Of Coal Mine Workers (A Case Study Of Korba Coal Mines, Chhattisgarh)

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Coal mining with perspective of health is a crucial area in India. The health condition of mine workers including women and children is one of the most serious impacts of mining. Workers not only suffers from external environmental situation of mines also they faces reduction in quality of life due to denial of access of food availability livelihoods. India, in this aspect poses a much more dangerous situation as coal mining is in developing stage here. Despite people suffering from several forms of environmental diseases, physical and mental deformities, poor nutritional status, occupational hazards, constant exposure of chronic diseases as a result of mining, there is a tragic gap in the availability of 'scientific' data on hazards of mining in India and specially coal mine workers. This is the root cause of mining industries to walk away from their responsibility towards the health of workers community. The apathy, lack of understanding the human values ,absence of strong political will and gross corruption in the government enhances the scope of coal industry to continue with impunity .As health issue is considered "technical and "scientific" part of any industry , the complains and evidences from worker community are brushed under the carpet as the relationship between mining management and workers is not based on humanities and the ill-health problems are tackled by the law implementing, monitoring and judicial authority on the pretext of improper and inadequate scientific collaboration.(MMP,2003) Our developmental policies, especially in the context of economic activities like mining; mine worker's health is an important index for human growth and development, because coal like energy source is still the basic of up gradation of quality of life. Hence mining is one of the Industries that influence the health condition of surrounding area.

How true is this in the context of India that rural, tribal as well as urban poor, who ignore their bodies for the extraction of minerals. Nutrition along with environmental diseases is also an important issue in the mining area. Logically it is due to absence of nutrients the efficiency of work is affected badly so proper nutritional intake is the prime necessity. Although the availability of nutrients in food is dependent upon the geographical environment of an area but socio-economic factors also play an important role in this regard. So the interrelating study of geo-economic environment and nutrition is prime requirement while considering health of coal miners. As our newly formed state Chhattisgarh is having rich mineral resources, as coal, iron ore, bauxite, dolomite, lime stone even diamond, so mining industries are the base pillar of our economy . Also a significant part of our population is engaged in mining, so every relevant study is of community importance, especially coal mining sector Nutritional assessments indicates the nutritional health of an individual through nutritional assessment of the coal mine workers, it is easy to identify the level of nourishment of coal mine workers that ultimately an essential aspect to formulate the health case community development program to improve the overall health scenes of the Korba coal mine region

Methodology

Nutritional Status of the coal mine workers is determined by daily dietary intake of the mine workers. Various nutrients intake has been computed as per "Nutritive value of Indian foods". The average has been compared with corresponding RDAS recommended by ICMR to know the adequacy of different nutrients intake in different group. Total 517 male mine workers of the sample households that actually worked in open & underground mines are selected that represented each mines of the study region

Study Area

Korba coalfield is located in the north eastern part of the Chhattisgarh. It has large reserves of coal lying at comparatively shallow depth suitable for opencast mining. Mining was started in Korba Coal Field in 1962 when Surakachhar and Banki underground mines were started to mine coal. Presently there are eight underground mines namely, Banki, Surakachhar, Balgi, Dilwadih, Singhali, Bagdewa, Rajgamar and Pawan and five opencast mines, namely Dipka, Gevra, Lxman , Kusmunda and Manikpur, producing 2 & 34 mtys coal.Korba Coal Field is extended from 22°15' & 22°30' North latitudes to 82°15' & 82°55' east longitudes over an area of 520 Sq.Km. in Korba district of Chhattisgarh. Its east-west extension is 64 km. and north – south is 16 km. Hasdo River that flows from north to south divided the coalfield into eastern and western part.Low temperature in winter, Mansoon rains and seasons

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characteristic of climate are main feature of the region. In Korba Coal region, soil is known as Bhata, Matasi, Dorsa and Kanhar. Total forest land involved in the coal mining areas of Korba coal field is about 2252 Hacteres. Total coal mine workers of Korba coal region are 9565 in 1991-92 which increased by 10075 in 2001 and in 2009-2010 the No. of total coal mine workers are decreased up to 9564

persons In Korba coal area out of total coal mine workers (9564-2009) 97.7 percent of the total mine workers works in underground mines while 32.9 percent works in opencast mining area. In Korba coal mine area, total male workers are 7844 (77.85%) and female workers 223 (22.14%) in 2001 which is decreased by 2009-10. at present only 435 (4.5%) female are working in coal mining in offices and hospitals.

Table 1.1 : Korba Coal Area : Per day / mine worker Nutrients Intake

S.No.	Coal Area	Calorie 3800 kcal	Protein 60 g	Fats 20 g	Calcium 400 mg	Iron 28 mg	Thimine 1.6 mg	Roboflavin 1.9 mg	Nicine 21 mg	Vit.C 40 mg	Zinc 9.5mg
1	Bagdeva	3383.4	33.89	20.1	345	11.3	2.9	2.1	28.1	46.21	7.1
2	Balagi	3813.5	41.93	21.73	438	20.1	3.3	2.4	31.7	60.55	8.3
3	Banki	3412.4	42.9	22.4	284	22.3	2.9	2.2	28.7	52.81	5.8
4	Dhelwadih	3612.6	28.56	15.7	326	10.2	3.1	2.2	31.3	33.55	7.9
5	Ghurdeva	3730.9	36.56	22	371	9.67	3.2	2.5	31.1	44.36	10.2
6	Korba	3590.4	43.21	25	511	10.66	3.1	2.1	30.3	37.73	8.9
7	Manikpur	3690.4	39.49	15.8	283	11.82	3.2	2.2	30.8	50.11	11.4
8	Pawan	2832.8	37.36	15.3	401	8.78	2.5	1.6	24.6	62.91	6.8
9	Rajgamar	2413.9	20.11	15.5	375	10.52	2.1	1.3	20.3	49	9.2
10	Singhali	2458.3	31.55	13.5	283	9.66	2	1.7	18.9	36.45	7.4
11	Surakachar	3973	43.71	12.21	391	9.6	3.4	2.5	33.9	56.72	9.3
	Grand Total	40466.2	399.27	199.61	3617	134.61	34.7	25	338.5	530.4	92.3
	Average	3372.2	36.29	18.1	328.81	12.23	2.9	2.1	28.2	48.2	8.39

Source : Field survey 2007-08

Nutrient Intake of Coal Miner (per day/per capita)

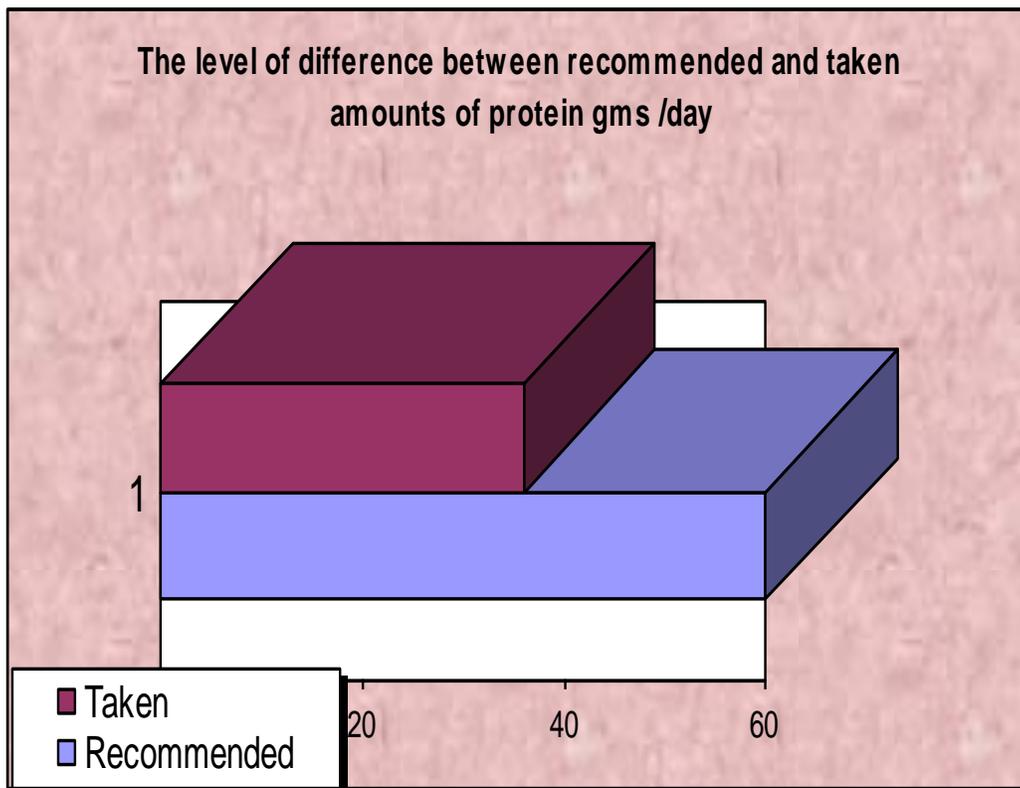
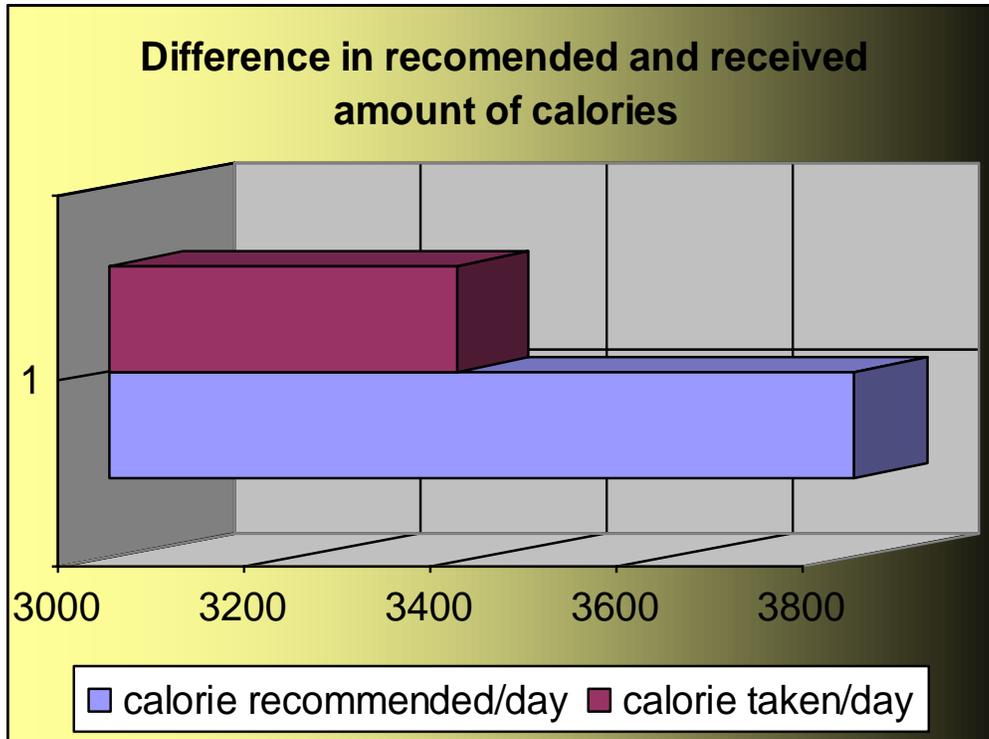
Calorie Intake

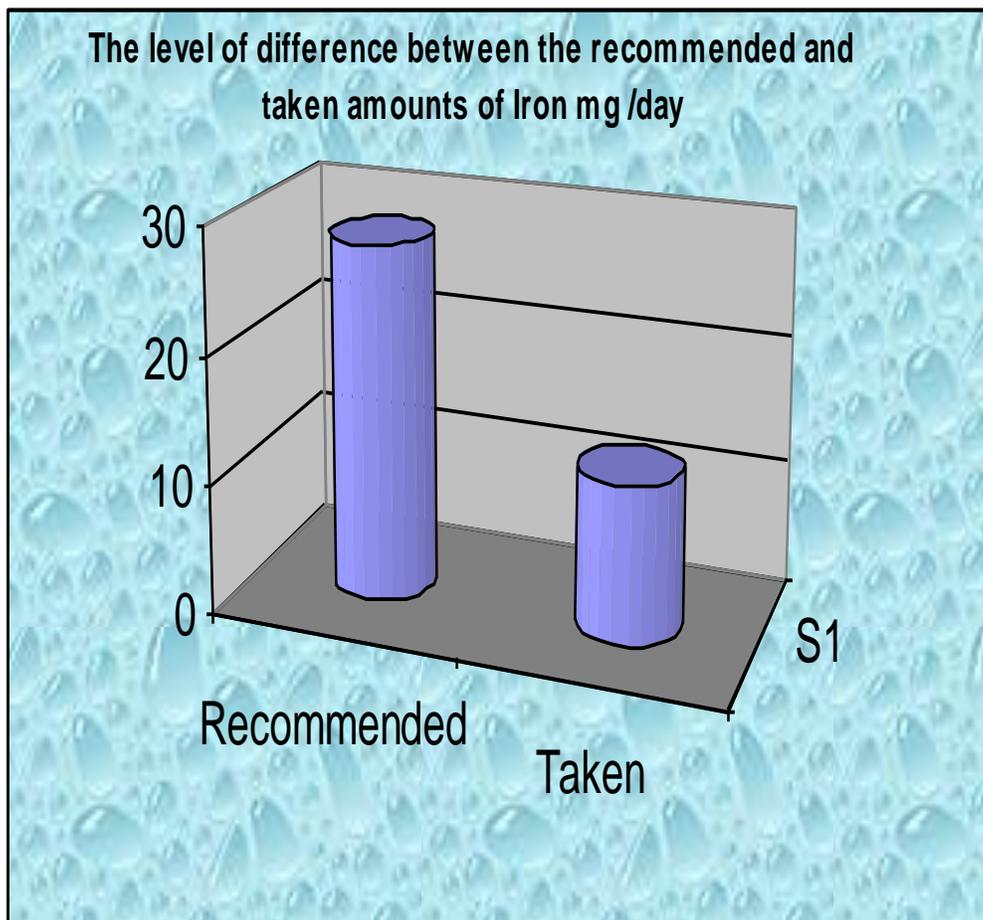
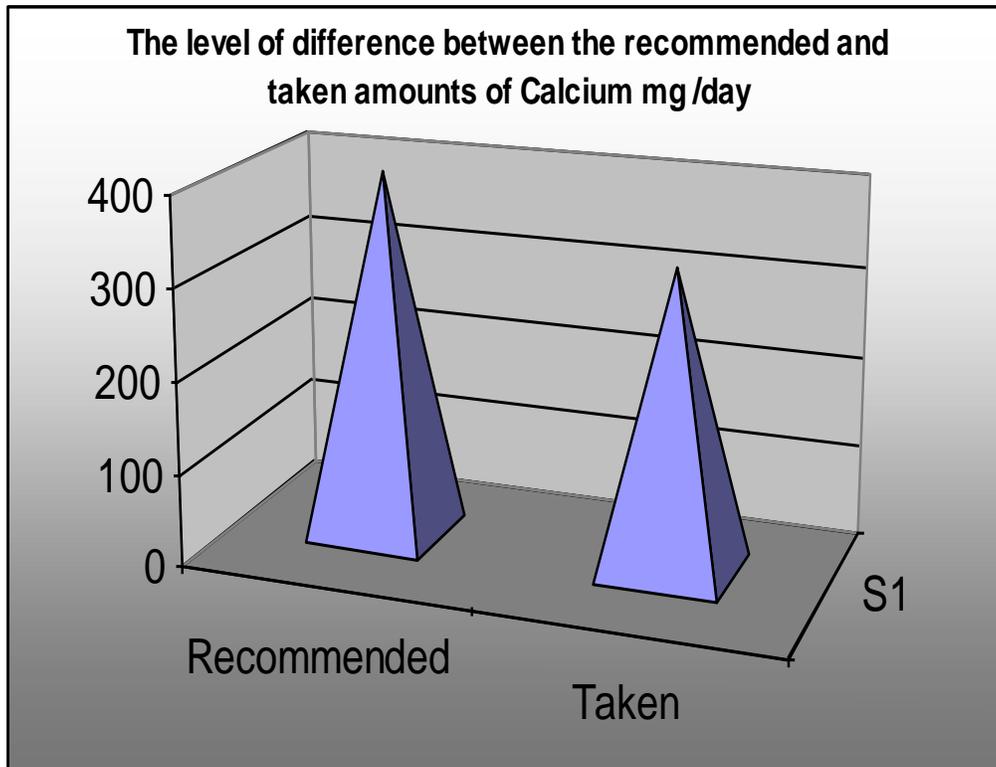
As mining is energy demanding process, also it creates a sort of psycho-physiological stress on the body, while working in underground mine for eight hours. which increases the rate of basal metabolism thus enhances the body's energy requirements. Also to keep body in positive energy status is essential for mine workers to maintain their working status. This all creates a heavy energy demand. According to table 3.4 average intake of calorie in all coal Area is 3372.2 KCal which is 11.2 percent lesser than standard requirements per person per day. Calorie intake is highest among surakachhar area (3973.0 Kcal) which is followed by Balagi (3813.5 cal) Ghurdeva (3730.9 Cal), Manikpur (3690.4 Kcal) and Dhelwadh (3612.6 cal) while in Rajgamar the calorie intake is observed lowest in the region

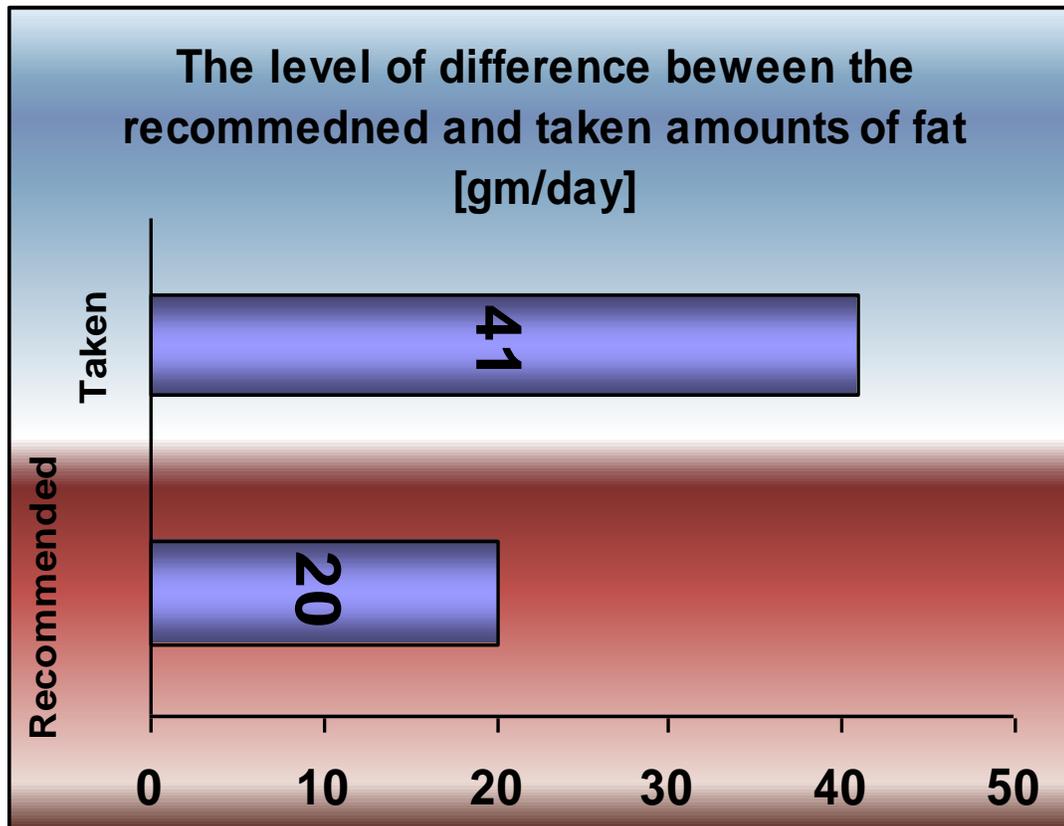
(2413.9 kcal) it is 36.4 percent lesser than standard requirement.

Protein Intake :

Especially in mining like work, the wear-and tear rate of body muscles is very high, to repair and regenerate the muscular structure and ligaments, dietary protein is must. Accidents are frequently occurred in underground mines , that minutely to severely affects the bone and body tissues, the blood loss parallel to all this is also common. To replenish this all losses protein is required. Protein intake is observed below the recommended standard in all coal area in this study. Average Intake of protein per day per person is 36.29 gms, so there is protein deficiency. Protein intake is highest in Surakachar area 43.71 gm while in Rajgamar the intake was lowest in the region (20.11 gm).







Fat Intake:

Fat is concentrated source of energy ,also it spares protein for body building and repairing.It creates a sort of cushion in the form of adipose tissue to preserve body's vital organs. Average fat Intake in all coal area is 18.14 gram which is 8 percent less than standard per day per person. Fat Intake is highest (25gram) in Koba. Lowest fat Intake is recorded in Surakachar area, which is (12.21 gm) that is 38.9 percent less than the standard allowance.

Calcium Intake:

Calcium is important nutrient for miners , as for powerful muscle contraction , bone structure maintenance , nerves signaling –all are Ca dependent physiological processes. Also the prevalence of Diabetes Mellitus –type 2 is significantly high in coal miners. A very strong association is established by recent studies between hypocalcaemia and diabetes; this all creates a need of Ca on a regular basis in miner's body. All mine workers of Korba coal region calcium deficiency is observed by dietary calculation as well as symptomically. Average calcium Intake is 328.21 mg/day. It is 17.94 % lesser than the standard norms. Calcium Intake is highest in Korba area that is (511 mg/day) because they used to take non vegetarian meal - fish food Items more often and take lots of green leafy vegetables, In Manikpur and Singhali the Intake of calcium is recorded lowest (283 mg/day) which is 29.25 percent lesser than standard recommendations.

Iron Intake:

Average iron intake in all coal regions is 12.23 mg per person per day,. In Surakachar lowest Iron intake is

observed (9.6 mg/day) while It is found highest in Banki (22.3 mg/day) which is 20.3 percent lesser than recommended standard.

Thiamine Intake:

In the study region Thiamine Intake is found more than the standard. The average intake of Thiamine in all Korba coal regions is 2.9 mg/day ,that is 81.25 percent more than recommended standard. Highest Thymine Intake is recorded in Balagi (3.3 mg/day) while its intake is lowest in Singhali (2.0 mg/day).

Riboflavin (B₂) Intake:

Riboflavin intake is little more than standard in all Korba coal regions. The average riboflavin intake is 2.1 mg/day. Highest Intake is recorded among Ghurdava and Surakachar that is 2.5 Mg/day, while intake is lowest in Rajgamar coal area which is 1.3mg/day that is 118.7 percent lower than Recommended Standard.

Niacin Intake:

Average Niacin intake in all Korba regions is 28.0 Mg/day it is more than recommended standard .Highest Intake of Niacin is recorded among surakachar area that is 33.9 mg/day, while it is lowest in Singhali 18.9 Mg/day which is 10 percent lower than standard requirement.

Vitamin C Intake:

Per day per person vitamin C Intake average in all coal regions is 48.2 mg/day which is higher than standard requirement (20.5 %) In the entire mine workers the intake of vitamin C ranges 33.55 mg to 62.11mg /day, which is

more than standard value . Highest intake of Vitamin C is observed Pawan while it is lowest in Dilwadih.

Zinc Intake-

Zn is also very important for immuno-competence of upper respiratory system, as miners are maximally affected in their air passages due to mining dusty atmosphere, thus this element is nutritionally very important for them ,also as Zn is very significant for skin health , the damp atmosphere of under mines precipitates various skin infection in coal miners, many of our study subjects are found affected with this problem ,Zn can be the remedy for this very disease. So by understanding the importance of Zn in the diets of coal miners, we also estimated the Zn in their diets, as Zn doesn't stored in human body, thus daily up take by diet is essential. We observed daily average intake of 8.39 mg Zn /day, that is 17.9 % lesser than the recommended amount, it observed highest in Manikpur and lowest in Pawan. As the prevalence of Malaria is very high in coal miners of Korba, Zn has proved value against malarial parasite, specially P.Falciparum, thus Zn has to be considered while estimating nutritional status of coal miners.

Conclusion & Suggestions

- Average intake of calorie in all coal Area is 3372.2 kcal which is 11.7 percent less than standard requirement per person per day. The average per day per worker protein intake is 36.29gm, the highest protein intake is observed in surakachhar (43.71 gm.) while lowest in Dilwadih with 28.56 gm. Average fat intake among mine workers is 18.1 which is 1.9 gram lesser than standard norms. Among all mine workers of Korba coal region there is moderate calcium deficiency. Intake of Iron is very less (12.23 mg.) which is 56.3% of recommended value. In the study area Thiamine Intake is more than standard. The average intake of Thiamine in all Korba coal regions is 2.9 Mg/day it is 81.25 percent more than recommended standard. The Riboflavin intake is little more than standard in all Korba coal region. the average riboflavin intake is 2.1 Mg/day. Average Niacin intake in all Korba regions is 28.0 Mg/day it is more than recommended standard. Per day per person vitamin C Intake average in all coal region is 48.2 mg/day which is higher than standard requirement .Per day per worker intake of Zinc is 8.39 mg, which is 1.2 mg. less than recommended value 9.5mg.
- In study area 14.3 percent of workers are having chronic nutritional deficiency and 25.4 percent of workers are facing the problem of obese grade I/II. Both situation of nutrition is the matter of needs of serious efforts immediately. Needy segments of workers should be provided nutrients supplementation, vitamin and mineral regularly. It is noticeable that the group of social workers of SECL (WIPS) contribute the nutrient supplements to the coal workers family specially women time to time. This will help in this direction.
- In coal mine region due to lack of agriculture land, pasture land, workers are totally depend on nearby village for their daily requirements of fruits, vegetables, milk and other food item. In such area increased of production by domestication of both animal and plants should be done by utilizing appropriate technology, available infrastructure and man power such as commonly neglected fields - pisciculture, mushroom cultivation and maintaining a kitchen garden should be adequately emphasized to augment available supply of coal and resources base of the region.
- In the study region nutrition is more and less influenced by the socio economic condition. In coal mine area workers earn Rs 12,750/ per month with overtime .it is of enough sufficient, but due to addiction of alcohol and others social evils, they spent 1/3 of their wages in tobacco, alcohol, gutkha etc.(field survey) so poor economic status ultimately influenced the health & nutrition of coal mine workers, for that management should organized the awareness program for the workers about the demerits of drinking and even award or incentives should be given to the coal mine workers for stopping intake of alcohol although this is not only preventive measures for health but socio economic status of the workers also influenced that ultimately affect the food consumption pattern of mine workers overall.
- To reduce the stress some preventive measures exercises i.e. compulsory yoga practice, exercise, recreation activities should be organized not only by the management but also social association of mine workers too.
- To put positive improvement in awareness of health, hygiene, food and nutrition along with the formal education system, non formal education system also should be adequately utilized in order to reduce food gap through use of locally available food items and inculcating good dietary practices. Nutrition education programs should be implemented through existing health related sectors. IEC for on going health and nutrition programs should be an integral part of such programs.

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Nutritional Status of Coal Mine Workers

Dr. Renu Shrivastava

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nutrients the efficiency of work is affected badly so proper nutritional intake is the prime necessity. Although the availability of nutrients in food is dependent upon the geographical environment of an area but socio-economic factors also play an important role in this regard. So the interrelating study of geo-economic environment and nutrition is prime requirement while considering health of coal miners. As our newly formed state Chattisgarh is having rich mineral recourses, as coal, iron ore. bauxite, dolomite, lime stone even diamond, so mining industries are the base pillar of our economy . Also a significant part of our population is engaged in mining, so every relevant study is of community importance, especially coal mining sector Nutritional assessments indicates the nutritional health of an individual through nutritional assessment of the coal mine workers, it is easy to identify the level of nourishment of coal mine workers that ultimately an essential aspect to formulate the health case community development program to improve the overall health scenes of the Korba coal mine region. Nutritional status of the coal mine workers is determined by clinical examination, anthropometric measurement.

Clinical Examination

Clinical examination is an essential feature of all nutritional survey .It is also the simplest and the most practical method of ascertaining the nutritional status of a group of individual.

General Appearance of the Coal Mine Workers

General inspection and care full attention to the presence and distribution of body fat, the muscle bulk and the presence of edema is the important part of clinical examination (Hutchison's Clinical Method 1989) Table 3.11 shows the general appearance of the coal mine workers.

Korba Coal Area: Distribution of workers according to their general appearance during survey (n=517)

General Appearance	Number	Percent
Tall and thin	51	9.8
Tall and stout	35	6.7
Short and thin	66	12.76
Short and stout	76	14.7
Stout and average height	105	20.3
Average height and thin	71	13.7
Average height and average weight	113	21.8

Source: Field survey 2007-2008

The result shows that 21.8 % of the total coal mine workers are of average height and average weight and 20.3 % of the mine workers are stout and average height in built, this indicates that the level of nutrition is satisfactory in the study region, while 13.7 % are with average height & thin as well as 12.76 % are short and thin in their appearance , that indicate the poor nutrition status of the coal mine workers.

Nutritional Diseases

There are a number of detectable physical signs known to be associated with states of malnutrition diseases , that can be detected by careful physical examination (WHO expert committee 1963) following Table shows the proportion of workers suffering from various nutritional diseases detected during clinical examination.

Korba Coal Field: Nutritional diseases of Mine workers

Nutritional Diseases	Number	percent
Vitamin A deficiency [Xerophthalmia, Bitots Spot]	17	3.2
Vitamin B deficiency [Cheliosis, Glossitis, Angular Stomatitis, numbness]	12	2.3
Vitamin C deficiency [Gingivitis, Purpura]	15	2.9
Anemia [Lathery, paleness]	27	5.2

Source: Based on survey 2007-08

Out of total sample 5.2% of coal mine workers are found clinically anemic during field work reflecting the common nutritional diseases in the study area. Vitamin A deficiency is 3.2 % and vitamin C deficiency percent is 2.9 – these are the next two common nutritional diseases present in the area. However the actual figures must be relatively high as mild and sub-clinical diseases are often missed on clinical examination. Jelliffe (1966) also reported that detection of nutritional diseases on clinical examination indicates their moderate to severe form. In the study region there are significant no. of mine workers are found to suffering from conjunctival xerosis or night blindness which is 3.2 % of the total sample subject while, Bitots Spot is observed in 0.7 % of the total respondents and about 0.96 % of the total sample mine workers are facing the problem of ulceration or corneal xerosis. In present study deficiency of vitamin C & vitamin B is found very less frequent. In the study area numbness is observed among the 10 mine worker which is 0.19 % of the total respondents, because of vitamin B deficiency while bleeding gums observed in only 0.02 % of mine workers during field workers.

Anthropometrics Measurement

Nutritional Anthropometry is an important criterion for judging nutritional status as it provides evidence of under nutrition. Height is measure of growth of the body and the degree of skeletal development and weight is a measure of total body mass. There are various indices available for classifying nutritional status viz. Pelidisi Index, Korperfulla Index, Quallet Index, Body mass Index, Pignet Index etc (Haque & Samanta 1998) of these body mass index is most frequent used by researchers and many authors proposed it. It is a good index to assess the current forms of malnutrition in a community (Kupputhurai and Mallika, 1993; Mohanty et.al, 1992). The table below shows the distribution of weight and height of the coal mine workers of the study area:

Korba Coal Field: Distribution of Coal Mine Workers According to their weight height

Anthropometric measurement	Number	%
A- Weight (in kg.)		
< 41	68	13.1
41- 50	85	16.4
51 – 60	102	19.7
61- 70	127	24.6
71 – 80	85	16.4
>80	51	9.8
Total	517	100
Mean 61.75	Range 36-111	
B - Height (in Cm.)		
<155	212	41.0
156 - 160	136	26.2
161 - 165	42	8.2
166 - 171	85	16.4
171 - 176	17	3.3
>175	25	4.9
	517	100
Mean 157.57	Range 140-183	

Source: field survey 2007-08

Weight

The mean weight of mine worker is 61.75 kg which is more and less equal to weight of (60 kg) reference male (ICMR,1990).In the study region 14.75 (153 NOs) % mine workers are below to the ideal weight, while 51 % of the total mine workers are having weight more than reference weight .This indicate that the mine workers are facing the problem of overweight in some extant.

Height

The height of an adult is an outcome of several factors including nutrition during childhood & adolescence. The height of the mine worker ranges from 140 to 183 cms with a mean height of 157.57 cm. which is quite little more than height of (155cm) reference male (ICMR 1990) about 41.0

percent in the present study has height less than 155 cm in comparison with the height for reference for Indian man .

Body Mass Index

Body mass Index is the most widely accepted and used index assessing nutritional status of adult population, It is used as an Index to assess the chronic energy deficiency (CED) in adults. Mahapatra etal (2001) described chronic energy deficiency (CED) as a good index to assess the current forms of malnutrition of adults in a community based on body weight in relation to height expressed in terms of Body mass Index. For the calculation of chronic energy deficiency classification, ICMR formula (B.Shrilakshmi, 2008) is used. The results are shown in table

Distribution of Body Mass Index of Coal Mine workers based on chronic energy Deficiency (CED) Classification

Presumptive Diagnosis	BMI No.	%
CED III (Severe)	<16.0	1.6%
CED II (Moderate)	16.0 - 17.0	0.0%
CED I (Mild)	17.0-18.5	8.2%
Low weight normal	18.5 - 20.0	4.9%
Normal	20.0 - 25.0	45.9%
Obese grade I	25.0 - 30.0	26.2 %
Observe grade II	>30	13.1%

Source: field survey 2007-08

The mean body mass Index of coal mines of study region is 24.56 that indicate the obesity among many of the workers while 14.7 % percent of the total coal mine workers are suffering from chronic energy deficiency (BMI < 18.5) further more, about 4.9% of the total coal mine workers has BMI lower than the cut off point for deciding under nutrition (BMI < 23) while 45.9% of the study subject area are normal in respect to nutritional status and 39.3% are suffering from obesity. This obesity may be because of edema resultant due to hypoproteinemias and hypertension. In present study among the chronic deficient workers percentage (8.2%) belongs to grade-I CED (Mild malnutrition) followed by grade III CED with 1.6% only, indicate that, the nutritional status of the coal mine workers is not up to satisfactory level as per work efficiency is concerned. Obesity among the Coal Mine worker is dangerous, 26.5% of workers are suffers of this weight imbalance. The mechanical improvements and automation of coal mines reduces the work loads of miners, thus this may precipitates obesity in many of them. In study area 14.3 percent of workers are having chronic nutritional deficiency and 25.4 percent of workers are facing the problem of obese grade I/II. Both situation of nutrition is the matter of needs of serious efforts immediately. Needy segments of workers should be provided nutrients supplementation, vitamin and mineral regularly. It is noticeable that the group of social workers of SECL (WIPS) contribute the nutrient supplements to the coal workers family specially women time to time. This will help in this direction.